Mrs Beverley Holmes-Patten

Ashling House

Inspection report

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Hornchurch
Essex
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Tel: 01708443709

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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

This unannounced inspection took place on 6 January 2016. At our last inspection in February 2014 the service met the regulations we inspected.

Ashling House is registered to provide accommodation and personal care to 14 older people some of whom have dementia. The inspection was carried out by one inspector. At the time of our inspection 11 people were using the service.

People lived in a large detached house in a residential area. All the rooms were well decorated and personalised according to people's individual taste. The ground floor and garden were accessible to people with mobility difficulties. There was a lift.

The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate manager. The provider is the registered manager of the service. They have another service nearby which they are also registered to manage. 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 were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns. Medicines at the home were managed safely by competent staff.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff personnel records showed that appropriate checks were carried out before they began working at the home. There were sufficient qualified and experienced staff to meet people's needs.

The care plans we looked at included risk assessments which identified any risk associated with people's care and guided staff about how to minimise these in order to keep people safe.

The manager and staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received the support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support with planned activities.

People were provided with a balanced diet and sufficient food and drink to promote their health and wellbeing.

People were supported to see healthcare professionals in order to ensure their general health and wellbeing were maintained.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People were supported to maintain links with the wider community. They were also supported and encouraged to maintain relationships with family members, who were able to visit them when they wished.

People and their representatives were involved in drawing up care plans which were based upon their individual needs and wishes. Care plans contained detailed information about people's health needs, preferences and personal history.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

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. Staff had received training about how to keep people safe and knew the action to take if they suspected abuse.

People were supported by staff who were trained to administer medicines safely.

The service had robust arrangements in place for recruiting staff.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

People received a nutritionally balanced diet to maintain their health and wellbeing.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Is the service caring?

Good

The service was caring. Staff were kind, caring and treated people with respect.

People were encouraged to be independent and received care and support from staff who were aware of their needs, likes and preferences.

Is the service responsive?

Good

The service was responsive. Staff had information about people's individual needs and how to meet these.

People were able make daily living choices in order to have as much control as possible about what they did.

Is the service well-led?

Good

The service was well led. We saw, and visitors felt that the atmosphere in the home was friendly and welcoming.

The staff said the provider was supportive and they enjoyed working at the home.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Ashling House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 6 January 2016 and was carried out by one inspector. The service was last inspected in February 2014 when they met the regulations we checked.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our visit, we considered the information in the PIR and any other information we had about the service. This included notifications of incidents that the provider had sent us since the last inspection as well as the previous inspection report. A notification is information about events that the registered persons are required, by law, to tell us about. No safeguarding concerns had been raised.

During our inspection, we met all the people who used the service, spoke with five of them and observed the care and support provided by the staff. We spoke with two members of staff, the manager, the care coordinator and two relatives. We looked at two people's care records and other records relating to the management of the home. We also looked at a range of records relating to how the service was managed. These included training records, duty rosters, documents relating to the provision of the service, medicine records, quality monitoring records and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe there. One person said "I am safe here. There are no problems." Another said, "The staff are nice." Other people nodded when asked if they felt safe. We observed from people's body language and interaction with staff that they felt comfortable in the home. A relative told us "[The person] is very happy there. Safe certainly."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff told us that they were confident that the registered manager would take appropriate action in response to any concerns raised. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. They were aware of the whistle-blowing procedure and when to use it.

Care and support was planned and delivered in a way that ensured people were safe. Risk assessments had been developed in relevant areas such as moving and handling, falls prevention, nutrition and hydration. Risk assessments considered the most effective ways to minimise risks and were reflective of people's needs. They helped staff to determine the support that people needed if they had a sudden change of condition or experienced an increased risk. For example, in one person's file the risk assessment for mobility stated "[The person] will get up unsupervised at times putting themselves at risk of falls. Staff to supervise and ensure the zimmer frame is at hand to prevent falls."

People's medicines were managed safely. Staff who administered medicines had received training and had been assessed as competent to do this by the registered manager. As far as possible, medicines were administered from specific medicine administration aids filled by the pharmacist to lessen the risk of an error being made. The senior staff member on each shift was responsible for administering medicines. We discussed the procedure with them and saw that they followed it in a safe way. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored safely in a medicine trolley. The registered manager and senior staff had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. The registered manager undertook weekly medicine audits, to ensure medicines received in to the home and administered could be accounted for. The pharmacist undertook a yearly audit to check that the correct procedures were followed and were update. There were appropriate storage facilities for controlled drugs. No one at the service received controlled drugs at the time of the inspection.

Staff rotas we looked at confirmed that the numbers of staff on duty matched the number of staff seen. We observed that staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. People had support in line with their care plans. Staffing levels were reviewed regularly and adjusted when people's needs changed. For example, two waking night staff were on rota following an assessed need for a person who required two staff to assist with moving and handling. Staff told us that absences were covered by them or agency staff (who had covered shifts previously). This meant that people

received consistent support from staff they knew, who were aware of their needs and of the support they needed to maintain their safety.

There was a robust staff recruitment system. We saw that all appropriate checks were carried out People who used the service told us that they felt safe there. One person said "I am safe here. There are no problems." Another said, "The staff are nice." Other people nodded when asked if they felt safe. We observed from people's body language and interaction with staff that they felt comfortable in the home. A relative told us "[The person] is very happy there. Safe certainly."

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There was a robust staff recruitment system. We saw that all appropriate checks were carried out before staff began work. This included prospective staff completing an application form

and attending an interview. We looked at two files of newly recruited staff and found two references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom. A recently recruited staff member confirmed they had not been allowed to start working at the home until the checks were completed. Hence, people were protected by the recruitment process which ensured that staff were suitable to work with people who need support.

The provider had appropriate systems in place in the event of an emergency. For example, there was a file containing details of action to be taken and who to contact in the event of an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency. We found that risks were identified. Health and safety audits were carried out to minimise risk and to ensure that people were supported as safely as possible. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and safe to use.

The accommodation was clean and well maintained which ensured that people were cared for in a safe and pleasant environment.

Good

Is the service effective?

Our findings

Staff had the appropriate skills and knowledge to meet people's individual assessed needs. They supported people to have a good quality of life. People who used the service told us that the staff knew how to help them and were "good and "caring." They said that the staff knew what they were doing and always knew how to help them. A relative told us "I have got no problems with it. [The person] is in a perfect place."

People's needs were met by staff who were trained and able to carry out their roles and responsibilities. The staff we spoke with were aware of people's individual needs and wishes and how to meet these.

The staff files we looked at confirmed that newly recruited staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet people's needs. It included training about health and safety, fire safety, moving and handling and safeguarding people. Staff told us that they spent time reading people's care plans and watched a number of "DVDs" and completed a test afterwards in order to test their knowledge and understanding of the topic. They also spent time shadowing experienced staff. The registered manager was aware of the new Care Certificate and said this was in use for newly appointed staff. The care co-ordinator was a dementia champion and had also completed a diabetes awareness course. They shared their knowledge with the staff team to update them, so that they also had the knowledge and understanding to meet people's individual needs. Hence, the training offered by the service ensured that staff had necessary skills to provide care for the people they supported.

Staff felt supported by the registered manager and other senior staff. They received regular supervision with a senior person and told us they found this useful. Supervision is a process, usually a meeting, by which a line manager provides guidance and support to staff. Staff told us that they discussed any concerns about people as well as their individual needs such as training and development. We saw that where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

We looked at how the registered manager was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty for their own safety where there is no less restrictive way of achieving this.

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). We checked whether the service was

working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had the appropriate skills and knowledge to meet people's individual assessed needs. They supported people to have a good quality of life. People who used the service told us that the staff knew how to help them and were "good and "caring.They said that the staff knew what they were doing and always knew how to help them. A relative told us "I have got no problems with it. [The person] is in a perfect place."

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Staff had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. People who used the service had the capacity to make decisions about their care and were encouraged and supported to do this. We saw that most people were involved in discussing their care plans

and other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit the registered manager had not neded to make any applications to the local authority.
Staff told us that they obtained people's consent before assisting them with daily care and we observed this in practice. For example, staff knocked on a person's door and asked them if they could help with personal care. They asked people what they wanted for lunch as well as asking if they were ready to take their medicines.

People were complimentary about the food. One person told us, "I like the food, we get a choice." Other people nodded in agreement and told us they were involved in planning the menu choices. There was a four weekly menu which was rotated and included people's choices. Some people had aids to help them eat without assistance. Staff encouraged people to eat their meals where necessary, allowing people to take time to eat in a relaxed manner. Staff understood the importance of people having enough to drink. People had drinks available to them at all times. Specialist diets were understood and met. For example, low sugar diets. Records showed that people's weight was monitored and 'build up' drinks had been prescribed where there were concerns about their weight.

People were supported to access healthcare services. Records and discussion with staff showed that people's health care needs were well met. For example, there was a weekly surgery held by the GP at the home. Records showed that regular discussions were also held with the district nurse and the Parkinson's support nurse to ensure that people received the support they needed. Visiting professionals carried out foot, eye, dental and hearing checks. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

There were no environmental adaptations required by people who used the service. There were a number of ground floor bedrooms with en-suite facilities that could be used by people with restricted mobility. We observed that all areas of the home were in good decorative order and well furnished .

Good

Is the service caring?

Our findings

People spoke highly of the care they received. They told us the staff were always caring and friendly. Comments included, "They are very kind" and "They are very caring." Relatives also told us that the staff were "caring" and "friendly." A relative commented, "She gets treated very well."

During the inspection we observed the interaction between staff and people who used the service. We saw that staff supported people in a kind and gentle manner and responded to them in a patient way. Throughout the visit we saw staff talking to people, they smiled, made eye contact and allowed time for the person to reply. We also saw that staff discreetly explained to people that they were going to assist them with their personal care when needed.

The atmosphere in the home was calm and relaxed. We saw that staff were chatting with people and visitors whilst carrying out their duties. Staff knew people well and were able to tell us about their preferences and the things they enjoyed doing. They said, "We read the care plans and get to know them well as well as their likes and dislikes." The staff were attentive and interacted well with people.Staff told us they enjoyed working at the home, comments included, "It's a good home, I like working here."
People told us their privacy and dignity were respected by staff. Staff explained that they respected people's privacy and dignity by knocking on people's doors before entering and making sure they were bathed in a dignified manner by using towels to cover them when needed. The home had a policy regarding keeping personal information confidential and staff were aware of their responsibilities.

The home provided end of life care to people with the support of the district nursing service. We saw that all staff had received training in end of life care. They told us they would respect people's wishes at the end of their lives and would support their families. No one at the home was receiving end of life care at the time of the inspection.

Good

Is the service responsive?

Our findings

People's needs were assessed by the registered manager before they started to use the service. This included all aspects of care such as health, mobility, nutritional needs, personal care, communication and medicines. Information was readily available in care plans about people's, likes and dislikes and how they preferred to be supported. Relatives told us they and the person had been involved in discussions about the person's care. A relative told us, "[The person] has a care plan. We go through it every few months. We have a meeting, chat and sign it." Another relative told us "She has got a care plan. We were all involved in drawing it up." This ensured that the views of the person receiving care were known, respected and acted upon.

Each person had an individual and personalised care plan which identified their specific care needs. People and staff had access to the care plans which were kept in their rooms. We saw that the care plans covered daily living activities and areas specific to each individual's care needs such as care for people with diabetes, parkinsons disease and dementia. Staff were provided with information about what the person could continue to do for themselves, how to support their independence and how they wished to receive assistance. The care plans were updated and reviewed monthly and adapted to the changing needs of the individual. Where necessary staff had sought advice from health care specialists to assist in managing people's care. We saw that staff followed guidelines made by health care professionals. For example, a person with parkinsons disease was supported to maintain their independence by ensuring they had a plate guard and a clothes protector during lunch time. People with diabetes had special dietary needs and regular checks of their blood sugar levels. People's wish to receive same gender care was respected as far as possible. Changes in people's care needs were communicated to staff via the communications diary and handover between shifts. This meant that staff always had current information about people's needs and how best to meet these.

People received support from a staff team who knew and understood them. Staff told us about people's individual needs, likes, dislikes and interests. They knew people's individuals patterns, routines and methods of communication and described how they expressed themselves. Staff knew the signs or behaviours that showed people were anxious and also how best to support them at that time.

Arrangements were in place to meet people's social and recreational needs. We saw people chatting, reading and knitting. An activities board in the dining room displayed activities taking place during the day, so people knew what was on offer. This included hangman, exercise, baking and musical entertainment. We observed a relaxed atmosphere in the home. Relatives confirmed that stimulating activities were provided to keep people active and interested. Staff ensured that people were able to maintain relationships that mattered to them such as family and other social links.

People's healthcare needs were met by the service. From the notes checked, we saw that the GP was promptly contacted if a person became unwell. Appropriate referrals were made to other health professionals such as the community nurse when needed. Staff followed advice given by them to assist with people's recovery. All relevant information was shared with other agencies and professionals when people moved between services and relatives were kept informed. People's healthcare needs were therefore

identified and dealt with to ensure that they received the necessary treatment to keep them in good health. Both relatives told us that they were kept fully informed about their family member's health and the registered manager phoned them straight away if there were any concerns.

The complaints policy was clearly displayed on a notice board. People felt listened to and told us they did not have any complaints. They would tell the manager if they had any issues and felt confident that they would be resolved. The registered manager said there had not been any recent complaints. A relative told us, "Any issues we have are sorted out quickly." People and their families were supported and encouraged to raise any issues that they were not happy about and the provider had a procedure in place to deal with these in a timely manner.

Good

Is the service well-led?

Our findings

People were happy with the service provided. Relatives spoke highly of the registered manager and the staff and felt the home was "very good" and "well run."

The provider was also the manager of the service. They, together with the care co-ordinator had responsibility for the day-to-day running of the service. There was always a senior staff member on duty. Staff were clear about their roles and responsibilities. They were positive about the way the service was run. Relatives told us that they were happy with the management of the home. We saw that people were comfortable at the home and the registered manager dealt with any issues as and when they arose.

People were involved in the development of the service. They were asked for their opinions and ideas at residents meetings and at reviews. Residents meetings were held regularly to seek people's views about activities and outings, planning menus and keep them informed of any changes and forthcoming events. Hence, people felt listened to and their views were taken into account.

On the day of the inspection, we saw that the registered manager was readily available to staff and people to answer any queries and provide support, guidance and advice. Relatives of people who used the service told us that they found the registered manager to be "approachable" and "helpful."

The provider sought feedback from relatives and people who used the service by means of an annual quality assurance questionnaire. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. Relatives and friends confirmed that they had been consulted and had given positive feedback about the quality of service provision.

There were clear management and reporting structures in place and staff were aware of the lines of responsibility. Staff told us that there was good communication between all staff within the home via the daily logs. They told us that they were informed of any changes that occurred in the home through staff meetings, which meant they received up to date information. A handover diary was used to discuss any issues and share information about any changes. The staff team worked in partnership with relevant health and social care practitioners.

Staff meetings took place regularly. Staff told us that they were able to raise issues about the service with the registered manager and felt listened to. They told us that they had no concerns and got the support they needed to carry out their role.

Audits had been completed by the provider in areas such as infection control and prevention, medicines administration and fire safety. The provider took appropriate action where required to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement, in order to provide a safe environment and ensure the service ran smoothly.