

Ashbrook House Limited

Ashbrook House

Inspection report

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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

Ashbrook House is a residential care home providing personal and nursing care to 7 people with a learning disability and/or autism. Ashbrook House accommodates up to 9 people in one adapted building.

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.

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

People lived in a safe environment with enough staff to support them. Staff knew how to report any suspected abuse and ensured they took action to help mitigate risks to people. Medicines were managed to ensure people received them as they needed them. Incidents and accidents were appropriately managed.

Staff were trained and supported to meet people's needs. People were appropriately assessed and supported with their nutritional and healthcare needs. People were supported to make decisions and consent was sought in line with legislation.

People's needs were met by caring staff that knew how to support them. Staff treated people with dignity and respect and encouraged people to make decisions about their care.

Care plans reflected guidance that supported people's individual needs. People were supported to express their end of life wishes where necessary. Systems were in place to respond to any complaints or concerns.

The registered manager had good oversight of the service to ensure people, relatives and staff were supported. Steps were taken to make improvements to the home and review the quality of care received. Management worked alongside other agencies to ensure people received support.

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.

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 on 23 February 2017 (last report published 23 March 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 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.

Ashbrook House

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

This inspection was carried out by one inspector.

Service and service type

Ashbrook 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people living at the home and three care staff. We also spoke with the registered manager. We reviewed a range of records. This included three people's care records and medication records. We also looked at records relating to the management of the service, including policies and quality

checks.

After the inspection

We spoke with two relatives to seek their views. We continued to seek clarification from the provider to validate evidence found and reviewed additional risk assessments.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and report potential allegations of abuse. Where one staff was lacking in this knowledge the registered manager had identified this and was supporting them through their probation.
- One staff member told us, "It's to protect them from many types of abuse, their wellbeing and safety. I'd report it to my manager, if they didn't do anything I'd go above her, then to the CQC."
- Records showed that the registered manager had taken appropriate action to investigate and report any safeguarding allegations. There were no ongoing investigations at the time of our inspection.

Assessing risk, safety monitoring and management

- Risks to people were regularly monitored and assessed to ensure that guidance was in place to mitigate the chances of risks occurring.
- We identified that one person did not have a suitable smoking risk assessment in place to ensure that this task was managed safely for them and others. We raised this with the registered manager who sent us an adequate smoking risk assessment for the person the following day. Although this assessment was not in place at the time of inspection, other records showed that the registered manager had met with the person to discuss safe smoking practices.
- A recent London Fire Brigade inspection had highlighted that the fire safety arrangements were satisfactory.
- The premises were suitably maintained to ensure they were safe for the people that were living there.

Staffing and recruitment

- Staff were safely recruited with suitable employment history and references obtained prior to them commencing their role. Staff were subject to a Disclosure and Barring Service check that was renewed in line with best practice guidance. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were enough staff at the home to meet people needs to ensure that staff were available to support people during the day and at night.

Using medicines safely

This KLOE is for services that administer medicines as part of providing a regulated activity.

- People's medicines were safely managed. Stock balance checks were conducted regularly and we checked two people's medicines and saw their balances were correct.

- Where people administered their own medicines, risk assessments had been completed to ensure that staff were assured that people were able to take their own medicines safely. Records showed that staff checked people's compliance with this.

Preventing and controlling infection

- Staff were aware of their responsibilities in relation to infection control. One staff member said, "I wear my gloves and my apron. My job is to make sure everything is discarded properly, use the yellow bags."
- We observed the premises to be clean and well maintained.

Learning lessons when things go wrong

- The registered manager took steps to record and investigate incidents as they were reported. Records included an overview of the incident and remedial action taken to mitigate risks.
- Any updates in relation to changes in people's needs were discussed at team meetings, and any learning from incidents was shared.

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).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- The registered manager had taken steps to ensure appropriate DoLS applications were made in a timely manner.
- Where they were able to, people were able to leave the building freely to visit areas of interest, with measures in place so that staff knew they were safe.
- Staff understood the principles of the MCA and the importance of seeking consent when supporting people.

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

- People's needs were assessed prior to moving into the home to ensure the placement was suitable.
- The provider followed best practice guidelines, such as the use of the Waterlow score to monitor people's skin integrity.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the skills to carry out their roles. An electronic system was used for the registered manager to monitor when training was due for renewal.
- An induction was in place to support staff when they commenced their role. A staff member said, "[Induction] was really good, [I had] four days induction. [I] went through the policies, read up on notes and did shadowing on all the days."
- Staff were supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- People received support to maintain a balanced diet. One person said of the food, "It's lovely, [staff] is the best cook." A relative told us the home took steps to support their family member to manage their weight.
- People were asked their meal preferences in advance, and on the day of inspection we saw staff confirming people's choices and if they wished to make any changes prior to preparing lunch.

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

- People were supported to access healthcare professionals at times that they needed to. A relative said, "If there's anything I want to know about health updates that are happening, they let me know."
- A staff member said, "I'd report it to my manager [if there was a change in someone's need], tell my manager to call the GP."
- Records showed that people were supported to access a range of healthcare professionals such as dentist, chiropodist and psychiatrists.

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

- The home was set up to meet the needs of people living there, such as ensuring there was step free access for those that needed it.
- People's rooms were decorated with evidence of their personal effects, including family photographs and items that were important to them.

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.

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

- People were supported to practice their faith. One person had recently been supported to join the religion of their choosing and staff supported their attendance.
- People told us of staff, "They're brilliant, they're really good" and "They're great with me." A relative also told us, "[Staff are] definitely, very caring. There's never a time I've not been happy with what I've seen."
- We observed positive interactions with people on the day on inspection with staff engaging in meaningful conversation in relation to people's needs.

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

- People were involved in decisions about their care, and met with their keyworkers regularly to discuss their views and the care they received.
- Relatives told us they were kept informed of their family member's needs. One said, "They are very caring and attentive, responsive to our requests and what she needs. They make suggestions about what [my relative] needs too."
- People's views were sought through regular residents meetings where people would discuss upcoming holidays, activities and the home environment.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One said, "I knock if their door's closed."
- One staff member told us, "[During personal care] I knock on the door, ask how they are. Ask if they're ready for a shower and a drink and see what they choose."
- People were supported to be independent with staff telling us they encouraged people to do things for themselves. On the day of inspection people were supervised and supported to prepare their own breakfasts and we saw that some people managed their laundry and cleaned their rooms independently.

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 personalised care that reflected their preferences and enabled them to make informed choices in their day to day lives.
- Care plans reflected people's likes and dislikes with guidance as to how people liked to be supported and their dreams and goals. Staff that we spoke with were familiar with the preferences of the people they supported.

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 home supported people's communication needs. Where one person's verbal communication was limited, their care plan informed staff as to how writing things down and using simple sentences supported the person to respond.

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 supported to take an annual holiday, with most people attending this event together. There were various pictures of past trips across the home, and one person expressed to us their excitement for the upcoming holiday.
- Relatives told us that they were always welcomed when visiting the home, and we read positive feedback following one person's birthday party being arranged by the home.
- People utilised the large garden space on the day of inspection, with other people venturing out into the community to participate in activities they enjoyed. One person told us of their daily trips to enjoy the tennis, some people attended the day centre whilst others would go out for lunch or to the shops.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection.
- There was a complaints policy in place, with a pictorial version in place to support people to raise any concerns they may have.

End of life care and support

- People were supported to express their end of life wishes where it was appropriate to do so.
- Records included people's religious preferences and whether the person had chosen to plan their funeral arrangements.

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 supported a positive environment for people at the home. They had worked at the home for a number of years in various roles and knew people and staff well.
- A relative said, "She [registered manager] makes such an effort in all that she does for everybody. I cannot fault her at all, she's very caring. She's an asset she really is."
- The registered manager communicated to us their wish to support people to make choices about their care, and this was reflected in the environment and records we viewed.

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 registered manager took ownership of improvements required and records showed they responded to learning from incidents accordingly.
- They were aware of their responsibilities telling us, "I want to make it [the home] a safe place for them, as homely as possible for them [people]."

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

- Regular quality assurance audits were conducted to ensure people's records were up to date, and that health and safety or premises issues were regularly addressed. Where issues were identified, prompt action was taken to make improvements.
- The registered manager regularly assessed staff competency in their roles and supported them to improve their practice.
- Notifications of important events were submitted to the Care Quality Commission in a timely manner.

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

- The registered manager worked alongside other professionals and detailed the positive relationship they had with the local authority and healthcare professionals.
- Where one person attended the day centre a joint review had taken place to ensure that both the day centre and the home were sharing information to meet the person's needs as a joint approach.

Continuous learning and improving care

- On the day of inspection we fed back to the registered manager that hot water temperatures in the kitchen and laundry room exceeded safe levels. People were supervised in these areas, so risk was mitigated with the registered manager taking prompt action to arrange for this to be fixed.
- The provider was implementing an electronic case management system to support easier access of records and streamlining of information sharing.