Care Quality Commission

Ashington House Limited

Ashington House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 27 November 2014 and was unannounced. When we last visited the home on 20 November 2013 we found the service was meeting the regulations we looked at.

Ashington House provides accommodation and personal care for up to six people with learning disabilities or autism. On the day of our visit there were five people living in the home.

The home had a registered manager. 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.

Risk were generally managed well except risks in regards to the management and prevention of pressure ulcers. This was a breach of the regulation in relation to the care and welfare of people using the service. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Care plans and risk assessments were in place with regards to other risks such as moving and handling. People's care plans reflected these assessed needs and staff had a good understanding of people's individual needs and preferences. Staff treated people with kindness and compassion, dignity and respect and people and their representatives were involved in decisions about their care.

Staff had a good understanding of how to recognise abuse and how to help protect people from the risk of abuse.

The premises and equipment used to support people were safe as a range of health and safety checks were carried out regularly, including the water, electrical and fire systems.

There were enough staff employed to meet people's needs. Recruitment procedures were robust and made sure that only people who were deemed suitable worked within the home. Staff were supported to carry out their roles with effective induction, supervision and training.

Medicines management in the home was safe. Only senior staff, who had been assessed as competent, administered medicines, and checking procedures were in place to make sure medicines were given as prescribed.

Accidents and incidents were reviewed to identify patterns and provide the right support to people.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of the DoLS. The registered manager had assessed whether people required DoLS and made the necessary applications. In this way people's rights in relation to this were recognised, respected and promoted.

People were supported effectively to meet their needs, including their health needs. Staff supported people who had specialist needs in relation to eating and their diet, as well as those who were at risk of malnutrition and dehydration. People were provided with a choice of food and drink, and were supported to eat when required. Staff made referrals to specialists when necessary and followed their guidance. People were supported to access health services, such as the GP, dentist and optician as necessary.

People were kept stimulated as they were provided with a range of activities they were interested in.

People using the service, their representatives and staff were encouraged to give feedback about the service they received and make suggestions to improve it. People knew how to make complaints and there was an effective system in place to review complaints and suggestions made by people and their relatives, to ensure learning took place.

The service was well-led as the registered manager and staff understood their roles well and a culture of support, openness and transparency was in place. A range of audits were in place for the provider to monitor the standards of service people received in the home.

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?

Requires Improvement

The service was not always safe. The risks for one person in relation to pressure ulcer prevention had not been assessed and their care had not been planned clearly in relation to these risks.

Staff understood how to recognise abuse and what action to take to safeguard people.

The premises and equipment were safe because a range of safety checks were in place.

There were enough staff to meet people's needs and recruitment procedures were robust in ensuring that only people deemed suitable worked in the service.

Medicines management was safe with systems in place to make sure people received their medicines as prescribed.

Incidents were analysed so staff could provide the right support to people.

Is the service effective?

Good

The service was effective. Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the service was meeting their responsibilities in relation to these.

Staff supported people to access health services. People were supported effectively with specialist needs in relation to eating and drinking. Staff supported people to make choices, including suitable food and drink.

Induction, training and support for staff was effective, equipping them with the necessary knowledge and skills.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and compassion, dignity and respect. People were involved in decisions about their care, and were supported to maintain their independence. People had access to advocates to help them make some decisions.

Is the service responsive?

Good

The service was responsive. Relatives and health and social care professionals told us the service and staff were very good at responding to people's needs. People were provided with a range of activities to keep them stimulated. People using the service and their relatives were encouraged to give feedback on the service and there was an effective complaints and suggestions system in place.

Summary of findings

Is the service well-led?

The service was well-led. The registered manager and staff understood their roles well and there was a culture of support, openness and transparency. Systems were in place to monitor the quality of the service, with regular audits carried out.

Good 

Ashington 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 inspection took place on 27 November 2014 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted the local authority commissioning and safeguarding teams to ask them about their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We spoke with two people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the area manager, the deputy manager and two members of staff. We looked at three people's care records to see how their care was planned, three staff recruitment files and records relating to the management of the service including quality audits. We also spoke with a visiting community nurse.

After the inspection we spoke with the registered manager, a second community nurse, an independent case manager, the local GP and two relatives.

Requires Improvement

Is the service safe?

Our findings

There was no risk assessment in place for pressure ulcer prevention for a person who was at increased risk due to limited mobility. Some support was provided to reduce the risk as they had been provided with a pressure-relieving mattress. On the days when they had no activities outside the home, staff supported them to elevate their legs through the day. However, we observed that there were no other strategies to prevent the person from developing pressure ulcers. They remained seated for long periods and had not been provided with a pressure cushion. This goes against the guidance from National Institute for Clinical and Health Excellence (NICE) "Pressure ulcers: prevention and management of pressure ulcers" (2014) which advises, in section 1.1.17, to "consider a high-specification foam or equivalent pressure redistributing cushion for adults who use a wheelchair or sit for long periods". Staff told us that such a cushion had not been considered for this person. In addition, although staff told us this person was unable to reposition themselves in bed, a risk assessment did not consider whether this person should be supported to reposition by staff. Risk assessments did not detail how staff should monitor this person's skin for signs of pressure ulcers and staff had not received training in this. In this instance this person's care in relation to pressure ulcers was not planned effectively. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care plans and risk assessments were in place with regards to other risks. Each person had individual risk assessments which contained information on risks specific to them. For example, several people had histories of behaviour which challenged the service and put themselves and others at risk. Risk management plans were in place showing how staff should support them in reducing these behaviours. Risk assessments had also been completed for needs such as personal care, moving and handling, and nutrition. The information in these documents was up to date and regularly reviewed. This meant that staff had access to current information about the people they supported and how to keep them safe.

Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff received training in safeguarding adults as part of the induction and annually. The local authority safeguarding team told us there had been no allegations of abuse made to them in the past year and the area manager confirmed there had been none.

The premises were safe as systems in relation to the premises were maintained and checked. The central heating and electric wiring system had been tested to ensure they were safe. The temperature of hot water outlets was tested regularly to reduce the risk of people being scalded. There was a Legionella risk assessment in place to reduce the risk of people contracting Legionella infections. Legionella is a bacterium which can accumulate rapidly in hot water systems if control mechanisms are not in place and recent water testing had shown there was no Legionella in the water system. Records were kept of maintenance jobs and showed these were completed soon after they were requested, with a worker visiting the home each week to carry out these repairs.

Items of equipment required for the care of people or for their individual use were also checked and maintained to ensure they were safe to use. Records showed that the hoist, portable electrical appliances (PAT) and fire-fighting equipment were properly maintained.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the service. This included considering applicants' health conditions, obtaining suitable references and completing a criminal record check to help ensure staff were safe to work with people living at the home.

People using the service, staff and relatives told us the staffing levels met the needs of the people using the service. Our observations were in line with these views as we saw that staff responded to people in a timely manner throughout the inspection. They were not rushed and had time to sit and talk with people. The registered manager increased staffing levels when required to meet people's needs, such as when they had appointments.

Medicines management was safe. We observed staff administer medicines and saw this was done in pairs, one staff acting as a witness, to reduce the risk of errors. Only senior support workers and management staff administered medicines, and only after training and completing a competency assessment. When we checked stocks we confirmed medicines had been given as indicated on the Medicines Administration Records (MAR).

Requires Improvement

Is the service safe?

Audits of medicines in stock were carried out daily when staff handed over from one shift to the next. Medicines were audited every three months by the area manager or the organisation's quality assurance team. Records showed a medicines audit by the quality assurance team had taken place a few days before our visit which had identified no concerns. The pharmacist had also recently carried out an audit of medicines procedures in the home and had found these to be satisfactory.

Written guidance was available for medicines to be administered when required (PRN), which was agreed by the GP. This enabled staff to administer these medicines correctly. We saw evidence of people's current medicines on their MAR and records of medicines received into the service. People's allergy status was recorded to prevent inappropriate prescribing.

Accidents and incidents were recorded clearly so that they could be analysed to look for patterns.

When people behaved in a way which challenged the service, staff made clear records of these. A behavioural therapist analysed these records, looking for patterns, trying to understand what people were trying to communicate by their behaviour. They also provided guidance to staff as to how to support people further, which staff followed.

Good

Is the service effective?

Our findings

Staff had received training in the principles of obtaining consent and the Mental Capacity Act 2005 (MCA), and had a good understanding of these. Where a person lacked capacity to make some decisions and had no family involvement, they had been provided with support from a general advocate. Staff told us about occasions in the past when people could not consent to operations or to a general anaesthetic. Meetings were held according to the MCA involving medical professionals, social workers and the registered manager to decide what was in the best interests of the person. Staff had a good understanding of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and had applied for authorisation to deprive several people of their liberty as part of keeping them safe.

Staff told us they did not routinely use restraint unless as a last resort in exceptional situations. We observed such a situation in which two staff restrained a person by their arms to prevent them from obtaining objects which were likely to cause them harm. The person's risk assessments did not identify a physical intervention may be necessary to keep them safe and staff told us this was because they had never had to intervene in this way before.

The service made arrangements to ensure this restraint was lawful and formed a part of the person's planned care. The area manager told us they would review this person's care documents in light of this incident and discuss it with their social worker and independent case manager in their forthcoming review meeting. After our inspection the independent case manager confirmed this discussion had taken place and all parties agreed restraint in this way was necessary in these situations and relevant documentation was being reviewed. The registered manager told us they were assessing whether it was necessary to apply for a DoLS authorisation in relation to this to ensure staff restrained this person lawfully.

We observed staff effectively supporting people when they became distressed and challenged the service. Staff followed guidelines which had been inputted by behavioural specialists in the local authority behavioural therapy team. Staff understood people's needs in relation to their behaviours. Records showed staff received regular training in working with people who had behaviours which challenged the service, and in using physical interventions, from an organisation accredited by the British Institute of Learning Disabilities (BILD).

A relative told us, "[my family member's] health is very good and staff support [them] well." People had health action plans in place and staff supported them to access the healthcare they needed. For example, when staff identified a person was in pain when eating they supported them to get necessary treatment at the dentist. When a person developed difficulties in a routine daily task, staff supported them to visit the GP for further investigations. Staff gave them more support in this area and updated their records accordingly while medical professionals investigated the issues.

People were encouraged to eat a healthy and balanced diet and their records included information about their dietary requirements. Appropriate advice had been obtained from healthcare professionals when needed. Where one person's blood sugar was unstable, staff and community nurses monitored it at intervals each day. Staff had a good understanding of this person's needs and they provided food and drink according to their blood sugar results to keep them well. Staff monitored people's weight and had obtained support from dieticians when they had concerns about this.

People told us they enjoyed the food and could eat the things they liked. A relative told us, "[my family member] likes the food…when we go on family holidays [my family member] says the food is not as good as at Ashington!" We observed the lunchtime meal and saw that staff supported people who required assistance to eat and drink appropriately. Specialist equipment such plate guards were provided to help people eat independently. Staff followed guidelines in place to reduce the risks of one person choking, encouraging them to take their time and eat small mouthfuls, as advised by a specialist Speech and Language Therapist (SLT).

Staff had a suitable level of training to enable them to carry out their role. New staff were supported through an induction which included safeguarding adults, food hygiene, mental capacity and deprivation of liberty safeguards, first aid and fire safety. They also shadowed more experienced staff and their competencies were assessed before working alone with people. Staff regularly attended training as the registered manager monitored

Good

Is the service effective?

their training needs and a training programme was in place, covering a variety of topics. Staff were also supported to undertake vocational training in health and social care to further their skills and knowledge. Staff told us the training they were provided was good and was sufficient for their needs.

Staff felt supported and told us they had frequent supervision with their line manager. Staff also received annual appraisals of their competence to carry out their work role. One staff member said, “The manager always tries to support us, their door is always open for help and advice.”

Good

Is the service caring?

Our findings

People who could communicate verbally made positive comments about the staff. One person told us staff were "alright" and were kind to them. A relative told us, "The staff are brilliant. I can't fault [the service]. [My family member] is looked after very well." An independent case manager told us, "The care is second to none. I always feel it's such a lovely home [when I visit]." People were supported to keep in contact with their relatives and friends and some people were supported to visit their relatives on a regular basis. We heard how special events such as birthdays were celebrated in a way staff knew people would enjoy. A relative told us their family member, "…had a tea party for their birthday, and they get taken for treats to the local Indian restaurant."

Staff treated people with kindness and followed routines for individuals which they knew would put them at ease. For one person staff used appropriate touch and sang to soothe them each time they carried out a necessary procedure which caused some discomfort. We observed this person responded positively to this by singing along. When people became distressed staff recognised this could mean they were expressing an unmet need. For example, on one occasion a person became distressed and staff understood they wanted a cup of tea and responded to this appropriately. Staff took other practical action to comfort people who were distressed, depending on the person and the situation. We observed staff engaging people in different activities to distract them as well as reassuring people verbally and with appropriate touch.

Staff talked to people appropriately, in a way they could understand. A community nurse told us how they had worked with the staff to explain to a person about a health condition they developed, using easy to read information. People had communication guidelines describing their individual communication style and how staff should best communicate with them. We observed staff following the guidelines in place, choosing their words carefully to aid understanding. Some people used a basic sign language, known as Makaton, to communicate which staff understood. Staff also demonstrated an interest in people, engaging with them throughout the day, asking them questions and listening to what they had to say. Throughout the inspection staff engaged people in activities they knew they would enjoy. During a mealtime staff talked with people throughout, explaining what they were about to do, asking how they found their food and encouraging them to eat.

Staff had a good knowledge and understanding of the people they were supporting. A community nurse told us, "They know their clients well." Most staff had worked with the people living at Ashington House for several years and had got to know people well in that time. Staff were able to tell us about people's backgrounds as well as their likes and dislikes. Care plans detailed how people preferred to be supported and the best ways for staff to work with people. Some people had support from advocates who helped ensure their care was delivered in the way the person themselves wanted.

People were supported to make choices by staff. A relative told us their family member had, "…recently had their bedroom painted and [they] like it. They chose the colour." People were also offered a choice of food and were provided with, or supported to make, drinks of their choice throughout the day. We saw that staff used pictures to help people make choices, and gave people enough time to decide.

People's dignity and privacy were respected when staff supported them. We saw, and relatives told us, staff took care with people's appearance. One relative said, "[The staff] always help [my relative] with hair washing and bathing." Staff positioned a portable screen between a person's bedroom and the bathroom so they could walk between the two rooms with dignity. We observed that staff knocked and greeted people as they walked into their bedrooms. People moved freely around the house and were able to make choices about how and where they spent their time. When people preferred to spend time alone in their rooms we observed that staff respected this.

People were supported to be as independent as they wanted to be and were encouraged to retain their independent living skills. One person was prompted to do their laundry each week, and staff provided them with minimal supervision in making hot drinks. Other people required more support to do tasks such as make hot drinks and we observed staff patiently guiding them, step by step.

Good

Is the service caring?

Staff encouraged relatives to visit and relatives all told us they could visit at any time they liked, without prior notice. One relative told us, “The staff have always made me feel very welcome when I visit.”

Good

Is the service responsive?

Our findings

People's relatives were very positive about the service and said their family members received support that met their individual needs. One relative told us, "They can do no more than they are doing, it's very good and we're pleased [my family member] is there." A GP told us the people using the service seemed well looked after and happy, saying staff do a good job. A community nurse told us, "They couldn't support [a person using the service] any better. . .they welcome my advice and are a good team. I've always found them on the ball." An independent case manager told us the staff were always "looking outside the box". They described how recently, when the home's vehicle broke down, the staff had been innovative in ensuring people could continue their usual activities. Despite people's very high support needs, staff had taken people via alternative transport methods. They told us, "This home is outstanding."

Each person had a range of assessments which were reviewed regularly to identify whether their needs were changing. People's care plans guided staff on how to provide support in the areas identified, including moving and handling and communication. They also contained information on their daily routine, how they liked to spend their time, their family and background, health conditions and other areas of their lives which were important to them. Staff had signed to say they had read people's care documents and discussions with them showed they were aware of the contents. This meant staff had access to and understood information they needed to support people appropriately.

People were supported to take part in activities they enjoyed, and each person had an individual activity programme in place. One relative listed the many activities their family member did each week and told us they, "…do more here than they ever did at any other places they've lived." People had activities scheduled on most days, such as attending day centres and local colleges, sensory rooms, swimming and trips in the local area. In this way the home had good links with the local community. Once a week a person visited to do arts and crafts with people in the care home. A musician also visited once a week to play the piano. People were supported to go on day trips and holidays. A relative told us their family member had enjoyed their recent holiday to Hastings.

The registered manager kept detailed records of complaints, suggestions and compliments made by people using the service, staff, relatives, healthcare professionals and other visitors. No complaints had been received recently, although the registered manager kept detailed records of all suggestions made each month. Staff confirmed the registered manager considered suggestions fully and records showed each had been responded to appropriately. One relative told us when they had suggested some particular equipment be provided for their family member, the registered manager discussed it with them and "got it all sorted out."

Good

Is the service well-led?

Our findings

Relatives told us that the service was well led and the home had improved in the years that the registered manager had been in charge. The GP told us they had noticed the staff were more pro-active since the registered manager had been in post. A community nurse told us the registered manager had improved the home a lot in the time they had managed it. An independent case manager said, "Since [the registered manager] has been the manager I cannot fault the home." A relative commented, "The manager and deputy work well together, they are competent."

The service enabled open communication with people's relatives, their representatives, and staff. Relatives told us the managers were approachable and always kept them informed. One relative told us, "They phone me straight away to tell me [about any issues]." Health and social care professionals told us the team welcomed their advice and one told us, "We discuss suggestions together." One professional told us the staff listen and take on board their suggestions. All parties were confident that the registered manager would deal with any issues they raised appropriately, and none had ever had cause to complain since the registered manager had been in charge. One relative told us, "[if I ever had to complain] I think they'd be very accommodating." Staff were aware of the whistleblowing policy and told us they were encouraged to raise concerns. They were confident these would be dealt with in the right way.

The service collected feedback from relatives, healthcare and social care professionals and staff through annual satisfaction surveys. The replies were analysed and responses from all parties were positive. A list of all suggestions made during the survey was collated and each responded to. For example, a staff member had suggested another laptop be purchased, and records showed this had been actioned.

The registered manager had a clear understanding of their role. Staff also understood their roles and responsibilities well, and most staff had worked at the home for several years. Staff told us morale was high and they enjoyed their jobs. They found the registered manager supportive, and they promoted a culture whereby staff supported each other. Staff told us the managers had dealt with incidents of staff conflict well by speaking with the people involved, listening to and respecting all parties. Staff told us they were well informed about issues affecting the service through team meetings, supervision, shift handovers, the communication book and regular contact with the registered manager.

Resources to develop the team were in place. The provider invested in staff training and so regular training in a range of topics helped staff to understand their roles better. The registered manager monitored the training staff received. They were aware of when staff required training to be refreshed and promptly arranged this. Staff received regular supervision and appraisal, and attended team meetings which they told us were useful to their role.

A range of audits were regularly carried out to check the quality of service provision and support given to people using the service. The area manager visited the service unannounced, every few months, to inspect and audit the service. Records showed these inspections covered areas such as financial management, health and safety, care plans, accidents and incidents. Unannounced visits were also carried out by the organisation's quality assurance team. This team focused on different areas of the service at each inspection, including staff training and recruitment processes. When areas for improvement were found during these audits, clear goals were set with the registered manager. The area manager or quality assurance team returned to check on these at a later date. For example, at a recent quality audit some action was agreed in relation to communicating the fire policy and a later inspection confirmed the necessary action had been taken. Medicines management was audited frequently by both the area manager and the quality assurance team. In addition, the supplying pharmacy had audited the service earlier in the year and found no concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who used the service were not protected against the risks of receiving care and treatment that was inappropriate or unsafe by means of the planning and delivery of care in such a way as to meet people's individual needs and ensure their welfare and safety. Regulation 9(1)(a)(b)(i)(ii).