Wessex Regional Care Limited

Ashwood House - Southampton

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

Overall summary

We carried out this inspection on 27 January 2015, 04 and 05 February 2015, it was unannounced.

Ashwood House is a detached property in Shirley, Southampton. The home provides personal care, accommodation and support for up to five people with a learning disability or who have autism spectrum disorder. There were four people living in the home when we carried out this inspection.

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.

People living in the home appeared happy and comfortable with the support they received from the registered manager and staff. Staff were available throughout the day and involved people in decisions about activities and meals. Staff interacted well with people and responded to people's request for support when needed.

Summary of findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff showed that they understood their responsibility under the Mental Capacity Act 2005 and DoLS. The registered manager had made applications and were waiting for a response from the supervisory body.

People were appropriately assessed regarding their mental capacity to make certain decisions. Processes were in place to ensure best interest meetings were held, which involved people's next of kin, health and social care professionals and an advocate. This ensured specific decisions about their care and welfare were made with the consent of all involved.

There were enough staff to make sure that people's needs were met. Staff had been trained in how to protect people from harm. They would take action in the event of any suspicion of abuse. Staff would be report any concerns to the registered manager and were confident that it would be handled appropriately.

People were involved in their care planning and could speak to staff about changes they wanted to make to their care plans. Staff supported people with making and attending their health appointments. Care plans were regularly reviewed and updated to show changes in people's needs. Staff spoke with people in a caring way and supported them to do what they wanted. People were supported to have a well-balanced diet and they chose their own menus.

Staff knew what was important to people and encouraged them to be as independent as possible. People were given individual support to attend a range of activities and hobbies of their own choosing. This included attending a day centre, work experience, visits to places of interest, shops and restaurants. People liked the staff who supported them as they said they were kind and treated them with dignity and respect.

Medicines were managed, stored and administered safely. Staff were trained and observed to be competent when administering medicines. Records of medicine administration were complete and up to date. People received their medicines when they should and as prescribed.

Risk assessments were in place for the environment and for each individual person who received care. These were regularly reviewed and staff were aware of their contents and how to manage risks for people. Systems were in place to monitor and review accidents and incidents and to make relevant improvements to the service where possible.

Staff files contained details of their recruitment and induction training. People were involved in selecting new staff to support them. Staff received appropriate training and support to enable them to perform their duties through training and regular supervisions with their line manager.

There were systems in place where people could express their views of the service to the registered manager. These included formal and informal meetings, events, questionnaires and through daily contact.

The provider monitored the quality of the service through regular audits. The registered manager carried out regular checks to ensure the environment was safe and to identify where improvements may be required. There were clear and up to date re cords of these checks.

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?

Good

The service was safe.

Staff had received training in safeguarding adults and knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate people.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures. Staff were knowledgeable of people's needs and risks were assessed.

There were systems in place to ensure that medicines were managed and administered safely. There were appropriate measures in place to ensure medicines were stored securely.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained to meet their individual and on-going needs. People chose their own nutritious meals and were involved in the preparation of their own food.

People's consent was obtained. Staff had a good knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty Safeguards.

People had access to healthcare advice when they needed it to help maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate when supporting people in the service. They respected people's privacy and dignity.

Where possible people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People spoke highly of the staff and the registered manager. People were addressed by their preferred name.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Requests for changes were discussed with appropriate people and were responded to in good time.

People and relatives were able to raise concerns or complaints about their care at any time.

People had access to a wide range of activities to suit their hobbies and interests.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff were fully aware of the provider's philosophy of placing the person at the centre of the care they received. A member of staff had the role of dignity champion and supported other staff to treat people with respect and dignity.

The service was monitored regularly through audit checks and receiving people's feedback. People's views were sought and acted on.

People and their relatives felt able to approach the registered manager and thought they were effective in that role. The manager was knowledgeable of people's needs and choices. There were effective communication systems in place within the staff team.

Ashwood House - Southampton

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 January 2015, 04 and 05 February 2015 and was unannounced.' The inspection was carried out by an Inspector.

Before the inspection the registered manager completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used information from previous inspection reports and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on.

We spoke with the registered manager, three members of staff and all four people living at the home. We spoke with two relatives. We also spoke with the registered provider. We looked at people's medicine records and three people's care records. We looked at four staff member's recruitments records and their records of supervisions and training. We observed how staff interacted with people whilst supporting them with a range of activities in the home. We spoke with a social services care manager, a member of the local safeguarding team and an independent advocate.

We last inspected Ashwood House on 05 December 2013, where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ashwood House. One person said, "The staff help me to feel safe and are always there to go out with me when I need them." Another person said, "I don't get out as much as I used to and I have had to move downstairs because of my safety. Staff just want to make sure that I am safe from falling when I used the stairs." Relatives confirmed they felt their relatives were safe. One relative told us, "I have no concerns about my relative's safety whatsoever. When staff have identified something is not safe they move quickly to make sure the person is protected." Another relative said, "I feel very safe knowing the staff know how to make sure my relative is kept safe at all times."

There were posters in the hall and in the office concerning reporting safeguarding concerns and telephone numbers of local authority and national safeguarding contacts. The provider's policy gave a comprehensive description of types of abuse and how to recognise abuse. There were clear guidelines for staff to follow if they saw or suspected abuse was occurring. These were in line with local authority policies and procedures in safeguarding. Staff told us they had received training on safeguarding and this was updated annually.

Staff training records showed they had all attended an initial safeguarding course or had attended an update training course within the last year. One member of staff told us, "I had to use the guidelines when a person told me they had been shouted at by another member of staff. I reported this to the manager and they acted quickly to investigate this. The person is happy that the member of staff has now left." They told us they were aware of the provider's whistle blowing policy and had felt supported by the registered manager and provider throughout this process. Records of this safeguarding concern showed the registered manager had followed their policies and a referral had been made to the local authority safeguarding team. Minutes of safeguarding meetings showed how the provider had worked with the safeguarding team to protect the person and resolve this concern. Appropriate action had been taken to notify the Disclosure and Barring Service (DBS) of this incident. The registered manager and staff understood their role in safeguarding and followed policies and procedures to maintain the safety of people.

Staff told us they discussed risk assessments with people and their relatives where appropriate. These were in place to manage identifiable risks to individuals. Staff told us that it was important to have risk assessments in place as it was important that people could do their chosen activities rather than prevent them going out. An example of this was concerning people who had been accessing the community on their own. Due to physical problems, which affected their mobility, or their learning disability, staff were needed to support some people when they were out of the building. By having the risks explained to them people were able to understand why it was necessary for them to have staff supporting them, due to the risks of accidents occurring. One person told us, "I didn't like staff going out with me all the time but I now understand it is important they keep me safe."

People's care plans showed how staff involved them in the risk assessment process. One member of staff said, "I meet with my key person every month and help them complete their feedback on the service. We can look at things they are doing and make sure the risk assessment still maintains their safety. If things need to be changed this is discussed with the manager and changes are put in place." Incidents and accidents were reviewed by the manager to see where improvements could be made to the service. This made sure all risks were identified and action plans updated to maintain the safety of people.

People told us they felt there were enough staff on duty to support them. One person said, "staff are very good here, they have got to know me well and they know what they are doing." One relative told us, "There are always enough staff on duty. They are very skilled at knowing how to support [relative's name] and she trusts them fully." The registered manager told us there was a consistent level of staff on duty on a daily basis. The level of staffing had been determined according to dependency levels and people's needs. The person who had moved downstairs due to their physical needs had been re-assessed, which showed they needed a higher level of support. The registered manager showed us a request they had made to the commissioner for extra funding to support the changes in care needs.

The provider had a robust recruitment system in place to ensure staff employed to support people were suitable. Relevant checks had been completed before staff worked unsupervised with individuals. These included a full employment history, satisfactory employment references

Good

Is the service safe?

from their previous employers where available. Disclosure and barring checks (criminal record checks) were undertaken to ensure staff were of good character. They also looked at what training and knowledge prospective staff had of understanding the needs of people with learning disabilities. One staff member's records showed people had been involved in the member of staff's probation assessment. They had been asked if they wanted the member of staff to continue to work with them. One comment said, "I feel comfortable with [staff member's name], they make me laugh and I feel very safe with them."

Each person had their own medicine box and their own key for this was held by staff in a locked key box. The key was provided to the person to open their medication cabinet when they were supported with administering medicines. People were assessed to show how much support they required with their medicine and also if they understood why they were taking medicines. Staff assisted each person to take their medicines by reminding them when they needed to take them. Where one person required more support, staff administered the medicines for them. This was clearly recorded in each person's care records and their medicine administration care plan. Medicines were managed in a safe manner. We saw staff had recorded when people had taken their medicine by use of a Medication Administration Record (MAR) sheet.

A record was maintained of the stock of people's prescribed medicines. Staff checked this stock record regularly and would report any errors to the registered manager. Any medicines which were no longer required were sent to the pharmacy. There was a record maintained of all medicines they returned. Staff who administered medicines had received appropriate training before they could administer medicines to people. They were also observed and checked by the registered manager to ensure they were competent to give medicines. This ensured people were safely supported to take their medicines by appropriately trained and skilled staff.

The provider had an emergency plan in place for most emergencies that could occur. Each person had their own fire personal evacuation plan which was based on experience gained from how people responded to fire drills and evacuations. For one person a risk assessment was in place as they had refused to leave their room. This outlined how to keep the person safe if the house needed to be evacuated, until the fire brigade arrived

Is the service effective?

Our findings

People told us the care and support they received from staff was good. One person said, "the staff are very good." Another person said, "the staff really know me and listen to what I say." A relative said, "staff always answer my questions and are happy to talk things over." Another relative told us, "staff are always friendly and know what to do with my relative." Relatives told us staff knew what people's needs were and they supported people to maintain and develop their skills.

Staff received a a wide range of training and felt this had really benefitted them in supporting people appropriately. One member of staff said, "I really enjoyed the course on dignity and respect. I learned so much that I have been able to use on a daily basis when working with people." We observed this member of staff using this training when supporting someone who was not happy. They listened to them and spoke softly, reassuring them and suggesting a change of activity, which the person responded well to. Staff obtained consent from people before supporting them with aspects daily life. For example one person was in their room and the member of staff knocked and asked if they could come in. They waited for the person to say yes before they opened the door. Relatives told us staff always asked people before carrying out any aspects of care.

The registered manager maintained a record of all training staff had attended and of the training staff were booked on to attend. There was a list of essential training topics which included safeguarding, managing behaviours and first aid amongst many other topics. They also offered staff training in particular topics relevant to individual people they were working with, such as epilepsy, autism and bereavement and loss. One member of staff told us, "the bereavement training was arranged due to the condition of one person who was ill. The training was really useful as we were prepared to support the person and each other." Records showed staff had attended training necessary for them to support people.

A new member of staff told us about their experiences of the provider's induction programme. This followed the guidelines as set out by Skills for Care within their Common Induction Standards. These are the standards staff working in adult social care need to meet before they can safely work unsupervised. The registered manager met with the new member of staff every month during their induction period to identify progress made and areas that may need to be improved upon. Once completed the member of staff's induction workbook was checked and verified by the training manager.

Staff received supervisions with their line manager every month. One staff member told us they were able to use this to talk about aspects of people's care and could make suggestions to change care plans and risk assessments. This was also used as a chance to review their own performance and identify areas where they may need training or support in. Staff received an annual appraisal which reviewed achievements over the last year and identified areas to develop their skills and knowledge.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005 and had received training. The registered manager had completed mental capacity assessments for individual concerns about people's capacity to make their own decisions. They had also referred people to the local learning disability team, where they had found it difficult to establish if someone had the capacity to make a decision. This had led to a best interests meeting being held for one person concerning a particular issue in maintaining a relationship. They were supported by an advocate who had been working with this person for some time and knew them and their wishes well. The registered manager was aware of how to make an application concerning the Deprivation of Liberty Safeguards (DoLS). They had made applications on behalf of all four people in light of recent legal rulings and were waiting for a response from the supervisory body. This showed the registered manager and staff had a good understanding of MCA and DoLS and had taken appropriate measures to safeguard people within the service.

A social care professional told us, "the staff were very friendly and welcoming. The paperwork and folders were very organised and I had no trouble finding the information I required." A healthcare professional said, "The person I visited was offered a choice by staff of where they wanted to meet with me. They also asked the person if they needed staff support to communicate with me. Staff were able to communicate with the person with some Makaton signs which really helped me." This meant people were supported by staff to communicate their wishes in a way they understood.

People met every week to agree the menu and choose their communal meals. Staff advised people to choose healthy

Is the service effective?

eating options as recommended by the people's GPs. If people did not want to eat the main meal option, they could choose another option. We observed people choosing their evening meal and one person did not want that meal and chose something else. Food being prepared for the evening meal appeared to be well presented and nutritious. Staff supported people to make their own meals and encouraged them to help prepare a meal when all of the people had chosen the same meal. Where a concern had been identified concerning how much food people were eating staff, made a record in the person's notes. They also recorded if food and drink were not consumed. People were supported to eat and drink and maintain a balanced diet.

Staff contacted GPs and other health care staff if they had concerns about people's healthcare needs. All people were registered with a local GP practice and staff supported them to make and attend appointments if they were not well. Local healthcare professionals also visited people within the home if required. Advice was sought from specialist staff where people had specific health care needs. A specialist identified that it would not be in one person's best interest to have an operation as it would have a negative long lasting effect on their mobility. A relative told us, "They are very quick to get people to see a doctor if they are unwell. I know I can trust them with my relative's health." People were supported by staff to have access to healthcare and with decisions about their health.

Is the service caring?

Our findings

People and their relatives all spoke positively about the home and the care people received. One person said, "I like the staff as they are kind to me." Another person said, "I like the staff as they know how to help me." A relative said, "staff should keep up the good work. They know exactly how to support my relative and do their utmost to make sure they can do as much as they can for themselves." Another relative said, "We wouldn't want [relative's name] to be placed anywhere else. They are so well cared for at Ashwood House. They have developed so much more confidence since they moved there."

A relative said, "Staff were very engaging and we saw them showing respect and proper support to people. During an incident I saw that staff responded quickly and made sure the dignity of the individual was maintained." Staff told us they were very much aware they were working in the people's home and treated all people with the respect and dignity they would like for themselves. This was noticeable from the way people were comfortable with staff and how they interacted with them.

People were happy to engage with the registered manager and discuss what they were doing on that day. The registered manager spoke to people with warmth and friendliness which people responded to. There were good interactions between people and staff and people seemed relaxed enough to have a joke with some staff or talk about things they were interested in. Staff referred to people by their preferred name as recorded in their care records.

One person told us they had a keyworker. They said, "I meet with my keyworker every week and we talk about the things I have done in the week. We also choose what I would like to do the next week and my keyworker arranges it for me."

One person told us they had an advocate come to visit them. They said they hadn't seen them for a few weeks but was looking forward to catching up with them. They seemed to understand why they had an advocate and explained it as, "He is my friend who helps me understand things I struggle with." The role of an advocate is to speak on behalf of people living in the community with their permission. We spoke with the advocate who confirmed they had known this person for two years and had got to know what their likes and preferences were. This meant people were supported by impartial people who knew their needs well and how they needed to be supported.

Records were written in a personalised way and had involved the person. Each record contained information in relation to people's life history, their needs, likes, dislikes and preferences. Staff demonstrated a good knowledge of people's individual preferences and how they wished to be supported which matched information in people's records. This information was used to engage with people and to ensure that they received their care in their preferred way to maintain their well-being.

Is the service responsive?

Our findings

People told us they received care or support when they needed it. One person said, "staff help me get to the day centre and always meet me there when I have finished." People knew they had care plans and were aware of its contents. One person told us, "My plan has information about my health needs and how to keep me well." People were encouraged to join in activities. One person told us, "I like going to the theatre and staff support me to do that." We saw photos of this person enjoying a theatre visit recently. A relative told us, "we have been involved in a number of reviews and we have raised some concerns that the manager has sorted out."

Before people moved into Ashwood House a pre-admission assessment was carried out by the provider. This identified what support the person required and how they preferred to be supported. People and their relatives or representatives were involved in this assessment. When people came to live at the home, their needs were identified and care was planned and recorded in each individual's care plan. These contained detailed and personalised information about the person including identifying people important to the person and how they liked to be treated. Staff knew people well enough to respond appropriately to their needs and in a way that was consistent to their care plan.

Daily records of care were maintained by staff which detailed the support people had received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date. Changes had been made to care plans to reflect where care and support needs had changed. The service was responsive to people's needs because their care was regularly reviewed.

One person's change in their health needs had meant they were unable to walk upstairs safely on their own. The home did not have a downstairs bedroom but staff identified the person could move into the lounge. All people were consulted about this and agreed they wanted the person to move into the lounge. The dining room was big enough to place a sofa and the television in there. They were asked if they wanted to have a lounge upstairs in the empty bedroom but all said they were happy to use the dining room. The person was being assessed to move to another home but this was seen as a temporary solution to support the person to remain in the home.

A relative told us they had made a comment at a review that there were not enough activities offered to people. The registered manager set up a monthly meeting involving people and staff where they could look at activity choices and be able to plan staffing rotas to support choices people had made. This had led to people going out on regular visits to shops, restaurants and places of interest. Whist we were in the home two people had chosen to go out to Bournemouth and particularly wanted to go to the Sealife centre. On their return they enjoyed telling us about all the fish they had seen and the lunch they had in a restaurant. People were supported to engage in activities of their choice.

People knew how to make a complaint and they were able to use a complaint form appropriate to their communication needs. The provider's policy and procedures gave clear instruction on how to manage and respond to complaints. We looked at the last complaint received by the registered manager and looked at how this had been responded to by the provider. Although this had not been resolved we saw how the provider had investigated this complaint and had made recommendations which the complainant had chosen not to follow.

Is the service well-led?

Our findings

People told us they could always talk to the registered manager. One person said, "When [manager's name] is in I can go and talk to her about anything. She makes sure staff do what they should to help me." Another person said, "we see people from head office regularly and they ask us what it is like living at Ashwood House." Relatives told us, "It is a well-run home and staff always know what they are doing. Communication is great as we can talk to staff and they let the manager know so they can make changes if needed." Another relative said, "we know who the manager and team leaders are and who we need to talk to about different things we need for our relative. We are happy to know that whoever we talk to will pass on our messages." A member of staff said, "The staff are a good team and we all work well together to meet the needs of the people who live in the service."

The provider had a clear vision and set of values which encouraged the philosophy of placing the person in the centre of all the care they received. There was a strong emphasis on treating people with dignity and respect. A member of staff carried out the role of a dignity champion for people within the service. Their role was to support and encourage staff to treat people with respect and dignity. There was a regular spot within the staff meeting for staff to discuss dignity and to look at how their practice could change to reflect this. The office had a poster on the wall of a dignity tree where people, staff and visitors were encouraged to write words or ideas on a leaf to show how dignity could be respected within the service.

The management team at Ashwood House included the registered manager, team leaders and care support staff. Support was provided to the manager by a service manager within the provider organisation. There was also support available from the organisation's senior directors, training and development officer and their human resources department. This level of support allowed the registered manager to focus on the needs of the people, and the staff who supported them.

People told us the registered manager was very approachable and always made time to speak to them if they wanted to. Staff said there was an 'open door' policy and that they could talk to the registered manager about aspects of people's care. A healthcare professional told us the staff were friendly and knowledgeable about the care needs of people. Staff understood their roles and their responsibilities to support people. One person said, "staff encourage me to do as much as I can for myself." A visiting social care professional told us the staff were very friendly and welcoming and that the paperwork and files seem very organised. This ensured information required to deliver care was readily accessible and understood by all staff.

There were systems in place to review the quality of all aspects of the service. The manager carried out monthly and weekly audits to monitor areas such as infection control, health and safety, care planning and accidents and incidents. Records of these audits were up to date and had been consistently carried out over the last year. Where actions had been identified through these audits these had been carried out in an appropriate and timely manner. Accidents and incidents were recrded and reviewed every month to identify any learning points for the organisation. An example was following an incident the provider reviewed the security of the home and changed the front door to maintain the safety of people and staff.

The provider had carried out an audit of the service on 30 January 2015 and produced a report. This identified the home was well presented but the gardens need to be tidied. They had observed that support notes were written when care had been given and not at the end of the staff member's shift. They had identified the staff meeting minutes had not been signed by all staff. We saw this was a matter to be discussed at the February staff meeting. Another item picked up was that water temperature checks had not been completed. The records showed these had been completed since this audit visit. This showed the provider had an effective system in place to monitor the quality of the service.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings and reviews, events where relatives were invited, questionnaires and daily contact with the registered manager and staff. The provider carried out 'customer' satisfaction surveys annually to gain feedback on the quality of the service received. One comment said, "I feel the environment (décor) could be improved, this may help the atmosphere." The manager showed us where they had raised this with the service manager and how they were

Is the service well-led?

developing a plan for re-decoration and refurbishment of some areas of the service. An empty bedroom was due to be re-decorated and have the flooring replaced within a month of the inspection.

Minutes of the monthly staff meeting showed that staff were able to voice their opinions. Staff felt confident to talk in the staff meeting and knew that they would be listened to by staff and managers. They told us they were given appropriate information about plans to develop the people and the service. The service had taken account of people's and staff's input in order to take actions to improve.