

Ashmoor Health Care Limited

Ash-lee

Inspection report

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Tel: 01524420762

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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

About the service

Ash-Lee is a residential care home providing personal care to 6 adults with a learning disability at the time of the inspection.

The service is a large home, bigger than most domestic style properties. It is registered for the support of up to 10 people. Six people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

People received safe care. The provider had systems to protect people from the risk of abuse. Staff assessed and managed risks to people to help keep them safe. Staff managed people's medicines safely and kept the home clean and hygienic.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent. We received positive feedback about the caring approach of staff.

The service put people at the centre of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. If people were not happy, they were confident they could speak with staff to make improvements. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

The service was led by a registered manager who people described as friendly and caring. People felt the care they received was of a good standard and liked living at the home. The culture was open and inclusive. The registered manager understood their responsibilities and monitored the quality of the service using a range of systems. Where areas for improvement were identified, the registered manager involved people who used the service and staff to shape improvements.

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

Rating at last inspection

The last rating for this service was good (published 04 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

Ash-lee

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ash-Lee 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at one staff file, for a person who had been recruited since the last inspection, in relation to recruitment and staff supervision. We also reviewed a variety of records related to the management of the service, including audits, safety certification, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received confirmation of safety inspections and risk assessments from the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. However, we found the registered manager had not assessed the risks associated with one person's use of bed rails. We received confirmation from them following our inspection visit that they had introduced a risk assessment to help ensure the person's safety.
- The provider ensured the environment and equipment were safe. We saw the premises were suitably maintained. The registered manager ensured equipment was inspected and serviced when it needed to be, with the exception of the electrical installation, which had not been inspected within the required timeframe. The registered manager provided documents to show this had been carried out following our inspection visit.

Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Staffing and recruitment

- The service was staffed sufficiently. People told us staff were always available if they needed them. One person said, "They're never too busy to help." They went on to explain if they wanted help from staff, all they had to do was ask and staff came straight away. Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe.
- The registered manager followed safe recruitment practices and kept all the records, as required by law. They confirmed the recruitment process remained the same as at the last inspection.

Using medicines safely

- Medicines were managed safely and properly. People received their medicines when they should. Only staff who had been trained, and had their competence assessed, administered people's medicines. The service supported people to manage their own medicines if they were able and wanted to do so.

Preventing and controlling infection

- People were protected against the risk of infection. Staff received training related to infection prevention and control and followed good practice in their work. We saw the premises were clean and hygienic. The registered manager checked the premises on a regular basis to ensure standards were maintained.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People told us they felt safe. One person said, "I'm in safe hands".

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 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 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.

- The service gained people's consent to the care and support they received. People told us staff gained their consent during regular discussions about their care and on each occasion before any care or support was delivered. Staff assessed people's capacity to consent to and make decisions about their care. They had processes to follow to ensure they were acting within the law if someone lacked capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People gave us positive feedback about how staff supported them. Comments we received included, "Everyone is good, excellent girls [staff]" and "The staff are brilliant."
- Staff were well supported by the registered manager. Staff were supported through day to day contact,

regular supervision and annual appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- People were satisfied with the food provided. They told us they were involved in choosing what they would like to see on the menu and could choose to eat something else if they did not like what was planned on the day. One person described the food as, "very nice", whilst another person told us the food was, "very good".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives with guidance around healthy eating and supporting them to access healthcare services.

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained. The registered manager consulted people, for example, about how the home was decorated and we saw people had been supported to personalise their bedrooms.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care and support. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care and resident's meetings. One person confirmed meetings took place and described them as positive.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring approach of staff and confirmed staff respected their privacy. People shared communal areas in their home but also had private bedrooms. One person told us staff did not go into their bedroom without asking permission.
- Staff promoted people's independence. Staff supported people to make choices and to do what they could for themselves. For example, helping people plan holidays and trips out, and, prompting people to support them with personal care, rather than taking over and doing the task for them. One person told us they were very happy living at Ash-Lee and said, "It's given me my independence back." People told us there were no restrictions placed upon how they spent their time; they were free to come and go as they pleased and to do what they wanted to do.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. People were complimentary about the approach of the staff team. One person told us, "They want the best for me. They're always interested in me and my day."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people in regular reviews to ensure planned care continued to meet their needs. One person told us, "Every month we talk about my care." Another person told us they were in control of their health and that staff developed care plans in consultation with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in some activities in order to help maintain their social health. We saw staff supported people with activities in the home, such as games and arts and crafts. One person told us they had a lot to do, explaining they did arts and crafts, went shopping and went out for meals among other things.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People knew how to make a complaint or raise concerns. People we spoke with told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly. One person told us they had no complaints, but if they had, they would speak with staff or the registered manager. They commented, "They'd be on it, I can tell you."

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life. The service followed best practice guidance in relation to planning end of life care. The registered manager had recorded people's end of life decisions, their preferences and any spiritual needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People spoke positively about the care they received. One person described it as "excellent" whilst another told us it was "very good".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People spoke positively about the quality of service they received. Comments included, "[Registered manager] is friendly and never too busy to be there" and "It's a lovely home. The staff are brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making about the premises, food provision and activities, for example.
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people.

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people, staff and healthcare professionals to identify areas for improvement. Where improvements could be made, the registered manager consulted people, so they were involved in shaping how the service developed.