Ashurst House Limited

Ashurst House

Inspection report

9 Briton Road
Faversham
Kent
ME13 8QH

Tel: 01795590022
Website: www.alliedcare.co.uk

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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.
At the time of the inspection there were eight people with a learning disability living at the Ashurst House. The service was a large home, bigger than most domestic style properties. It was registered to support up to eight people. This is larger than current best practice guidance. However, the size of the service was not having a negative impact on people as the building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service:
The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. One person described the service as, "It's the best thing in the world living here".

The provider and registered manager had oversight of the service. They checked that the service met the standards they required and worked to continually improve the support people received.

People were involved in everything that happened at the service. Staff knew people well and supported them be independent. Staff were caring and treated people with dignity and respect. People told us they felt safe at the service and they got on well with the staff.

Assessments of people's needs and any risks had been completed. People had planned their support with staff and took managed risks. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People were not discriminated against and received care tailored to them.

People were supported to be as independent as they wanted to be and took part in tasks and activities they enjoyed at the service and in the community. People chose the staff they wished to support them each day.

People were supported to remain as healthy as possible. Staff supported them to health care appointments and for check-ups. People's medicines were managed safely. People were supported to plan and prepare balanced meals, of food they liked and met their cultural needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and had applied for authorisations when people were at risk of being deprived of

their liberty.

Staff felt supported by the registered manager and were motivated. The registered manager was always available to provide the support and guidance staff needed. Staff worked as a team and supported people in a consistent way. Records in respect of each person were accurate and held securely.

There were enough staff to support people in the way they preferred. Staff had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and shared the providers vision for the service. Processes were in place to recruit safely.

The service was clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable. People used all areas of the building and grounds and were involved in planning the refurbishment.

A process was in place to investigate and resolve any complaints or concerns received.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken. The CQC performance rating was prominently displayed.

Rating at last inspection: Requires Improvement (8 May 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Ashurst House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was completed by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we reviewed information we had received about the service since the last inspection. This included, details about incidents the provider must notify us about, such as injuries. Providers are required to send us key information about their service regularly, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information the provider sent us in February 2019.

During the inspection we spent time observing staff with people in communal areas. We spoke with six people, the registered manager, the regional manager and two staff. We looked at care records for three people and medicines records. We looked at records relating to the management of the home.

Good

Is the service safe?

Our findings

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

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

At the last inspection on 21 March 2018, we asked the provider to take action to make improvements to the management of medicines, fire safety and risk assessments. These actions had been completed and people were protected from the risks of harm.

Assessing risk, safety monitoring and management
- People were supported to take risks when they wanted. We observed people making hot drinks for themselves and using equipment to move around the service independently, such as the stair lift.
- Risks to people had been assessed and guidance was in place and followed by staff. Since our last inspection moving and handling risk assessments had been reviewed and updated. They included detailed information for staff about the equipment each person used and how to use this safely. One person who used hoisting equipment told us they felt safe when staff supported them to move.
- The risk of people developing pressure ulcers had been assessed and reviewed. People were supported to manage risks effectively and no one had a pressure ulcer or damaged skin.
- Some people had behaviour which challenged staff on occasions. Guidance for staff about the support people needed had been updated since our last inspection and staff we spoke with accurately described the support people needed. This included giving people time to calm and chatting to them. Staff knew one person's behaviour was often triggered by frustration due to a change in their needs. They understood the person's frustration and supported them to continue to be as independent as they could be.
- Risks relating to the building had been reviewed following our last inspection. Equipment to hold doors open and release them quickly in the event of a fire had been fitted to bedroom doors where people chose to keep their bedroom door open.
- Legionella tests had been completed following a recommendation at our last inspection and the registered manager was waiting for the results of the last test at the time of our inspection.
- Other risks relating to the building had been assessed and regular checks were completed and action was taken to mitigate any risks.

Using medicines safely
- People told us they received their medicines when they needed them and knew what the medicine was for.
- Where people wished, they were supported to manage their own medicines, including the administration of insulin.
- Medicine administration processes had been reviewed and updated since our last inspection. Medication administration records we viewed were complete and all entries had been double signed to confirm the administration of medicines or changes made by people's doctors.
- Guidance had been put in place for the use of when 'required medicines', including the maximum

amount of medicine that could be administered each day and the minimum gap between doses. We observed these processes were followed and accurately recorded.
•□Safe systems were in operation to order, receive, store, administer and dispose of people's medicines.

Learning lessons when things go wrong
•□Accidents and incidents were recorded and analysed to identify any patterns and trends. None had been noted.
•□The registered manager reviewed each accident and took action to prevent it from occurring again, this included retraining staff and reviewing people's support plans.

Systems and processes to safeguard people from the risk of abuse
•□People told us they felt safe at the service and would tell the staff or registered manager if they had any concerns or worries.
•□Staff knew about different types of abuse and were comfortable to report any concerns to the registered manager or regional manager. Policies were in place for staff to refer to.
•□Staff knew how to whistle blow outside of the service if they needed to. Information about how to whistle blow was displayed and staff knew how to access it if they needed to.
•□Staff offered people the support they needed to manage their own money and they always had money when they wanted it. People were free to spend their money as they wished and told us about what they liked to buy and where. One person showed some flowers they had purchased for their room and displayed in a vase.
•□Effective systems were in operation to record any financial transactions staff supported people with. These were audited regularly by the provider and no errors had been found.

Preventing and controlling infection
•□The service was clean and odour free. People were supported to clean their bedrooms. People proudly explained to us how they changed their bedding and did their laundry.
•□Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Staffing and recruitment□
•□People told us there were enough staff to meet their needs. We observed staff supporting people to complete tasks and activities at their own pace, when people wanted.
•□The registered manager considered people's needs and the individual support hours commissioned for each person, when deciding how many staff to deploy on each shift.
•□Staffing levels in the afternoon had been reviewed and increased from two to three staff following a recommendation at our last inspection.
•□The provider had a recruitment process in place which included completing checks on staff's character, previous employment and criminal record checks with the Disclosure and Barring Service (DBS). No new staff had been employed since our last inspection.
•□People were offered the opportunity to be involved in the recruitment of new staff in ways they felt comfortable with. These included being part of the interview panel or meeting candidates informally for a chat.

Good

Is the service effective?

Our findings

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

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

At the last inspection on 21 March 2018, we asked the provider to take action to make improvements to the way people's capacity to make decisions was assessed and decisions recorded. We also asked the provider to make improvements to the way people were involved in planning and preparing meals. These actions had been completed.

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

- People were involved in making their meals and drinks. People told us how they prepared breakfast each day and we observed people making drinks and snacks for themselves when they wanted. One person told us they made a drink, "When I fancy one".
- People were protected from the risk of choking. People's meals were prepared as their speech and language therapist advised. Copies of their advice had been obtained since our last inspection and was available in people's records. Foods were pureed separately to help people taste the different flavours.
- People were given advice about health eating and the effect on their health if they eat unhealthy foods. For example, people living with diabetes were advised about low sugar foods and explained to us what foods they should avoid.
- People were involved in planning the menu's at regular meetings. Stew and dumplings and pork pies had been added to the menu at people's request.
- Following our last inspection people had been given the opportunity to do the weekly shop with staff but had chosen not to take part. People told us they enjoyed going to the local shops to buy drinks and snacks for themselves and did this frequently.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager understood their responsibilities under the MCA and had applied for DoLS authorisations when they were required. Any conditions on people's DoLS authorisations had been complied with.

•□People were not restricted and were free to move around the building and garden. One person showed us around and explained how they could go where ever they wanted. Other people had a key to the front door and came and went as they pleased without restriction.
•□People's capacity to make specific decisions had been assessed. Everyone was able to make day to day decisions without support and staff knew how people told them about their choices.
•□The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make a decision.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
•□People told us staff supported them when they felt unwell or had injured themselves. One person an upset tummy and that staff had supported them to drink plenty of water and eat light meals. The person told us they felt better.
•□On occasions people made decisions which put their health at risk, such as people with diabetes eating lots of sugary foods. When this happened, staff supported people to complete health checks and knew the action to take to keep them as well as possible. Guidance for staff to refer to had been included in people's care plans following our last inspection.
•□People had regular health checks including sight tests. Everyone had an annual review with their GP which included a review of their medicines.
•□Staff supported people at health care appointments. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff had worked with one person's doctor to support the person to understand what would happen to them during an invasive health check and make the decision to have the check or not.
•□Everyone had a health action plan and hospital passport to tell staff and health care professionals about their health care needs.
•□Staff worked with other professionals including speech and language and occupational therapists to assess people's changing needs. A speech and language therapist told us staff were proactive in contacting them and acted on their advice and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□The provider had a process in place to meet with people and their loved ones to discuss their needs and wishes before they began to use the service. This was understood by the registered manager who used the information to make sure staff had the skills to meet people's needs and everyone would get along together. No one had moved into the service since our last inspection.
•□People's needs had been assessed using recognised tools, such as Waterlow and MUST, to understand their risk of developing pressure ulcers or becoming malnourished.

Staff support: induction, training, skills and experience
•□People told us staff had the skills they required to meet their needs. We observed staff communicating effectively with people and prompting them to complete tasks such as making hot drinks.
•□Staff had completed training appropriate to their role including topics specific to the needs of the people they support, such as positive behaviour support. Staff told us they had the skills they needed.
•□The provider had an induction process in place, which included the Care Certificate, an identified set of standards that staff adhere to in their daily working life.
•□Staff did not receive formal bimonthly supervision in accordance with the providers policy. However, staff felt supported by the registered manager and discussed their practice and any concerns with them whenever they needed support.
•□Some staff had received an annual appraisal to review their achievements and others were planned.

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

- The service had been designed to meet people's needs and included facilities such as a walk-in shower and gently sloping ramps to support people to access all areas of the building.
- The service felt homely, people were relaxed and confidently used all areas of the building and grounds with out support or permission form staff.
- People showed us their bedrooms and explained how they had personalised them with pictures, ornaments and other items to make them feel at home.
- People's bedrooms and other rooms were large enough for equipment such as hoists to be used safely.
- People were involved in planning the redecoration of their bedrooms and communal areas.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity
•People considered the service their home and had lived there for several years.
•People told us staff were kind and caring. We observed people were relaxed in the company of staff and they had a laugh and a joke together.
•Staff knew people well and spent time chatting with them about things they enjoyed.
•People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
•Staff spoke with people and referred to them with respect. For example, when talking to us about a person with behaviours which challenge, staff described the person in positive ways, including how kind and polite they were.
•Staff valued people and their opinions and supported them to share these with us during our inspection. People were at the centre of everything which happened at the service.
•Staff spent time with people when people wanted and respected their wish to be alone at other times.

Supporting people to express their views and be involved in making decisions about their care
•Staff knew about people's routines and these were respected. For example, one person told us they liked to go out everyday. The person had a key to the front door and came and went as they pleased.
•People had been asked if they preferred a male or female carer and their choices were respected. Staff told us one person was always supported by a female carer at their request. The person confirmed this always happened and they preferred this. Everyone was able to choose from the staff on shift who they wished to support them.
•Staff knew what may cause people to become anxious and gave them the reassurance they needed. This included making sure people knew staff's shifts and when they would receive their medicines.
•People generally got on well together and we observed people spending time together. People helped each other to complete tasks rather than relying on staff. For example, we observed on person get a chair for another person at lunchtime. The person thanked them and told them, "You are always so helpful".
•Any disagreements were quickly addressed, and staff reassured people that any past events had been forgotten and they did not need to worry about them. This helped people to remain calm and happy.
•Staff supported people to communicate their needs and preferences. For example, staff gave one person the time they needed to consider their response to any questions they were asked and supported us to do the same. This was effective and the person shared their views and choices with staff. Important information such as how to leave the building in an emergency, were in an easy read format.
•People who needed support to share their views were supported by their families, social workers or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when

needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they had privacy. Everyone had a key to their bedroom door and people were able to keep their doors locked where they wanted to. We observed staff knocked on people doors and obtained permission before entering. People told us staff always did this.
- People were supported to be as independent as they wanted to be. Staff knew what people were able to do for themselves and when they needed support. One person told us they showered alone and felt safe and conformable to do this. Another person told us they preferred staff to remain with them in case the fell and to wash their back as they could not reach it themselves.
- People were encouraged to maintain relationships that were important to them. People's friends and loved ones were welcome to visit them when the person wanted.
- The registered manager and staff knew about the new general data protection regulations and personal, confidential information about people and their needs was kept safe and secure.

Good

Is the service responsive?

Our findings

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

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

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

- People had planned their care with staff, this included their goals and aspirations. People told us they chatted about their support with their key worker regularly and staff support them in the way they wanted. One person told us, "I can do what I like".
- People's care plans were updated when their needs changed. Staff were informed of the changes at the beginning of their shift and told us they always had up to date information about people.
- Some people had signed their care plan to confirm they agreed with it. No one had chosen to have a copy of their care plan, but processes were in place to give people a copy in a format they understood if people wanted this. One person told us their care plan was written in a way they could understand.
- The provider was meeting the Accessible Information Standard. One person did physio therapy daily, pictures of each exercise were displayed in the person's room to help them and staff remember how to do the exercises.
- Staff knew people's likes, dislikes and preferences. This included what people liked to collect and their collections were on display in their rooms. Staff supported people to show us their favourite things where they needed assistance.
- Staff knew people's preferred routines and supported people to continue with these. Everyone told us they were able to get up and go to bed when they wanted. One person often chose to have a nap in the afternoon, while another person liked to go out.
- People took part in a range of activities at home and in the community. One person told us they enjoyed painting and showed us their paintings, other people enjoyed caring for their pets. Another person told us they enjoyed a 'knit and natter' group at the local library.
- Staff spent time on an individual basis with everyone, supporting them to complete household chores, doing activities and having a chat.

Improving care quality in response to complaints or concerns

- A process was in place to receive, investigate and respond to complaints to people's satisfaction. A copy was available in an easy to read format and included photos of the registered manager and regional manager.
- People told us they would raise any concerns they had with the staff and the registered manager. They were confident any concerns or comments they made would been acted on.

End of life care and support

- Staff had received training around dying, death and bereavement and had begun to gather information about people's wishes after their death, such as funeral arrangements.
- The registered manager had plans in place to begin supporting people to think about any care and

support wishes they had for the end of their life, such as where they would like to be and who they would like to be with them. No one was unwell

• People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their loved ones and staff.

• Staff had supported people to come to terms with bereavements. One person told us they had been supported to scatter the ashes of a loved one and they were "glad they are close by".

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

At the last inspection on 21 March 2018, we asked the provider to take action to make improvements to the way people information was stored securely and to the completion of actions required following quality assurance checks. These actions had been completed.

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

- The registered manager had worked at the service for over two years and knew people and staff well. They were supported by a regional manager and the provider.
- The provider had a clear vision of the service which included 'dignity, respect, choice, participation and opportunities irrespective of [people's] disabilities, ethnicity or cultural requirements'. The registered manager and staff shared this vision and delivered the service to the standard to provider required.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

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

- Staff were clear about their roles and responsibilities including promoting equality and are reminded of these at staff meetings. The registered manager worked alongside staff and addressed any improvements needed to staff practice immediately.
- Staff knew how to access the provider's policies when they needed to refer to them.
- Staff told us the registered manager was approachable and they were confident to ask for support and guidance at any time.
- Staff were motivated and felt appreciated by the registered manager. We observed the registered manager thanking staff for tasks they had completed and at the end of their shift.
- The provider and registered manager treat staff fairly and did not discriminate between staff.
- The registered manager had conspicuously displayed the CQC quality rating in entrance to the service and those seeking information about the service had been informed of our judgments.
- The provider's website was being updated at the time of our inspection and the rating for the service was not displayed. The provider was aware of their responsibilities to display the rating and the rating for other locations was displayed correctly. We are confident the provider will add the rating for Ashurst House. We will check to make sure this is done.

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

•□People told us they spoke with the registered manager or their keyworker about any worries or concerns they had. One person told us about their keyworker, "She listens to me".
•□People had the opportunity to share their views of the service at regular meetings. One person told us, "We talk about what bothers us" and the staff supported them to address any worries.
•□The provider used an annual questionnaire to gather the views of people, staff and professionals about the service. None of the professionals had responded. All the people who were able to respond said they were treated with dignity and respect and staff listened to them. Staff had feedback that the registered manager was approachable and they were supported to meet people's needs in the way they had planned.

Continuous learning and improving care□
•□Records of people's care were detailed and up to date. The provider was introducing a new electronic recording system and training for staff was planned.
•□Information about people were held securely and staff understood how to protect people's privacy, including the use of social media.
•□The provider had a quality assurance team that completed six monthly audits of the service. Further daily, weekly and monthly checks were completed by the registered manager and regional manager. Action had been taken to address any shortfalls found. The provider had plans in place to refurbish some areas of the building, including the installation of a wet room on the ground floor and new dining room flooring.

Working in partnership with others
•□The provider held regular registered managers meetings which the manager attended to keep up to date with changes in the organisation and any legislation changes or new best practice guidance. For example, the registered manager had read our new guidance in relation to relationships and sexuality among people using adult social care services.
•□During our inspection the registered manager and regional manager met with local authority commissionaires to discuss the changes in two people's needs and the additional funding needed to support them needed to remain part of their local community. This was a long-standing negotiation and the registered manager advocated for people strongly.