Ashking House Limited

Ashking House

Inspection report

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Date of inspection visit: 18 & 19 February 2015
Date of publication: 19/05/2015

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

Overall summary

This unannounced inspection took place on 18 & 19 February 2015.

Ashking House is a 7 bed service providing support and accommodation to people with a learning disability. At the time of the inspection seven people were living there. It is a large house in a residential area close to public transport and other services. The house has special adaptations to the bath and shower rooms. There is a lift to the first floor. The home is therefore accessible for people with physical disabilities or mobility problems. People live in a clean and safe environment that is suitable for their needs.

There had not been a registered manager since 1st September 2013. However there was an acting manager in post and she had applied to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe at the service. They were supported by kind, caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe. The manager had made the necessary applications to request agreement from the supervisory body.

People were happy with the food provided and were supported to eat and drink enough to meet their needs.

Staff received the support and training they needed to carry out their role and provide a safe and appropriate service that met people's needs.

People were asked for their feedback about the service and about what they wanted. They felt that any issues or concerns they raised would be dealt with by the acting manager.

The provider and the management team monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Systems were in place to support people to receive their medicines appropriately.

People were cared for in a safe environment.

Good

Is the service effective?
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.

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

Good

Is the service caring?
The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Before staff provided care and support they took time to explain to people what was going to happen.

Good

Is the service responsive?
The service was responsive. Staff had current information about people's needs and how best to meet these.

People were encouraged to make choices and to have as much control as

possible about what they did. Their healthcare needs were identified and responded to.

Good

Is the service well-led?
The service was well led. People were happy with the way the service was managed and with the quality of service.

The provider monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

Good

Ashking 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 18 and 19 February 2015. The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

At the last inspection on 17 July 2014 the service met the regulations we inspected.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with people who used the service and observed the care and support provided by the staff. We spoke with six members of staff, the manager and the area manager. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from three relatives, a care manager and a healthcare professional.

Good

Is the service safe?

Our findings

People who used the service were safe. They and their relatives told us that this was a safe place. Relatives also told us that they did not have any concerns about the way people were cared for and supported. We saw that they were treated with dignity and respect and that staff were attentive to people's needs.

Medicines were stored in appropriate metal cabinets in a designated room. There were also appropriate storage facilities for controlled drugs. We checked the stock levels of controlled drugs against the controlled drugs register and found that these tallied. Keys for medicines were kept securely by the team leader to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

Staff received medicines training to give them an understanding of the medicines administration process. Medicines were ordered, stored and administered by team leaders. Team leaders' competency to administer medicines was assessed and monitored by the manager to ensure that medicines were being administered safely and appropriately. Team leaders also carried out medicines audits and checked that medicines records tallied with the amounts in stock.

We saw that the medicines administration records (MARS) were detailed had been appropriately completed and were up to date. Records included information on how people preferred to receive their medicines and instructions on how and where to apply creams and lotions. They also included protocols to guide staff as to when to administer medicines that were prescribed on a 'when required' basis.

Some people were given their medicines covertly. This meant that they were disguised, given with or put in food. We saw that when this was the case this had been discussed with the person's doctor, relatives and care manager and it had been agreed that this was in their best interest.

The above systems ensured that people received their prescribed medicines safely and appropriately.

The service had procedures in place to make sure any concerns about people's safety were appropriately reported. Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. They felt that any concerns would be listened to and dealt with quickly by the manager. A care manager said that they had not received any safeguarding concerns about the service and did not have any concerns about people's safety. People who used the service 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. The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three recently recruited members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. A member of staff confirmed that they had not started work until the necessary checks had been obtained. People were protected by the recruitment process which ensured that staff were suitable to work with vulnerable adults.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person's individual needs. They were detailed and gave clear information as to what to do in different situations. Environmental risk assessments were also in place and the provider had appropriate systems in the event of an emergency. For example, individual fire risk assessment had been completed and fire alarms were tested weekly. There was a designated first aider and fire marshal, usually the team leader, on each shift. 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 and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

Good

Is the service safe?

People told us staff were always available when they needed them. Staff also told us that they felt staffing levels were right to assist and support people safely. From our observations and from looking at staff rotas we found that staffing levels were sufficient to meet people's needs.

The service premises were in a good state of repair and decoration and a maintenance person was employed to ensure that standards were maintained and minor repairs were carried out as soon as possible. Specialised equipment such as hoists and accessible baths and showers were available. Records showed that these and other equipment such as fire safety equipment were serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. People were therefore cared for in a safe environment.

Good

Is the service effective?

Our findings

Care provided was effective. Relatives told us that they thought people's needs were effectively met.

People were supported by a staff team who knew them well and were able to tell us about individual needs and preferences. Staff told us that they received the training they needed to support people and that the manager made sure that training was up to date. One member of staff told us, "There is loads of regular training and we are asked what we need." We saw that staff had received a variety of training including safeguarding vulnerable adults, moving and handling, fire safety, food hygiene and health and safety. Most of the staff team had either already obtained or were studying for a qualification in health and social care. A team leader told us that when they were first promoted to this post they received additional support and guidance from the manager. They had also worked on shift with another team leader until they were familiar with routines and tasks. People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

Staff told us that they received good support from the manager and the team leaders. This was in terms of both day to day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff told us, "The manager is approachable and gives good guidance." They told us that during supervision they could bring up any issues, give and receive feedback and discuss their training and development needs. Systems were in place to share information with staff including staff meetings and handovers between shifts. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be lawfully deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interest decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit relevant applications had been made to supervisory bodies and the manager was awaiting their responses. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. One relative said, "They are definitely on the ball with health issues and deal with things quickly." Another told us that the service supported people with medical appointments and took them to the GP if there were any concerns. A healthcare professional confirmed that staff followed instructions and gave feedback about the person. Each person had a 'hospital passport' which contained information to assist hospital staff to appropriately support people if they were treated at the hospital. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Care plans included information about people's physical and emotional needs. As far as possible people were involved in developing their care plan and some had signed these documents. Although care plans were detailed and person centred it was not always easy to find up to date or clear information. However, staff told us clearly and in detail about people's current needs and how they met them. Staff provided effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink. They chose the menu at a monthly meeting. People chose individually what they wanted for breakfast and there were two main meal options. One person told us that they had porridge and a banana for breakfast and that they chose their own food. Another said, "If you want a drink, ask or call and they'll send it to you. Tea, coffee or soft drinks." People told us they liked the food.

Staff told us and records confirmed that people had differing nutritional needs. This was taken into account during shopping and meal preparation. For example, we saw that different types of milk were purchased as some people needed to reduce their weight and others to gain weight. Healthy snacks such as fruit were available and also food supplements. We saw that people were offered drinks and snacks during the course of the day. When there

Good

Is the service effective?

had been concerns about a person's weight or appetite advice had been sought from the relevant healthcare professional. A relative told us, "They have worked hard to encourage [my relative] to eat and they have put on weight."

People's care plans included information about the types of food they liked and needed and how they needed to be supported to eat. People were supported to be able to eat and drink sufficient amounts to meet their needs.

The service was provided in a large house in a residential area. We saw that the environment was designed to meet the needs of the people who used the service and was accessible throughout for those with mobility difficulties. Adapted baths and showers were available and specialised equipment such as hoists were used when needed. Each person had a single bedroom and these had been decorated and personalised in line with people's likes and interests. People lived in an appropriately maintained and decorated house that was suitable for their needs.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring and treated people with respect. One relative said, "I am delighted with the staff. [My relative] feels confident in the staff and trusts them." Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. We saw that staff were patient and considerate. They took time to explain things so that people knew what was happening. When people needed support with their personal care this was done discretely. People were treated with respect and dignity. Their privacy was maintained and we saw that staff closed doors when supporting people. One person told us that staff always knocked before they came into their bedroom. Another said that they were well treated.

People received support from staff 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 those who could not speak expressed themselves. For example, one person bit their hand when they were in pain.

People's different cultural and support needs were met. For example, the menu reflected people's culture and also health needs. One person had meals without pork and another had meals suitable for people with diabetes.

Staff supported people to maintain relationships with their friends and family. One person told us that their relative had been supported to attend a family celebration. Another said that their relative was supported to visit them each week and that staff had brought the person to visit on Christmas day.

People were encouraged to be as independent as possible and to participate in the day to day running of the service. They were also consulted, as far as possible, about what they did and what happened at the service. Staff used pictures to assist people to express an opinion and also observed people's reactions to gauge if they wanted to do something or not. The local advocacy service had visited recently and these visits were going to continue to support people to voice their views and wishes and to speak up for those who were unable to do this.

There had not been a need for anyone to be supported for end of life care but staff had supported a person who was very ill in hospital before they passed away. We saw that one person had indicated their wishes for their funeral and had chosen songs to be played. An advocate was being organised to discuss the possibility of them buying a prepaid funeral plan.

Good

Is the service responsive?

Our findings

People's care plans were personalised, comprehensive and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. We noted that people had two care files with similar information in each. They also had communication passports containing information about how they expressed themselves. The language used in some of these documents was very 'formal' and not user friendly. For example, in one person's file it stated, "No problems with dexterity but needs hand on hand support for functional tasks." Additionally the number of files meant that it was not always easy to find the most current information. However from discussions with staff it was clear that they were aware of people's current needs and how to respond to these.

People were involved in developing and reviewing their care plans in as far as they were able. We found that care plans were reviewed every three to four months and updated when needed. Relatives told us that staff kept in contact with them and that they attended reviews. Staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any change in people's needs and were then able to respond appropriately. This meant that staff had current information about people's needs and how best to meet these.

The service was responsive to people's healthcare needs and people were supported to attend appointments and check-ups. A healthcare professional told us that staff responded well and gave them the information they needed. They followed instructions for supporting people and then gave feedback. They added that staff reported any concerns and sought advice when needed. A relative told us that staff were "on the ball" with health matters and dealt with these quickly. People's healthcare needs were therefore identified and responded to in a timely manner.

People were supported and encouraged to raise any issues that they were not happy about. We saw that the service's complaints procedure was displayed on a notice board in a communal area. People said they knew how to complain and who to complain to. One person told us, "If I had a complaint I would speak to someone or the manager." They said that staff listened.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that they chose what, when and where to eat and what they did. A member of staff told us, "We always ask people if they want to do something or if it is okay for us to do something for them. If they say no we explain why it is important and how it will help them. If they still say no then they don't go or we don't do it."

People chose what they wanted to do each day and also planned for things they wished to do in the future. This was in discussion with each other at 'service user' meetings, at meetings with their keyworker or informally as they chatted to staff during the day. People were encouraged and, supported to do a wide range of activities and trips that they liked. They were also encouraged to be part of their local community. For example, going to church, swimming, trampoline, bowling and music and movement. Activities were also arranged in the service. This included aromatherapy and arts and crafts.

Good

Is the service well-led?

Our findings

The service was well led. There had not been a registered manager since 1 September 2013. However there was an acting manager in post and she had applied to be registered with the Care Quality Commission. There was a management structure and people were clear about their roles and responsibilities. In addition to the acting manager there were also team leaders. Team leaders were responsible for the daily running of the shift and there was always a team leader on duty during the day time. At night the on call system was used if staff needed any support or guidance. A member of staff told us that they got "really good" support from the manager and the team leaders.

Staff told us that the acting manager was accessible and approachable. They said that they felt comfortable to approach her or a team leader if they wished to discuss anything. They were confident that any issues raised would be dealt with. Relatives felt that the service was well managed and had confidence in the staff team and the manager. One relative told us, "The manager has made changes for the better. Promises made are kept. She does what she says she will." We saw that people were comfortable and relaxed when talking to the acting manager and approached her when they wanted to know something.

People were involved in the development of the service. They were asked for their opinions and ideas through 'residents' meetings, at their reviews and informally during the course of the day. People were listened to and their views were taken into account when changes to the service were being considered.

The acting manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finances. The manager also carried out unannounced out of hours' visits during the evening, at weekends and during the night. People were provided with a service that was monitored by the acting manager to ensure that it was safe and met their needs.

The provider had a number of different ways in which they monitored the quality of service provided. There was a separate quality team who visited the service four times a year unannounced to check the quality of the service provided. A report of their findings was then sent to the manager and area manager for any issues to be addressed. The quality team followed this up at their next visit. There was also a programme of monthly unannounced visits by the area manager. Different topics such as medicines, records or the environment were checked on each occasion and any issues identified were passed to the manager to action. Reports of these visits showed that they spoke to people who used the service and to staff, checked the environment and also records. The provider sought feedback from people who used the service and stakeholders (relatives and other professionals) by quality assurance surveys. There had not been a recent survey but we saw that the manager had begun to distribute surveys for people to complete. Therefore, people were provided with a service that was monitored by the provider to ensure that it was safe and met their needs.