

## Somerset County Council (LD Services)

# Ashbury - Taunton

### Inspection report

Six Acres Close  
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Date of inspection visit:  
06 January 2016

Date of publication:  
01 February 2016

### 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 inspection took place on 6 January 2016 and was an unannounced inspection.

Ashbury-Taunton is a single storey building situated close to Taunton town centre. The home can accommodate up to nine people and it specialises in providing care to adults who have a learning disability. Ashbury has a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The home is staffed 24 hours a day.

At the time of our inspection there were six people living at the home and one person was in hospital. The people we met with had complex physical and learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. 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.

The registered manager was not available for this inspection; however information sent to us prior to the inspection told us the registered manager had a clear vision for the service. This was also confirmed by the staff we spoke with.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community.

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and

there were sufficient supplies of medicines. People received their medicines when they needed them.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

## 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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

**Is the service well-led?**

**Good** ●

The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

# Ashbury - Taunton

## **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 6 January 2016 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were six people living at the home and one person was in hospital. During the inspection we met six people who lived at the home. We spoke with five members of staff, a visiting professional and a provider service manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

Staff told us there were sufficient numbers of staff to meet the physical, social and emotional needs of the people who lived at the home. They told us staffing levels were flexible so that people could enjoy social events in the evenings. There was an on-call system which meant senior staff were available to support staff where needed.

Staff were available to assist people when they needed support. We observed staff responded quickly for any requests for assistance. Staff did not rush people. They supported people in a relaxed and unhurried manner.

Risks to people were well managed and people were supported to live their lives with reduced risks to themselves and others. One person had been assessed by a speech and language therapist as they had difficulty in swallowing which increased the risk of them choking. The person had a care plan and risk assessment which detailed how the person should be supported to eat and drink the recommended foods and the level of consistency the food and drink should be. Staff were knowledgeable about this person's needs and we observed them supporting the person in accordance with their plan of care.

The people who lived at the home were unable to tell us whether they felt safe in the home and with the staff who supported them. This was because they had complex needs which limited their verbal communication and understanding. However; people looked relaxed and comfortable with their peers and with the staff who supported them.

People had prescribed medicines to meet their health needs. All medicines were stored securely in each person's bedroom. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. Staff said they only helped one person at a time and two staff checked to ensure the correct medicine and dose was administered. Staff received appropriate training before they were able to give medicines. They also received annual refresher training and observation of their practice to make sure they remained competent to administer medicines. Medicine administration records (MAR) were generally well-maintained however; hand written entries made on people's MAR charts had not always been confirmed with two staff signatures. This practice is recommended to reduce the risk of errors. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been completed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been identified, the service had informed relevant

authorities and, where appropriate, had followed their staff disciplinary procedures to make sure issues were fully investigated and people were protected.

People required staff support to manage their finances. Procedures were in place and were followed by staff which reduced the risk of financial abuse. A record of all transactions had been recorded and were supported by receipts and invoices. We saw transactions had also been checked against individual's bank statements. Balances and transactions were checked at least monthly. The records for one person showed their financial records had been reviewed by an independent advocate as the person had no relatives.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies. In their Provider Information Return (PIR) it was stated "Ashbury have a crisis plan, which highlights information needed in the event of an emergency. There is a list of staff and where they will be able to be deployed to. It details minimum safe staffing for Ashbury in the event of an emergency." This information was readily available for staff in the home and staff knew about the procedures to follow in the event of an emergency or untoward event.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.



# Is the service effective?

## Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. The 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. For example, appropriate documentation had been completed for one person who required a surgical procedure. This was also the case for another person who required their weight to be monitored along with a low fat diet. Decisions had been made in people's best interests by health and social care professionals along with people who knew the person well. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

Staff knew people well and they knew how to communicate with people using their preferred method of communication. The majority of the people who lived at the home were unable to communicate verbally. We saw staff were skilled at recognising when a person wanted something or were becoming anxious. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain. People used different methods of communication such as sign language, objects of reference and physically leading staff to show them what they wanted. During lunch we observed staff showing people a choice of foods so they could choose what they wanted to eat. One person led staff to a cupboard and pointed to what they wanted.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check-up. The service also accessed specialist support such as an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician. People's care was tailored to their individual needs. In the Provider Information Return (PIR) it stated "We have close working links with the community team for adults who have a learning disability (CTALD), advocacy services, hospitals, GP and other professionals, who we are in regular contact with regarding the needs and welfare of the service users. Having a multi-disciplinary approach ensures that we are delivering the most effective service we can."

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help hospital staff support people with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. For example, one person required a low fat diet, another required their food and drink served at a particular consistency. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. People's meal choices were based on their individual preferences and we saw people were offered alternatives where they indicated they did not want what had been offered.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. One member of staff told us "My induction was really good. Apart from all the training, I was able to shadow experienced staff for two weeks. This meant I could get to know people really well before I supported them." The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

## Is the service caring?

### Our findings

When staff talked to us about the people they supported they spoke with great kindness and compassion. It was evident they saw each person as an individual and wanted people to live happy and fulfilling lives. One member of staff told us about one person who, before they moved to the home, had not left their home for many years and would not step outside the home when they moved there. They told us after discovering the person loved dogs, a member of staff regularly brought their dog to the home to spend time with the person. Over time, this developed and resulted in the person taking the dog out for walks. The member of staff said "It was a magical moment when [person's name] stepped outside for the first time and their face lit up. Now, [person's name] is out and about all the time. It has changed their life."

Staff interacted with people in a very kind and considerate manner. The atmosphere in the home was welcoming and people looked very relaxed and content with the staff who supported them. Even though people were unable to fully express themselves verbally, there was lots of laughter and friendly banter between staff and the people who lived at the home. Staff were available when people needed them and they supported people in a kind and unhurried manner.

In their completed Provider Information Return (PIR) the provider stated "We are extremely lucky to have such a fantastic staff team would really do put the service users central to all decision making, enabling the service users to really have wonderful lives. I believe that as a home we have staff that are caring and professional, that they do treat the service users with compassion, dignity and respect."

The home had received numerous compliments from people's relatives and health and social care professionals. Comments included "A big thank you for all the kind care you have given [person's name]" and "We want to compliment staff on their hard work on enhancing the life of [person's name]. Because of this [person's name] has really started to show massive improvements." A relative of a person who had passed away commented "[Person's name] enjoyed their life and was with people who cared for him in a very special way."

A visiting professional told us "I have been coming here for many years and I have always found the staff to be friendly and polite and they always act on any recommendations I make. I think people are well cared for here."

Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a "support for living plan" which provided staff with information about the persons needs and what was important to them. People's care plans detailed information about what a "typical day" meant for them. This gave information about their preferred routine which helped staff to support people in accordance with their preferences and needs.

One person was currently in hospital. Staff explained that a member of staff who knew them well continued to support the person during the day whilst in hospital.

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time.

Each person was treated as an individual. In their Provider Information Return (PIR) it stated "we have looked at the food which is provided to the service users, we wanted to make it more individualised within a communal home. We have created separate food cupboards, separate shelf in the fridge and a draw in the freezer for each service user. Each service user is then supported by a member of staff each week to purchase the food that they would like to eat over the following week. All service users are then supported to make a meal choice at that chosen time, individual to them." We observed this to be the case on the day we visited.

Staff respected people's privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. Staff told us two people enjoyed regular overnight stays with their families and many relatives regularly visited the home.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with personal care needs, mobilising and making day to day decisions about where they wanted to spend their time and what they wanted to do.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

## Is the service responsive?

### Our findings

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests.

Each person was a named support worker who had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff and that people had everything they needed. Each person had a "home day" where they had one to one time with a member of staff of their choice. Staff explained on a home day, people were able to choose what they wanted to do and where they wanted to go. They were also supported to clean their bedrooms and shop for their food and personal items. On the day we visited, one person was supported to go food shopping at a nearby supermarket. Instead of having lunch out, the person had chosen a sausage roll to enjoy back at the home.

People contributed to the assessment and planning of their care as far as they were able. In their completed Provider Information Return (PIR) the provider stated "At Ashbury each service user has a nominated keyworker. This keyworker will co-ordinate that package of care with the service user alongside the social worker, family and other professionals to ensure we can deliver the best possible care in the most effective and safest way." The care plan we looked at had been regularly reviewed and were reflective of people's current needs.

Staff recorded basic information about people each day. However; this only provided information about what people had eaten and whether they had taken part in any activities. There was no information about people's mood or well-being or whether activities or food had been enjoyed. This information would assist in reviewing whether people's care plans were effective and responsive to people's needs. We discussed this with a senior support worker and the service manager at the time of the inspection.

Staff were responsive to any changes in the health or well-being of the people who lived at the home. For example, one person had been diagnosed with dementia and, in their completed PIR, the provider stated "We have gained valued support and advice from the multi-disciplinary team, around how we can be providing the best and safest possible care for the individual." Staff told us they were liaising closely with health professionals to ensure they were providing care and support which met the person's changing needs. Staff also told us they were due to receive training in caring for people living with a dementia. Staff told us about another person who had experienced an increase in epileptic seizures after commencing medicines to manage another condition. They explained how they were liaising closely with the person's GP and monitoring the frequency of seizures. Medicine records showed staff had implemented any changes in the person's prescribed medicines.

People had opportunities to take part in a range of activities and social events. In their PIR the provider stated "When the service users wish to take part in activities, holidays, outings etc. the staff are very responsive with their flexibility in organising their working rota to accommodate the service users wishes.

This is a great way to work, as it really does put the service user central to that decision making." Staff told us people attended a day centre, community access centre, swimming and discos. One member of staff said "It's really good that we can take people out so much. There are always enough staff and we can be flexible so we can take people out in the evening." Another member of staff told us "I feel people get good care here and they have a very active social life which is great."

Staff told us people also enjoyed visits from a masseur and a person who offered creative craft sessions. Many people were seen enjoying hand and foot massages on the day we visited. One person's care plan showed they had recently indicated they would like to go to the cinema. This person was unable to communicate verbally so staff had offered a selection of activities and the person had clapped indicating they wanted to go to the cinema. Records showed that risk assessments had been completed and the person had chosen the member of staff they wanted to support them. Staff told us the person had really enjoyed themselves.

Staff told us the registered manager operated an open door policy and was accessible and visible around the home. There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been two formal complaints in the last year. Records showed that these had been fully investigated and responded to within agreed timescales.

## Is the service well-led?

### Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was on leave at the time of this inspection however; we were able to spend time with senior support workers and a service manager. The registered manager completed the Provider Information Return prior to this inspection. In this they state "I believe that I am a good role model, in the provision of care. I lead with enthusiasm, and enable staff to look at the bigger picture. I have recently completed my Diploma level 5 in management, which has enabled me to reflect on my practices, but also gain new knowledge to underpin the care we are providing with the home. I feel that it is important to create an environment where people want to come and live, and where they enjoy spending time. That the people we support are enjoying and fulfilling their lives, as they wish to do so. I feel that it is important for service users to feel secure and safe in a communal environment, but can also lead as independent lives as they wish to do so. Where they feel valued, and supported to how they want to be supported. During our inspection we were able to see that this ethos had been adopted by the staff team. One member of staff said of the registered manager "[Name of registered manager] has really turned this home around. They are really approachable and supportive and want the best for the people who live here."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers. One member of staff said "We have a great staff team who are all very approachable and supportive."

After nominations from people's relatives and professionals, Somerset County Council had presented the registered manager and staff team with an award for their creativity and innovation in the service they provided to people. They had also been awarded the 'Team excellence award for 2015 and were finalists in the Great British Care Awards.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care and the registered manager submitted monthly audits to the provider's service manager who then carried out unannounced visits to the home to monitor and highlight on any areas for improvement. We looked at the findings of a recent audit which had been carried out in December 2015. The result of the audit had been positive and only minor actions had been identified.

The provider reviewed their policies and procedures to make sure they remained in line with current

legislation and practices. Staff told us they were always informed of any changes. The service looked at ways it could further improve the quality of the service people received. In their completed PIR, the registered manager stated "I plan to link in more with other managers, and spend time in other homes, looking at their good practices, and way of improving the services we provide at Ashbury. I would also look at Ashbury staff working for short periods of time within other homes so they are able to build on their skill and knowledge base. I feel not only would this benefit my service, but the services provided by other homes. Within the cluster working which is currently being promoted with the LD services, we will be sharing certain training, and linking in with other homes, which will help with staffing during crisis periods.

There were regular meetings for staff which were an opportunity to share information and address any issues arising. Minutes of a recent meeting showed a range of topics had been discussed which included health and safety and discussions about the people who lived at the home.

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.