

# Accomplish Group Limited

# Ashcombe Court

## Inspection report

17 Milton Road  
Weston Super Mare  
Somerset  
BS23 2SJ

Tel: 01934626408  
Website: [www.accomplish-group.co.uk](http://www.accomplish-group.co.uk)

Date of inspection visit:  
05 April 2019  
11 April 2019

Date of publication:  
21 May 2019

## 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: Ashcombe Court is a residential home. It provides accommodation and personal care for up to eight people with a learning disability, autism or mental health needs. At the time of the inspection there were eight people living at the service.

People's experience of using this service: People felt safe and happy living at the service. People were supported by staff who knew people's care and support needs well.

The service was person centred and supported people in their individual goals and wishes. Individual risks were identified, and guidance was in place to support people safely whilst maximising independence.

People enjoyed the food at the service. The environment was clean and homely. People were encouraged to personalise their living space. People chose how they wished to spend their time. For example, to access the community, take part in activities and go on trips and outings.

Feedback was gained from people through meetings and surveys. Systems were in place to monitor and improve the quality of the service.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (January 2017)

Why we inspected: This was a planned inspection based on the previous rating. However, the inspection was brought forward due to information of concern we had received from external sources. We reviewed the information we had received as part of our inspection process and found that it was not substantiated.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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.

# Ashcombe Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was learning disabilities and autism. The second day was carried out by one inspector.

#### Service and service type:

Ashcombe Court is a care home. People in care homes receive accommodation and nursing or personal care. 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 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:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with six people living at the service and five members of staff, this included the registered manager. We spoke to one health and social care professional during the inspection and received feedback from three others. After the inspection we spoke with two relatives of people who lived at the service. We reviewed three people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people in areas that had been identified, such as people's individual environment, mental health and accessing the community. These gave clear guidance to staff on how to support people safely. Staff could explain checks they undertook to ensure people remained safe.
- Regular monitoring in relation to the environment and the maintenance and safety of equipment was completed. For example, water temperatures and portable electrical appliance testing.
- Environmental risk assessments were in place to reduce risks. These focused on enabling people to maintain their independence whilst minimising risks to them.
- Fire safety systems were serviced and audited regularly. People had personal evacuation plans that detailed the support they would require in an emergency.

### Using medicines safely

- Medicines were safely received, stored and administered.
- Medicine administration records were completed accurately. People received their medicines as prescribed.
- Systems were in place to check medicines. However, it was not shown what actions had been taken in relation to discrepancies found. This system was reviewed and changed by the second day of inspection.

### Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level assessed as required by the provider. A staff member said, "Staffing at present is good."
- The service had worked to reduce the use of agency staff. Staff spoke positively about the changes in the staff team. Staff said the reduction in agency staff had a positive impact on people, as having familiar and consistent staff support was important to them.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. People using the service were enabled to ask questions of potential staff during the interviewing process to assess their suitability for the role.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Staff were knowledgeable about potential signs and types of abuse and how to report concerns.
- Staff received regular training in safeguarding adults.
- The registered manager was aware when concerns required reporting to the local authority and Care Quality Commission.

### Preventing and controlling infection

- People were protected against the risk of infection.
- The service was clean throughout with no unpleasant odours.
- Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment such as aprons and gloves to reduce the risk of cross contamination and spread of infection.
- The service had identified that the hall and stairway carpet needed replacing.

### Learning lessons when things go wrong

- Staff recorded incidents or accidents when they occurred. The registered manager analysed accidents to prevent similar occurrences and shared learning across the staff team.
- The system used to record and review incidents and accidents ensured appropriate people and agencies were notified and actions taken to reduce the likelihood of reoccurrence.
- Feedback we received from one health and social care professional explained how the service was open when an incident occurred that could have been managed more effectively. Reflections were made to ensure learning occurred and improvements were made.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Newly employed staff were provided with an induction. This included orientation to the service and shadowing a more experienced staff member.
- Staff received regular training in subjects relevant to their role. Such as first aid, fire safety, safeguarding and equality and diversity. Training specific to peoples' needs such as autism, mental health and diabetes training was also given to staff to ensure they were able to meet peoples' individual needs. A staff member said, "Training is good. Lots of training on autism."
- Staff received regular support and supervision. One staff member said, "I feel well supported."

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

- People said they enjoyed the food provided at the service. One person said, "Yes the food is really nice."
- People told us there were alternatives available if they did not like what was on the menu for the day. One person said, "It's always fresh and always something different and vegetarian choices. If someone doesn't like the food, they will provide something else."
- The menu for the day was displayed for people to view.

Staff working with other agencies to provide consistent, effective, timely care

- The service sought advice and support from other agencies. A health and social care professional said, "The [staff] team linked well with the community mental health team."
- People were supported to access external services available that were beneficial for their mental and physical well-being or supported their educational needs.

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

- The service was homely. A health and social care professional said, "Ashcombe Court is a homely atmosphere."
- People showed us how they had decorated and personalised their living space. For example, in their preferred choice of colours and pictures. One person said, "I like my room." Another person said, "It is really nice here."
- The environment was adapted to individuals. For example, one person had their own noticeboard in a communal area which assisted them in knowing what was happening next in their day.
- People had safe access to an outdoor decked area.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate.
- People's capacity to make specific decisions had been considered.

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

- Staff had a clear understanding of the MCA and gave examples of how they supported people in their decision making. A professional who had worked with the service over a period of time in this area commended the staff's knowledge of the MCA.
- People were empowered and supported to make their own choices and decisions. For example, one person was being supported in their desire to move to a different area.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were documented in their care plans.
- Care plans were in place to support people should a hospital admission be necessary.
- Staff had good knowledge of how to support people in their preferred way with their health needs. One person explained how they were supported to visit the GP. "Staff normally support you. If I feel uncomfortable staff are always there to help. Another person said, "I go to the dentist and have my teeth checked."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. A relative said, "The staff do a good job."
- People spoke positively about their experiences of living at the service. Comments included, "I like going out with the staff," "I think everything is good about this place," and, "I do like it here."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support.
- Staff knew people well and supported them in their preferred way. A relative said, "[Name of person] is happy there."

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

- People were involved in planning and making choices about their care. For example, how they would like to spend their time and their individual goals.
- Keyworkers supported people in their goals and ensuring care was delivered as people wished.
- People and staff had posted comments on a noticeboard. This highlighted the positive actions of others.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity.
- Care plans described how people were encouraged and supported to be independent.
- The service sought internal and external support about effective strategies for people to develop and maintain their independent skills.
- People were supported to maintain social and family relationships. People told us visitors were welcome. One person said, "Yes, they [visitors] can just drop in."
- Staff had a clear understanding around their role regarding confidentiality of information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in an accessible format based on people's individual needs. For example, one person's care plan was entirely in pictorial form. Care plans contained information about people's relationships, interests and routines.
- People's likes, and dislikes were documented. For example, around food preferences and how people liked to spend their time.
- Care plans described people's preferred methods of communication. This ensured that people's needs were met in relation to the Accessible Information Standards.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. These plans were clear and detailed.
- People were supported in activities of their choice. This included accessing the local community, shopping, going to the gym and places of interest. One person said, "We have a weekly planner and if there is anything we would like to do we ask staff." A staff member said, "There is plenty for people to do."
- We observed people going out of the service to participate in different activities.
- A folder in the hallway displayed holidays, outings and trips people had gone to. One person told us about a past holiday they had enjoyed with other people to North Devon.
- Regular meetings were held with people to source feedback and make decisions about the service. One person said, "We have meetings once a month, we talk about what we would like to happen."
- People had a nominated keyworker to oversee and review their care and support.
- Feedback we received from health and social care professionals was that the service was adaptable and responsive. A health and social care professional said, "[The service] were very responsive to the client's needs." Another health and social care professional said, "[The service] achieves the outcomes for people. It is very person centred and responsive."

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns. One person said, "I would speak to staff [about any concerns]."
- We observed people speaking with staff about any issues they had.
- The provider's complaints procedure was freely available, and the registered manager kept a record of any complaints received. These showed people's complaints were taken seriously and the registered manager had acted to resolve issues to people's satisfaction.

End of life care and support

- People had individual end of life care plans in place if they wished. This detailed information on people's preferences at the end of their life. Where people had not wanted to complete this information, this was

recorded.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor and review the quality of the service. This included audits of areas such as incidents, medicines and the environment.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.
- Notifications of important events were submitted to the CQC as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said the service was well run and managed. Staff felt supported in their roles. One staff member said, "The managers are lovely, brilliant, supportive and approachable. They make time and check up on you."
- Systems were in place to communicate and inform staff. Staff completed handovers which were both written and verbal. Daily records kept staff up to date with key information about people. Shift plans organised and directed staff in particular tasks and support for people. A 'read and sign' system communicated any changes staff needed to be aware of in regard to people's care and support.
- Relatives told us they were kept informed. A health and social care professional said, "Communication is good. The management is very responsive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A survey had been completed with people through January and February 2019. The results were positive with people's comments including, "I feel safe," "Being able to bring my cats was important to me," "It is very clean and tidy," and, "Yes I feel I have [a good quality of life]."
- Staff told us there was a positive staff culture which had improved due to a more stable and consistent team. Staff were recognised in their contributions through an employee of the month scheme. One staff member said, "A big strength is the staff team."
- The service was supporting an eco-scheme which was shown on a display board. One person was leading this project.
- A newsletter was produced to share news, events and information with relevant people.

Continuous learning and improving care

- Regular meetings were held with staff. The same meeting was held on different days to enable all staff members to have the opportunity to attend. We observed a staff meeting in progress. We reviewed recent

meeting minutes which followed a comprehensive structure to cover a range of topics including service users, health and safety and training. Staff told us they were able to contribute and raise any items as meetings.

- There was communication and updates from the organisation to staff members through regular emails.

Working in partnership with others

- The service worked with other agencies and professionals. A health and social care professional said, "The team is nothing but positive. They work together to move things forward."
- People benefited from being supported to access community services and groups. Such as a sports facilities and local craft courses.