

Voyage 1 Limited

Ashdale

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

Ashdale is a 'care home'. People in care homes receive accommodation and 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. Ashdale is registered to provide support to four people with learning disabilities. At the time of the inspection there were four people living there.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has a safe, friendly and homely atmosphere. The service benefits from a stable staff team who know the people living at the service well. This has allowed them to develop professional effective and caring relationships with people living at the home.

People are supported to be as independent as possible and the service continues to work with people to develop their independence further. This is done in the service and on regular activities in the community.

People are supported in a person centred way. It is clear that the staff value the people living at Ashdale and treat them as individuals. They allow them to make decisions about their care and support. It was also clear that the staff thought of Ashdale as the people's home and not just their work place.

The service supports people to access health services effectively.

The people living at Ashdale are encouraged to develop and maintain relationships with other people living in the community and their relatives.

Further information is in the detailed findings below.

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

People benefited from safe recruitment procedures to ensure staff were suitable to work with vulnerable people.

People were protected from the risk of harm as staff were trained in safeguarding and had a good knowledge of how to protect people and knew how to report any concerns they had.

Medicines were managed safely and administered to people by staff who had been assessed as competent to do this task safely.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains Good

Ashdale

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 December 2018 and was announced. We gave the service short notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one Adult Social Care Inspector.

Before the inspection, we looked at information we held about the provider and home. This included their 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 also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, one senior support worker, one support worker and the regional manager. We requested feedback from one health professional.

We spoke with four people living at Ashdale and one of their relatives. We also used observations of how staff interacted with people and provided support.

We looked at two people's care records and their medicine records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, policies and quality assurance audits.

Is the service safe?

Our findings

At our previous inspection we rated this area as requires improvement. This was because the provider had not ensured that at all times suitably trained staff were available to administer a specific medication for one person in the event of an emergency. Even though prompt action was taken during the previous inspection to ensure this person's safety we needed to ensure this improvement was embedded and sustained. During this inspection visit we found this had been sustained and suitably trained staff were available at all times to administer this medicine when required.

People living at Ashdale told us they liked living at the home and felt safe. Our observations throughout the inspection indicated they appeared relaxed, happy and settled in the home and in the presence of the staff on duty.

A relative we spoke with after the inspection visit told us they were very happy with the care and support their relative received at Ashdale and they had no concerns about their relative's safety.

People's medicines were administered safely and stored securely. Staff had sufficient training and their competence to administer medicines was assessed regularly to ensure their practice remained safe. Medicine Administration Records (MARs) were maintained and showed people's medicines were administered as prescribed and had been signed when people had taken their medicines. The medicine system was regularly audited by the registered manager.

There was guidance in place regarding 'as required medicines' people were prescribed. Care plans contained information on when staff should administer these medicines. Staff were aware of the guidance and knew when these medicines should be administered. Some medicines that were administered required staff to undertake extra training to administer these safely. We found that staff had received this training and there were always staff on duty who were trained to safely administer these medicines if needed.

Clear evidence was present which showed people's medicines had been reviewed regularly by the staff and GP. People sometimes presented behaviours which could challenge staff or other people living at the home. We were told by the registered manager they had begun to work with the GP to reduce medicines people took to control these behaviours. These medicines are known as psychotropic medicines and it is best practice to reduce or eliminate these medicines for people. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project and is best practice when supporting people with a learning disability and/or autism.

People were protected from the risk of abuse as the provider had systems in place to safeguard people. All the staff we spoke with had a good understanding of the different types of abuse and the signs and symptoms to look out for. They also knew how to report abuse and were confident the registered manager and the provider would act on any concerns they raised. We saw that the relevant contact details were displayed clearly in the office at the service.

Risks to people had been assessed and measures put in place to reduce any identified risks to keep people safe. For example, people had risk assessments in place for the home environment, access to the kitchen, health conditions, choking and activities. Measures put in place did not restrict people's independence or prevent people from taking part in activities or trying new things. People benefitted from this approach and took part in lots of activities such as swimming, which had been risked assessed and measure put in place to reduce the identified risks and keep people safe. The risk assessments we viewed were reviewed and updated regularly and when people's needs changed.

Staffing levels at the home were determined by the needs of the people living in the service. We judged there were sufficient numbers of suitable staff employed at the service to meet people's needs. There were three staff on duty during week days and two staff at weekends. The manager of the home was supernumerary. This meant that they were not included in the staffing numbers. Staff levels allowed people to participate in activities in the community on their own or with another person if they chose to. One relative we spoke with said they were happy with the levels of staffing at the service. This was also confirmed by staff we spoke with.

Effective recruitment procedures were in place to ensure people were supported by staff appropriate to work with vulnerable people. Records showed the provider carried out the appropriate checks on new staff including: Obtaining references, checking previous work history and qualifications, criminal records check and that the staff were physically able to carry out the role. These checks were completed before the new staff member started working at the service.

The environment and equipment of the home was well maintained and regular checks ensured it was safe. These included a fire risk assessment, testing of the fire alarm system, regular fire evacuation drills and water temperature checks. We saw evidence that demonstrated electrical systems and equipment had been checked appropriately. We also checked the central heating system was serviced in line with national guidelines.

The home was clean, tidy and free from unpleasant odours. Staff maintained the cleanliness of the home with support from the people living there. There were measure in place to ensure good infection control practices were maintained and these were monitored by senior staff and the registered manager. Records confirmed these checks were happening.

We viewed records of accidents and incidents which occurred in the home. These evidenced they had been reviewed by the registered manager. Incidents were regularly discussed and reviewed in staff team meetings. Where appropriate the registered manager had reviewed people's care plans and updated risk assessments to reduce the risk of further accidents or incidents and incorporate and lessons learnt.

Is the service effective?

Our findings

Staff we spoke with told us they received good training and support from the service. Staff had received up to date training in key subjects, such as safeguarding, food hygiene, Positive behavioural support, fire training and epilepsy training. The training was a mixture of e-learning and face to face training.

At our previous inspection we noted that recruiting a permanent staff team had been difficult. However, at this inspection although recruitment was still a challenge, there was now a stable staff team in place who were experienced in supporting people with complex needs. Use of agency staff had decreased and was now infrequently used. It was clear that people had benefitted from a stable staff team being in place and it was clear from observations how well staff knew the people they supported. Staff were able to describe how they communicated with people and methods used to achieve this effectively.

Staff received an induction when they started working at the home. Once they completed their mandatory training they were supported to undertake the care certificate. The Care Certificate standards are recognised nationally to ensure staff have the relevant skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of the care certificate observations of staff practice were conducted by the registered manager. This ensured staff were implementing what they had learnt in their practice when supporting people and were competent to carry out their job effectively.

Staff told us they received very good support from the registered manager. This included regular formal supervision meetings with the registered manager. This allowed them to discuss their practice and professional development. Records demonstrated staff were receiving regular supervision. All the staff we spoke with confirmed that regular supervision meetings occurred. One staff member told us, "the support is really good and as well as supervisions we can speak to [the registered manager] at any time".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and the staff had a good understanding of DoLS and the MCA. We found DoLS had been applied for people appropriately and where these had been agreed we saw that the conditions were being met.

We observed staff offered people choices throughout our inspection visit. For example, people were given a

choice of what they wanted to eat and drink, whether they wanted to go out and what they wanted to do during the day. However, where people were assessed as not having the capacity to make more complex decisions about their care and support. Appropriate best interest meetings had been held to ensure specific decisions were discussed and agreed with relevant parties.

Staff used a range of communication tools to help people understand decisions, such as pictures, objects of reference, gestures and pointing. None of the people living at the service used any formal communication systems but, it was clear from observations and discussion that staff were able to communicate effectively with people. Some pictures were used to aid communication but it was mainly pointing, gestures and body language reinforcing verbal communication. Throughout the inspection we observed staff and people interacting effectively and offering people choices by these methods.

People were supported to live healthier lives and were supported to access health services regularly. Records in people's care plans evidenced they had had regular checks with health professionals such as their GP, dentist, optician and consultants.

People had 'Hospital Passports' in place. These are documents which people take with them if they are admitted to hospital. This gives hospital staff the information they need to support the person whilst they are in the care of the hospital. We saw these documents were up to date and reviewed at regular intervals.

People were supported effectively to maintain a healthy balanced diet and measures were in place to ensure people had enough to eat and drink. Records were maintained of the amount of fluid people were drinking as well as their food intake. People's weight was monitored appropriately and where issues were identified measures were taken to refer people to the appropriate professionals.

Staff told us people could choose their meals and they would make something else if a person did not like the meal given to them. Snacks and drinks were available throughout the day. People's care plans contained evidence that people had been screened to assess the risk of them choking. Guidance for staff on how meals should be prepared for people to reduce any choking risks where appropriate.

The environment of the home was suitable for the needs of the people living at the home. Each person's bedroom was personalised to their needs and wishes. People could move around the home freely and request staff support as and when they needed it.

Is the service caring?

Our findings

The relative we spoke with told us that the staff at the service are very caring. This was also reflected in discussions and observations of staff throughout the inspection. On the day of the inspection one of the people was not feeling well and staff supported this person effectively and sought appropriate advice from a health professional. Staff checked on this person regularly to make sure they were ok.

Staff spoke positively and respectfully about the people they supported. It was clear they treated them as individuals and respected their decisions.

Although people living in the service did not use formal communication systems. Staff were able to describe how they offered people choices and allowed them to make decisions about their care and support.

People's rooms were personalised to their needs and wishes. One person's room was decorated with pictures of their favourite super heroes. This person was clearly proud of their room and enjoyed showing me the pictures and telling me who they were.

People's dignity was promoted and respected. The people living at the service sometimes exhibited behaviours that may compromise their dignity. There were clear guidelines for staff on how to support people maintain their dignity and what to do if their dignity is compromised.

People were encouraged and supported to develop and maintain relationships with people that mattered to them to avoid social isolation. People were supported to access their local community and meet friends. They were also encouraged to keep in touch with family members. Staff told us how they supported one person to contact a relative every day on the telephone. We were told there were no restrictions on times relatives could visit and staff always made them feel welcome.

Confidential information about people who used the service, staff and others was protected. We found the service complied with the General Data Protection Regulation requirements for record-keeping. Records were secured away when not in use. All confidential information was satisfactorily protected.

Is the service responsive?

Our findings

Care and support was provided for people in a person centred way. This was clear from all the documentation we viewed and whilst observing and speaking with staff. Care plans were written in a way which considered the needs and views of the people and their relatives where appropriate.

People had regular review meetings with staff, relatives and other relevant professionals when appropriate. Care and support plans were updated following these reviews to ensure people were receiving care and support which met their needs and continued to develop their independence.

Staff interacted with people in a person centred way. Which meant they approached them in a manner the person was comfortable with and communicated with them using simple sentences which they understood. They were respectful of their decisions and it was clear the staff knew the people extremely well. It was also clear that the people living in the home were comfortable in their company.

Activities offered to people were suitable to their needs and abilities. We saw that a wide range of activities were offered to people including swimming, going for walks, pottery, shopping, visiting cafes and restaurants. It was clear the people living in the home were supported to be an active part of their community.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. During our inspection, we gathered evidence about these five steps by examining documentation, talking to staff and people who used the service. People's communication needs were assessed and where they required, alternative means of communication were considered and applied. Peoples care records explained how they communicated with others and how staff should communicate with them. The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need.

The provider had a complaints policy and procedure in place. The provider had not received any complaints from people or relatives in the past year. However, relatives were aware how to make complaints and were confident these would be dealt with by the registered manager. Staff were also aware that they could raise complaints on behalf of people using the service when appropriate.

Is the service well-led?

Our findings

We found the service continued to be well led. Staff and relatives, we spoke to were positive about the registered manager. Staff told us the registered manager was supportive and Regular staff meetings were held. Staff said the registered manager as open to any new ideas or suggestions which could improve the service for people.

There were effective systems in place to check the quality of the service people received. Regular audits were carried out by the provider in areas such as medication, care plan documentation and health and safety. From these audits action plans were put in place to address any shortfalls or implement identified improvements. It was clear from the action plans, who was responsible for any actions which needed to be completed. We could also see that these were signed off when completed.

The registered manager demonstrated and promoted a clear vision for the service and ensured the values of the service were maintained. Staff training was monitored and the behaviour and competency of staff was checked at regular intervals. We saw evidence that when a staff members performance was not found to be meeting the values of the service, this was challenged and appropriate action taken to address the issue.

The registered manager benefitted from have a settled staff team working at the service. This had created a professional yet homely atmosphere in the service. You could see that the staff and the provider worked together well to ensure that the service was run to benefit the people living at the service. Staff demonstrated respect for the people living in the service and also respected the service as their home rather than just a place of work.

The service worked closely with commissioners and health professionals to make sure that people got the right level of support and ensure that their health needs were met appropriately.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The SoP was available at the service for anyone to review, if requested. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to this inspection and saw that the service had submitted notifications since our last inspection. We checked this at the service and found it accurately reflected what had been submitted to us.