

S&P Group Ltd

# Ashdown House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 August 2016. The comprehensive inspection identified that improvements were required in relation to how people's ability to consent to their care and support was assessed. During the comprehensive inspection on 5 August 2016 we found that the provider was in breach of Regulation 11 (1), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the comprehensive inspection on 5 August 2016 the provider submitted an action plan to the Care Quality Commission (CQC). This focussed inspection was carried out to ensure that the provider had implemented improvements in relation to how people were protected from known risks. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockingham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This unannounced focused inspection took place on the 21 December 2016. This residential care service is registered to provide accommodation and personal care for up to 22 people some of whom may be living with dementia. There were 19 people living at the home during this inspection.

This inspection was carried out to check that the provider had implemented improvements in relation to how people's ability to consent to their care and support was considered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

# Ashdown House

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Ashdown House on 21 December 2016. This inspection was carried out to check that the provider had implemented improvements in relation to how people's ability to consent to their care and support was considered.

This inspection was carried out by one inspector. Before the inspection we contacted local health and social care commissioners who place and monitor the care of people living at Ashdown House. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people living in the home. We spoke to the registered manager, care manager and three care staff. We also reviewed records relating to staff training.

# Is the service effective?

## Our findings

During our last inspection in August 2016 we concluded that this domain required improvement. This is because we found that the provider was in breach of Regulation 11 (1), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's capacity to consent to their care and support was not always assessed. People were not free to leave the home because the doors to the outside areas were locked. People's relatives had signed to consent to their care and support however, people's capacity to consent to their own care and support had not been assessed.

During this inspection we found that people's capacity to consent to their care and support had been assessed. Where people lacked capacity to consent to their care appropriate best interest decisions had been made and the registered manager had made appropriate referrals to seek authorisation if people were deprived of their liberty.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. One member of staff told us "I always try and encourage people to make decisions for themselves and seek their consent before I support them."

People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care. We observed people being asked for their consent and given choices about their care throughout this inspection. People were able to choose what activities they would like to do, where in the home they would like to spend their time and what meals they would like.

People were supported by staff who had received training that was relevant to their role. Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically. One member of staff told us "The training here is very good. I had never worked in care before but I have been able to do lots of training so I can learn what to do. I have just started my NVQ which has helped me too."

Staff received regular supervision and support from the management team to enable them to work effectively in their role. One member of staff told us "I enjoy working here. The manager is always available if we need them and I get a formal supervision regularly too." Another member of staff said "We have regular reviews with the manager where we talk about our work and any goals or training that we want to do." New staff received a period of induction before they commenced working independently in the home to ensure that they had the skills and knowledge required to support people effectively. The registered manager told us that this consisted of a period of one to one time with the management team and then a period of working alongside more experienced care staff to gain experience and confidence.

People received the support that they required to maintain adequate nutrition and hydration. People at risk of not eating or drinking enough had been identified and plans of care implemented to mitigate this risk. One person told us "My breakfast was very nice today, I had toast and cereal. The food is always good." We observed staff prompting and encouraging people throughout the inspection to maintain their fluid intake and eat snacks.