Langley House Trust

Ashdene

Inspection report

29 Peterson Road
Wakefield
West Yorkshire
WF1 4DU

Tel: 01924291088
Website: www.langleyhousetrust.org

Date of inspection visit:
28 January 2019

Date of publication:
06 March 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 28 January 2019 and was announced.

This service is a domiciliary care agency. It provides personal care to people living within the building. Ashdene is a specialist service offering residential support for up to16 male ex-offenders and people who are at risk of offending aged 18 years or over. Some people have complex needs which require specialist support; which is in very short supply both locally and nationally. It provides a service to older people, adults, people with learning and profound disabilities. Not everyone using Ashdene receives regulated activity; CQC only inspects the service being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 10 people were receiving personal care from the service.

Ashdene also offers an outreach service which supports people in their own accommodation after their stay in the project.

At the last inspection in February 2016 the service was rated good. Following this inspection, the service is now rated requires improvement.

There was a registered manager in post. 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. Staff knew how to recognise and report any concerns about people's safety and welfare. Risks to people's health and safety were assessed to help protect people from harm. However, for one person we identified a significant risk had not been identified and assessed.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. However, we recommend the provider reviews their training policy regarding staff competency for medication. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. People felt safe at the service and appropriate referrals were being made to the safeguarding team when this had been necessary.

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 service worked in partnership with other agencies including health professionals and multi-agency public protection arrangements (MAPPA) coordinator to help ensure people's needs were met.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was good.

Activities were on offer to keep people occupied both on a group and individual basis.

Records showed complaints received had been dealt with appropriately.

We found the providers quality monitoring systems were not always working as well as they should be. Some of the concerns we found at our inspection should have been identified through a robust system of checks.

Everyone spoke highly of the registered manager who said they were approachable and supportive.

We found two breach of regulations in relation to safe care and treatment and good governance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe. However, plans were not always in place to mitigate risks to people's health and well-being.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals were good, offering choice and variety. People were supported to access health care services to meet their individual needs.

The service was working within the legal framework of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity were respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed on a regular basis.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were needed to the processes for checking the safety of the services provided.

A registered manager was in place who provided effective leadership and management of the home.

Ashdene

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 28 January 2019 and was carried out by one adult social care 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. The inspection was announced to ensure someone was in the office and to gain consent from people living at Ashdene for a home visit from an inspector.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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 spent time observing care in the lounges and dining rooms. We also spent time looking at records, which included two people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with seven people who used the service, three care workers, the cook, the deputy manager the registered manager and area operations manager.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016, we found medicines were not consistently managed safely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and they were no longer in breach in relation to medicines.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. At the start of the shift one person was responsible for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen.

Staff received an observation of administering medication when their employment commenced. They received regular update training but were not observed again. We recommended that the provider reviewed their training policies and procedures to reflect published guidance.

Assessments were in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks. However, in one person's plan it stated, "I am at risk of setting fire to my legs whilst smoking as the cream is highly flammable." There was no risk assessment in place to reduce this risk. The same person smoked in their bedroom unsupervised. We spoke with the registered manager who informed us the person has a smoke detector in their room and staff check on the person at regular intervals. The registered manager said he would address this as a matter of urgency.

The provider was unable to demonstrate they were doing all that is reasonably practicable to mitigate risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another person used a mobility aid for walking and a lifting aid for if they fell. However, there were no care plans or risk assessments in place to explain to staff what procedures to follow when using the lifting equipment or how to reduce the risk of falls. All staff spoken with confirmed they had received training in this area and knew how to use the equipment. The registered manager put the relevant paper work in place before the inspection ended.

People were kept safe from abuse and improper treatment. People who used the service told us, "I'm happy here, have been here a short time, it feels good here." "I feel safe and relaxed, staff are nice, and I can go to them if I have a problem with anything", and then explained he gets support from staff with his benefits – stating "it used to frighten me". "I am happier here than before, its good' and then said he felt very safe

"without a shadow of a doubt".

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. One person told us, "I get on with everybody here there's always someone here, never kept waiting." The registered manager told us staffing levels could be increased if people's needs changed or to support to appointments, this was confirmed by staff.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, increase monitoring from staff.

Good

Is the service effective?

Our findings

The registered manager completed an assessment before people moved into the hostel. The assessment considered people's needs and choices and the support they required from staff.

People who lived at Ashdene signed a consent form to authorise the working with partnership agencies i.e. probation and Police when they started their tenancy. Consent was also revisited in the formation and reviews of all care plans and risk assessments in the people who used the services care files.

All people entering the service signed a contract which outlined acceptable behaviours and the expectations the service had for treating others with respect. We saw evidence that this contract was monitored, and action was taken where there were breaches. There were verbal warnings in one person's file which was in response to proven breaches of the terms of person's tenancy. This meant that the home set out clear expectations for the level of behaviour they required and people who did not meet those standards were addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found people using the service were not being restricted of their liberty as part of their care arrangements.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relevant bodies had been involved in decisions as part of a best interest process.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and there was plenty of training on offer. The training matrix showed staff were up to date with training. Service specific training included autism training, personality disorders, working with sex offenders and managing challenging and aggressive behaviour.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said

they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People's nutrition and hydration needs were met. People who used the service told us meals were good. People told us, "foods good foods nice", "I have gluten problems but its catered for."

We saw some people were supported by staff to make their own meals and snacks. One of the activities people were supported with was 'cook and eat'. People chose the meal they wanted and were then supported by staff to shop for and cook their own meal.

People's healthcare needs were being met. In the two care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, nurse practitioner and dentist. One person told us, "I'm registered with the doctor" another person told us, "I can get to medical services, I can go on my scooter."

Good

Is the service caring?

Our findings

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment. People told us, "staff know how to look after me," "I can talk to the staff," "I haven't got a bad word to say about staff" and "staff know what I want".

People looked comfortable and relaxed in the presence of staff. From our observations and from speaking with staff it was clear staff knew people well and understood their likes, dislikes and care needs. The atmosphere was calm and relaxed, and staff spent time with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in laughter and further conversation. What staff told us about people correlated with what was recorded in peoples' care records

Staff treated people with dignity and respect. People who used the service told us the following about staff, "staff are good, no problems in the two years I've been here," "some staff are great, some not so great" and "some staff walk in my room" but also stated "staff know what I need and they will accommodate anything."

Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.

Staff knew activities people enjoyed participating in and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for.

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Ashdene.

Residents meetings are completed with people who use the service these showed us people were supported in making choices. The meetings reiterated house rules, health and safety as well as acknowledging the good work the people who the service had done. One of the residents told us, "I am a house representative, people can come to me with concerns and I will raise them on their behalf."

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality were respected. All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in the main office to ensure confidentiality was maintained and the computer was password protected.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our

observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Good

Is the service responsive?

Our findings

The registered manager made sure the care plans were developed before people moved into the home. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes.

We saw that people who used the service had been involved in developing the care plan and had signed to say they agreed with them. The care plans we reviewed had an emphasis on collaborative working and were developed with the involvement from other services such as the police, probation services and other agencies.

We saw some risk assessments had been carried out which provided clear information to staff with guidance on how to minimise risks to people themselves, and to others in the wider community. However, we found for one person where a risk with a significant impact to themselves and others had not been assessed.

People told us they knew how to complain. One person told us, "I've made a complaint in the past and it was sorted out." Another person told us, "I know how to complain, I would do it myself but don't remember complaining." We saw people had access to a complaints procedure. Several low-level concerns had been logged in a central file. All of these had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends/lessons learned to minimise the risk of recurrence.

The staff team demonstrated a commitment to supporting people to engage in interests and activities both within the home and in the local community. From speaking with staff and people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. For example, some people were encouraged to assist in the kitchen with meals and to make, others were encouraged to take part in activities within the local community, and some people had maths and English exercises to complete to attain life skills to enable them to become more independent. Three people shared a self-contained flat to increase their independence. Some people who lived at Ashdene received one to one support which ensured activities were personalised and specific to each person.

The service had their own vehicles, which increased their flexibility to take people out. We observed people being asked and offered choices of activities to do in the community.

A person-centred approach to care and support was evident. People were encouraged to maintain and develop relationships with family and friends. One person told us they had spent time with family over the weekend.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's

communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

The registered manager informed us they were not currently providing care for people at the end of life. If this changes they support people whilst working alongside other professionals to meet people's needs and wishes.

Requires Improvement

Is the service well-led?

Our findings

A range of audits and quality assurance process were in place with actions and analysis to drive service improvements. However, we found the providers governance and record keeping systems had not identified a significant risk to one person living in the home, which could have had an impact on other people's safety. This should have been identified through a robust system of checks to ensure the service was compliant with Regulation.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who provided leadership and support. They were supported by two deputy manager and support workers. People who used the service told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person who uses the service told us, "Yes the place is well led" another person told us, "If anything goes wrong its sorted straight away."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

Team meetings were held regularly. Staff told us, "We have regular staff meetings. We can make suggestions about how things work. We often have training updates as well during the meetings." Another person told us, "We get on well as a team, there have been some changes recently, we have discussed this during meetings."

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence. These were then used to determine whether further control measures such as involvement of a multi-disciplinary team was required. Information was fed back to staff through the handover and team meetings.

The registered manager had established excellent links with other agencies. The registered manager was clear about the accountability of the service to the local community and the
people who used the service. The registered manager took an active role to ensure best practice was constantly developed within the service. They told us they have a very close working relationship with other agencies they worked with particularly multi-agency public protection arrangements (MAPPA). Both the MAPPA coordinator and the civil investigator we spoke with confirmed the service was very proactive in supporting people to meet the conditions of their licences.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in

care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks;

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity