Care Quality Commission

Ashking House Limited

# Ashking House

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|

| Is the service safe? | Good |
|---|---|
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Ashking House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ashking House provides accommodation and personal care for up to 7 people in 1 2-storey building. At the time of our inspection there were 7 people living at the home, all of whom had a learning disabilities and autism.

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

Right Support:
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice. The model of care at Ashking House maximised people's choice, control and independence. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed.

People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. Staff managed risks to minimise restrictions, focusing on what people could do for themselves.

The home had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

Right Care:
Staff delivered care in line with information in people's care plans and recognised models of care for people with a learning disability or autistic people. This ensured people were receiving care tailored to them which promoted a good quality of life.

Staff understood people's individual communication styles they had developed a good rapport with them. People were supported to develop and maintain relationships, follow interests and take part in activities that were socially and culturally relevant to them.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The registered manager worked well with other agencies to safeguard people. Investigations into incidents had been used as an opportunity to learn lessons, change practice, and drive improvement. Staff recruitment, induction and training processes promoted safety, including those for agency staff. People were supported by staff who had received a wide range of relevant and good quality training to meet their needs.

Right Culture:
There was a positive culture at the home and people benefited from being supported by happy staff and this was reflected in the atmosphere at the home. Staff turnover was very low. People received consistent care from staff who knew them well. Staff told us they enjoyed their job and making a positive difference to someone's life.

The home had effective governance arrangements to assess the quality and safety of the service. These were used to identify and drive improvement. Systems were in place to apologise to people, and those important to them, when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for Ashking House was good (published 02 July 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashking House on our website at www.cqc.org.uk.

Why we inspected
This was a planned inspection based on when the home was previously inspected.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about Ashking House, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-led findings below. | **Good** |

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# Ashking House

## Detailed findings

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ashking House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Ashking House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short period of notice of the inspection because some of the people using it could not consent to

a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 05 July 2023 and ended on 10 July 2023. We visited the location home on 05 July 2023.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records. This included 3 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, incidents and accidents were reviewed. We reviewed 3 medicine administration records. We spoke with 4 members of staff including the registered manager, deputy manager and 2 support workers.

We were able to get limited views from people only due to their needs. We 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 continued to seek clarification from the provider to validate evidence found. We looked at care records, staff training records and policies and procedures. We spoke with 6 relatives by telephone about their experience of the care provided.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff had received safeguarding training and told us they would report any concerns to the registered manager. One staff member told us, "If there was any concerns, I would contact my manager and report the incident to them."
- Systems were in place to communicate with people about safeguarding matters and explore their feelings following investigation, and the impact this had on their wellbeing.
- Photographs, pictures, and people's preferred communication methods were used to discuss issues of concern, alongside access to safeguarding information in an easy read format.
- There were no safeguarding concerns raised regarding the service in the last 12 months.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- People's care plans contained risk assessments, which included risks associated with behaviours that may challenge others, medicine management, epilepsy, and emotional wellbeing.
- Risk assessments guided staff on the action to take if a person became unwell and what measures needed to be in place to mitigate the risks associated with people's individual care needs.
- Staff completed internal training for learning disabilities and were awaiting for the recently introduced compulsory 'Olive McGowan on Learning Disability and Autism training' to be available for attending.
- Checks and maintenance were carried out on the premises and equipment with records maintained to help ensure they were safe. For example, electrical safety systems and equipment were serviced by qualified persons and tested to ensure they worked properly by staff at the service. Other safety checks included gas, legionnaire and lift equipment.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We will seek their [people] permission first, before we provide any support".
● People were supported in line with the principles of the MCA. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
● Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

Staffing and recruitment
● There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
● The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Relatives and staff also told us same staff were working in each home and there was a consistency of good care being delivered by the same staff. One member of staff said, "Yes, people feel comfortable with us as they [staff] see us on a regular basis." A relative told us, "There seem to be regular staff throughout the week, a stable staff team."

Using medicines safely
● Medicines were being managed safely. Locked cabinets were in place and all medicines and records were safely stored. Temperature checks were carried out to ensure medicines were stored at the correct temperature. Any medicines that were required to be kept in the fridge were done so safely.
● People received their medicines when they needed them. They had received training and understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
● Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
● Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.
● Staff had received up to date medicines training. They were able to explain the process of safely administering medicines, the importance of time-critical medicines and 'when required' medicines.
● Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The management team completed regular PPE and infection control audits to ensure safe practices were being followed.
● The home had appointed a staff to be a champion of infection control. The champion ensured that an enhanced cleaning programme was followed. This included frequently cleaning high contact points such as door handles, handrails, and work surfaces. This reduced the risk of bacteria and viruses spreading. Other staff followed good food safety practices to keep people safe.

Visiting in care homes
● Visitors were allowed to visit their loved ones whenever they wanted. There were no restrictions on visitors.

Learning lessons when things go wrong
● People received safe care because staff learned from safety alerts and incidents.
● Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Where an incident took place, actions were identified to ensure a person's safety when accessing the community.
● Team meetings took place to update staff on the important matters and also to agree on actions necessary concerning people's care.

Good

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager and staff promoted a positive culture in the home. One relative told us, "[Family member] gets on well with all the staff who are kind and friendly. Their confidence since they have been at Ashking House, they have improved. They are very happy there and even when given the chance to come home."

● The home was well-managed. The provider had received numerous compliments since the last inspection from people, relatives and health professionals. Comments included, "I do a ward round of the home every Tuesday. The residents are well cared for and the staff are all diligent, courteous and caring, " and, "The registered manager is exceptional. She is very caring. She is always accessible. She even gave me her personal phone number in case I was concerned about anything when [family member] first moved in."

● Staff enjoyed working in the home and were passionate about their roles. One staff member said, "I enjoy my job and enjoy working with the residents. I've been supported from the day I started and completed face to face and online training. The manager is really good, everyone supports each other."

● Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager and deputy manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.

● Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.

● The registered manager and deputy manager understood their responsibilities under the duty of candour. The provider and registered manager had been open and transparent with people when incidents occurred where the duty of candour applied.

● Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.

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

● The registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
● The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
● The registered manager were supported by members of the senior leadership team and told us they felt supported in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service
● The registered manager ensured equality and diversity matters were explored. People's care records noted their responses to questions regarding their gender, sexuality, religion, ethnicity and nationality and any needs arising from people's responses.
● The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
● Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.

Continuous learning and improving care
● The provider improved care through continuous learning.
● There were quality assurance processes in place. Various audits were carried out by the registered manager including audits of medicine records, daily notes and infection control practices, while care plans and risk assessments were subject to regular review.
● Internal service improvement plans contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them.

Working in partnership with others
● The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, district nurses, speech and language therapists and pharmacy.