Mrs Susan Newman

Ashbury - Bognor Regis

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

Summary of findings

Overall summary

Ashbury is a 29 bedded care home without nursing providing 24 hour care for people with mental health needs that include schizophrenia and bi-polar disorder. The home also provides support to people who may have a learning disability. The home is situated in Bognor Regis. At the time of our inspection there were 29 people living at the home.

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.

We were assisted throughout the inspection by the deputy manager who told us they would be applying for the registered manager's position in the near future. The current registered manager stayed on site to offer support but allowed the deputy manager to gain experience of the inspection process.

People told us they felt safe with staff. There were policies and procedures regarding the safeguarding of adults. Risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received training to meet people's needs and staff were supported to undertake additional qualifications. Staff training was up-to-date and staff told us the training provided was good. Regular staff meetings were held and an effective handover took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

People and staff got on well and there was a calm and relaxed atmosphere in the home. Staff treated people with dignity and respect and personal care was delivered in private.

Care plans were person-centred and informed staff of the support people needed. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. Some people went out into the community independently while others required staff support. There were a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. There were policies and procedures in place regarding quality assurance and regular audits measured the quality of the care 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

Staff understood their responsibilities to protect people from abuse. Individual risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way. Recruitment practices were thorough.

Medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff received the training they needed to enable them to provide effective care and support.

The registered manager and staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

People were offered a choice of nutritious food and drink and people told us the food was good.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were treated with care and staff were quick to help and support them.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive.

People's care had been planned and individual needs were responded to by staff who understood them.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service

There was an open culture in the service, focussing on the people who used the service. Staff were aware of their roles and responsibilities.

Ashbury - Bognor Regis

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 16 March 2016 and was unannounced. The inspection team consisted of an inspector and an 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 service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus and records relating to the management of the service such as audits and policies.

During our inspection, we apokw with 10 people who used the service and one visitor we also spoke with the registered manager, the deputy manager, the quality assurance manager, the cook and six care staff.

The service was last inspected in July 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were supported by staff and people told us they felt safe at Ashbury. One person said "There are always enough staff around". They went on to say, "There are two staff on at night," and that, "This is generally enough unless several people needed help at the same time, in which case I might have to wait a little while for a response to my call bell." They said there were four staff on during the day and this was enough. Relatives had no concerns about the safety of people at Ashbury.

The registered manager had a copy of the West Sussex adult protection policy and understood the actions she needed to take with regard to any allegations of abuse. Staff had received training with regard to safeguarding procedures and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to recognise the signs of potential abuse such as physical, psychological and financial abuse. Staff told us if they had any concerns they would report this to the registered manager

Risks to people were assessed and recorded. There were corresponding care plans in place so staff had guidance on how to support people to reduce the risk of injury or harm. This meant that risks to people were managed so that people were protected. We saw risk assessments regarding falls, smoking, going out into the local community and maintaining a safe environment. The risk assessment provided staff with information and guidance to minimise any identified risk. For example, one person's risk assessment stated that the person had a history of leaving the premises and not returning for hours or days. They could sleep in unsafe places and mix with unsafe people. The risk reduction measure instructed staff to encourage the person to inform staff when they were leaving and to tell staff where they were going. Staff were also expected to encourage the person to text or phone staff with their whereabouts. This person had capacity to make their own decisions and the risk assessment meant staff supported the person to maintain their independence and help keep the person safe.

There were also environmental risk assessments in place, which addressed potential risks such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recording in a maintenance book and were signed off by the maintenance person as they were rectified. There was a grab bag in the office which contained key information about each person such as a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. This meant that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager used a dependency tool to ascertain the care needs of each person. The results were then used to determine the overall staffing levels. A minimum of four care staff were on duty between the hours of 8am to 2pm. From 2pm to 8pm there were three members of staff on duty and from 8pm to 8am there were two members of care staff on duty who were awake throughout the night. The home's staffing rota for the previous two weeks confirmed these staffing levels were maintained. The deputy manager told us that

additional staff were provided, as and when required, to support people with appointments or for social events. In addition to the care staff the provider employed two cooks, two cleaners, an activities co-ordinator, a mini bus driver and a maintenance person. Staff said there was enough staff on duty to meet people's needs and our observations also supported this.

We looked at recruitment records for three members of staff. These records contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff confirmed this and said their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff authorised to administer medicines had completed training which included observation of staff administering medicines and also a written test. This meant that staff authorised to administer medicines were able to do so safely. Medication Administration Records (MAR) sheets were completed and showed that people had received their medicines as prescribed. There was a clear protocol for administering any PRN (when required) medicines and also a policy and procedure for any homely remedies held at the home.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included, "I couldn't be happier, I am well looked after," "The staff are very good," and, "If I need to see a doctor I see my GP very quickly, usually the next day."They also said that a chiropodist visits every six weeks. People said the food at the home was good. One person said, "The cook does lovely food". Another told us, "The food is good, well prepared. The menu changes over several weeks and you can request favourite meals".

During the inspection, we undertook a tour of the home. The deputy manager told us that people were involved in the choice of furnishing for their rooms, they were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing. There was a large picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home.

Training was provided to staff through e-learning, distance learning and face to face sessions. The deputy manager also told us that some training was accessed from local authority. Training included emergency first aid, moving and handling, safeguarding, food safety, the Mental Capacity Act 2005, infection control, health and safety, care planning, equality and diversity, substance misuse, and mental health awareness. The training included topics specific to the needs of people who lived at Ashbury as well as providing information on how to keep people safe . The provider had an online system to manage training. The system generated alerts when refresher training was due. Staff said the training was good and that if they asked for any specific training this would be provided for them. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

The deputy manager said that all new staff members would be expected to complete an induction programme when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The deputy manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that currently there was one member of staff who was in the process of completing the care certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 15 care staff, including the registered manager and deputy manager. Records showed that four members of staff were currently undertaking additional qualifications and 10 staff had completed qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager and deputy manager regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective. It also enabled them to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision every six to eight weeks and records were up to date. The deputy manager told us they worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or deputy manager, their door was always open. Staff said they were able to discuss any issues with them and felt that communication was good with everyone working together as a team.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager, deputy manager and staff understood their responsibilities in this area. The registered manager had made applications under DoLS for 12 of the people at Ashbury who had been assessed as lacking capacity and to date one had been authorised while the others are yet to be assessed.

The registered manager told us that although people living at Ashbury were living with differing degrees of health issues, people were generally able to make day to day choices and decisions for themselves. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support to people. This meant that people were able to exercise as much choice as possible in their day to day lives.

The advice of health care professionals regarding nutrition was recorded in care plans. People's weight was monitored and the deputy manager was aware of those people who had gained or lost weight and what action was needed to support these people. The use of any supplements to increase the calorific value of food was recorded when this was advised by health care professionals. We spoke with people and staff about the meals provided at the home. People told us the food was plentiful and good. One person cooked their own food and we spoke to this person who told us they were given a time each day when they could access the kitchen on their own and prepare their own meals. The cook told us that this person was a vegetarian and they would use ingredients from the kitchen but if they required any additional items these would be purchased for them. Staff also encouraged people to be involved as much as possible in preparing meals and drinks and we saw evidence of this during the inspection visit. People and staff said that breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was the main meal of the day and there was a rolling menu which was changed seasonally. The menu had two choices for main course and dessert and these reflected people's own preferences and choices. Supper was a snack type meal such as hot dogs, egg on toast or sandwiches if requested. We observed people at the lunch time meal. People ate in either of the two dining areas. People were able to eat independently, however staff were available to support people if required. Where people were reluctant to eat every effort was made to encourage people and alternative foods were offered. We also saw a care worker giving one person a supplementary drink mid-morning as well as asking the person if they wanted coffee.

The kitchen was accessed via a keypad locking system for security and safety but staff would enable people to access the kitchen when requested. The cook told us that there was always a range of food in the fridge so that people or staff could make a snack or sandwich for people at any time if they wanted this. This

meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People had access to healthcare professionals to ensure that their health needs were met. We saw that each person was registered with a local GP. Each person's care plan contained information about people's health needs and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. Comments from people included: "without exception all the staff were caring in their attitudes to me", "I really like the staffs and have liked living here for the past four years", "I can come and go whenever I want" and "The staff are very helpful, often beyond the call of duty".

Staff were aware of people's needs and preferences and spoke to people calmly. People were asked by staff how they wanted to be supported. Throughout our visit staff showed people kindness, patience and respect. We spent time observing staff supporting people throughout the home. The staff made eye contact with people and crouched down so people could see them when they spoke to them rather than standing over them. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engaged with them and check if they needed any support. One member of staff told us, "We all get on pretty well, there's a nice atmosphere here". Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

Good

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said, "Staff take me to the shops in my wheelchair when I want to go." They also said that they joined in the music (visiting entertainers.) and that they painted and did jigsaws. Another person said, "My friends visit me twice a week." A third person said, "I enjoy going out on minibus trips twice a week."

People were supported to maintain relationships with their families. Details of contact numbers and key dates, such as birthdays for relatives and important people in each individual's life, were kept in their care plan file. This enabled people to remain engaged with important events and those important to them. One person told us they had good contact with their large family, who took it in turns to take them to their homes at weekends.

Care records showed people's needs had been assessed prior to being admitted to the service. This meant the registered manager could ascertain whether the person's needs could be met. Once admitted to the service the registered manager and staff carried out comprehensive assessments of the person's needs and devised care plans based on those assessments

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and gave staff clear guidance on how people should be supported. The care plans were personalised to reflect what support each person needed and what the person could do themselves. People had care plans for all aspects of their care which included washing, dressing, continence, maintaining body temperature, mobility, daily routines, pain assessment, risk assessments, management of personal hygiene and their preferred daily routines such as when getting up or going to bed. We saw that the majority of people were quite independent with their daily routines and were able to carry out the majority of care tasks themselves with staff providing advice and encouragement. However where people needed more support the care plan gave staff the information they needed. For example there was information such as. 'Please remind me not to brush too hard when I clean my teeth.' This meant that people were given the support they needed, but were encouraged and supported to be as independent as possible.

Each person had a monthly meeting with their keyworker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for. These meetings included information such as,: 'What would you like to plan for next month?' or' Any services you would like to access or any issues you would like to discuss?'. They gave people the opportunity to be involved as much as possible in how their care was delivered. The one to one meetings discussed how people were getting on, what had been going well and what not so well. There were opportunities to plan future outings and trips and to get people's views on how they wanted to spend their time. Monthly residents' meetings also took place and minutes of these meetings were kept. This was an opportunity for people to share ideas and make plans for future events and trips out into the community.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting carried out before commencing their shift. We observed the handover from the morning shift to the afternoon shift. There was a report for each person which included an update on each person together with any information staff needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone according to their preferences. We spoke to the activity co-ordinator who had been in post for three months. He told us that he enjoyed his work and knew people well. In the morning we saw and heard him taking a music memory sessions which involved playing songs from the fifties onwards and engaging people in identifying the artists. After lunch we saw him with two people playing darts. He told us other activities which took place were bingo, draughts, chess, jigsaws, colouring, and exercises. Outside entertainers also came in on occasions to sing and twice weekly minibus outings took place for groups of up to eight people. Regular links with the community are maintained and a regular trip takes place for a fish and chip meal at a local venue. On the day of our visit we saw a hairdresser cutting hair in the lounge. They told us they visited weekly. A number of people were able to come and go as they pleased and we saw people accessing the local community independently. Staff told us they encouraged people to take part in activities. Input from people's meetings had identified that people would like to go to a museum and also the zoo. This had been investigated by the activities co-ordinator and these are being planned to take place in the summer. A record of activities that people took part in were recorded in an activities file kept by the activities co-ordinator.

The registered manager routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure displayed on the a notice board at the home. Staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The deputy manager had a complaints file and this showed that no complaints had been received in 2016. The deputy manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. One person said "The home is very well run". Another person said if I had any problems I would feel able to talk to the manager or the owner about them".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager and deputy operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that she was open and transparent and worked well with them.

Staff said the registered manager and deputy were able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. One person said "I attend monthly residents meetings where various subjects such as food choices and destinations for trips out are discussed". The confirmed that suggestions made were followed up by the registered manager. The deputy manager said they and senior care staff regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

We asked staff about the provider's philosophy. Staff said that the service was all about giving people the best possible support. Staff felt that people should be afforded the same rights as everyone else and they should be supported to exercise these fully. The deputy manager said staff at Ashbury worked with people to help them maintain their independence and give them the support they needed to maximise their potential. It was clear from speaking to the registered manager, deputy manager and staff that they all worked together to provide people with the help support and advice they needed.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.
The provider also employed an external auditor who carried out quarterly visit to the service. These visits used CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. They also checked that the registered manager's quality audits had been completed. We looked at the last audit report dated April 2016. This showed that three issues had been identified and we saw that an action plan had been put in place to address the issues concerned. We saw that all action s had been completed

and the deputy manager told us the auditor would check this at the next visit. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives and staff were supported to question practice and asked for their views about Ashbury through quality assurance questionnaires which were sent out by the provider throughout the year. Results of the most recent survey carried out found that people relatives and staff were generally happy with the service provided. Quality assurance questionnaires were also sent to health and social care professionals. There were also regular service user and staff meetings carried out. These meetings enabled people and staff to make comments and influence the running of the home. They also enabled them to be involved in the day to day running of the home as much as possible. We saw copies of the minutes of these meetings and they included information on the topics discussed. They also included information about the minutes of the previous meeting. This showed that issues discussed at the meetings had been considered and where appropriate suitable action were taken.

Records were kept securely. All care records for people were held in individual files which were stored in a secure office. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.