April Rai Limited

Ashville House

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

The inspection took place on 11 February 2016. The provider was given 48 hours notice as they are a small care home and we needed to be sure that someone would be in. The service had last been inspected in May 2014 when it was found to be compliant with the regulations we looked at.

Ashville House is a residential care home providing accommodation and personal care to up to three people with mental health needs. At the time of our inspection two people lived in the home. A registered manager was 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.

People told us they felt safe living in the home. People had robust risk assessments in place to mitigate against identified risks and staff had a good understanding of the safeguarding adults process. Staff knew how to raise concerns and the registered manager understood their responsibilities.

Staff recruitment practices ensured that suitable staff were employed. Staff received appropriate training to carry out their roles and told us they were well supported by the registered manager.

The service supported people with their medicines and this was managed safely.

People were supported in line with the principles of the Mental Capacity Act (MCA) 2005. Staff demonstrated they understood application of the MCA.

Records showed that people provided consent to their care and were involved in planning and reviewing the support they received. People's preferences regarding their care, including their health, nutrition and hydration needs were clearly documented. People were supported to access healthcare services and follow the advice of healthcare professionals.

Staff demonstrated a caring attitude. People living in the home and staff had positive, strong relationships. Care plans were highly personalised and were written in a way that reflected the people's communication style.

Support was adapted to support people's changing needs as required.

There was a complaints policy in place. This worked alongside formal and informal meetings to enable people to provide feedback about the service. The service responded to and acted upon feedback they received.

The registered manager was supportive of staff who told us they enjoyed their jobs. The registered manager

was highly visible and people and staff told us they found her approachable. There were appropriate systems in place to monitor the quality of the service.

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.

Systems and training for staff were in place to protect people from bullying, harassment and avoidable harm and abuse.

Risks to people and the service were well managed through a system of robust risk assessments.

There were enough staff to meet people's needs. Staff had been recruited safely.

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to ensure they had the knowledge and skills they needed to carry out their roles and responsibilities.

The service sought consent from people and worked in line with legislation and guidance. The principles of the Mental Capacity Act 2005 were being followed.

People were supported to eat and drink enough and to maintain a balanced diet.

People were supported to have their health needs met and to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff and people living in the service had developed positive caring relationships with each other.

People were fully involved in making decisions about their care.

People were supported to maintain their dignity and their

privacy was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were highly personalised and people received support that was responsive to their needs.

People were able to provide feedback about their support through formal and informal mechanisms. This feedback was acted upon.

The service had a robust and clear complaints policy which was accessible to people who used the service.

Is the service well-led?

Good

The service was well led.

The service had a positive, warm and person centred culture.

The registered manager was well liked by staff and people who lived in the home. Staff and people said she listened and responded to any issues they raised.

Feedback from people confirmed they received high quality care.

Ashville House

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 11 February 2016 and was announced. The provider was given 48 hours notice because it is a small care home and people are often out during the day. We needed to be sure that someone would be in.

Before the inspection we reviewed the information we already held about the service including statutory notifications. The provider 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.

The inspection was completed by one inspector. During the inspection we observed how the staff interacted with people who used the service. We spoke with two people who used the service, the registered manager, the deputy manager and a support worker. We looked at two people's care files including support plans, risk assessments, reviews, monthly updates, health records and medicines records. We looked at three staff files, including recruitment records, training, supervision and appraisal. We also viewed the staff duty rotas, a range of audits and feedback, various meeting minutes, maintenance logs, incident and accident log, safeguarding records, and policies and procedures for the home and other documents relevant to the management of the service.

Good

Is the service safe?

Our findings

A person who lived at the service told us, "I feel safe." The service had a robust safeguarding adults policy and staff demonstrated they understood different types of abuse and what action they should take if they suspected abuse. There were clear reporting structures in place that meant that people were protected from harm. Staff demonstrated they understood the different types of abuse and how to respond if they had concerns. The registered manager told us there had been no safeguarding incidents since the service since the last inspection. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority.

Care files contained a variety of risk assessments based on assessed need and risk. People had different areas risk assessed depending on their needs. For example, one person had detailed risk assessments around managing certain behaviours. Risk assessments were detailed and robust. They contained guidance for staff on how to manage and mitigate against risks faced by people using the service. Risk assessments were written in a way that promoted people's independence. For example, people living in the home were at risk of financial abuse in the community so risk assessments addressed this in a way that meant that they were still able to shop independently.

The service had a robust policy regarding incidents and accidents which contained details of actions to be taken at the time and provided a framework for analysing any incidents that occurred. Staff told us they would report and record any incidents that happened. There had been no incidents since our last inspection.

Staff at the service conducted regular health and safety checks to ensure that the building and equipment remained in good condition and safe to use. There was a clear system for reporting maintenance issues and checks on appliances and equipment were conducted as required.

The service had a small staff team made up of support workers, a deputy manager and the registered manager. Staff told us, and records confirmed that most of the time staff lone worked. When additional staffing was required, for example, to support people to appointments or activities, this was covered from within the staff team with the registered manager and deputy covering shifts as required. Planned and unexpected staff absence was covered from within the team and staff told us that they liked the flexibility within the service. They did not feel they were under pressure to work too many hours and were confident the registered manager would recruit additional staff if staffing numbers became problematic. Records showed that safe recruitment practices had been followed. Appropriate checks on people's employment history, identity and character had been completed before people started working in the service. This meant the service had sufficient numbers of suitable staff employed.

The service supported people to take their medicines. One person told us, "My tablets are given by staff, I take them." Records of people's medicines were clear, and support plans contained details of the dose, time, route and reason for each medicine. Medicines were administered by trained staff. Staff told us the

process for administering medicines and knew what to do if they discovered an error in administration or recording. One person had recently had a change in the dose of one of their medicines. This was clearly recorded in the administration record so that staff knew the dose had changed. Audits of the administration records and checks of the medicines in stock were carried out weekly. These were checked and we found no errors.

Good

Is the service effective?

Our findings

People told us they thought the staff were good at their jobs. One person said, "The staff are good." When new staff joined the service they completed a three month induction period. This included spending time shadowing more experienced colleagues before lone working. It also included information about people using the service and the building, reporting and record keeping, incidents and accidents, use of the telephone, values, and quality monitoring. New staff were working towards completing the care certificate. The care certificate is a recognised qualification that provides staff working in a care setting with the essential skills and knowledge required for this work.

The registered manager told us they worked with another service locally to provide classroom based training as well as e-learning for staff. Working together with another service meant that there were opportunities for shared learning during training events. Records showed that staff had received training in manual handling, fire safety, equality, diversity and inclusion, emergency first aid, medicines, dementia, key working, mental health, nutrition, lone working and violence and aggression. The registered manager was in the process of scheduling training for staff on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 found that it was. People had their capacity assessed for specific decisions and were supported to make their own decisions. People living in the service had capacity and were not being deprived of their liberty.

The registered manager and staff demonstrated a good understanding of the principles of the MCA. One of the people living in the home was experiencing memory loss. The service was ensuring that any preferences and wishes that person expressed for their future were recorded so that they can be referred to if the person no longer has capacity. This was good practice and demonstrates the service is working within the principles of the MCA. Care files contained clear records that people were consenting to their care, this was shown through signed consent documents.

Care plans contained details of people's preferences regarding food and drink. People were involved in preparing meals and house meeting minutes showed that people contributed to writing the menu. No one living in the home followed a specialist diet. One person living in the home had guidelines in place regarding how to support them to eat. Staff explained why these were in place and observations demonstrated they

were being followed. We observed one meal time and one person said during the meal, "Mmm, delicious tomato soup." People were being supported to eat and drink enough and maintain a balanced diet.

The people living in the service had various long term conditions which staff supported them to understand and manage. Records showed that people were supported by staff to attend health appointments and advice from health professionals was included in care plans. One hospital letter included the feedback that the staff member who had supported the person to the appointment had been "Delightful." People's health and wellbeing was discussed at staff meetings and any concerns that staff had regarding people's health were appropriately escalated to the relevant health professionals.

Good

Is the service caring?

Our findings

People and staff had developed strong, caring relationships with each other. When people moved to the service they had a long transition and a detailed assessment that provided staff with the tools to build relationships. Observations showed that people also cared about their staff and showed an interest in their life outside work. The service supported this and managed relationship boundaries well. For example, one person was asking after a member of staff's family and had bought a present for them. As this was not in line with the service's policy on gifts, rather than risk upsetting or offending the person, the gift had been saved to use at an event at the home.

Staff understood how to enable the people they were supporting to communicate their opinions and preferences. For example, one person found direct questioning difficult and would withdraw so staff described how joining in television quizzes with the person enabled more open communication. Observations during the inspection confirmed that staff used the communication methods detailed in people's care plans. People were offered choices and any requests people made were acted upon.

The service operated a key-worker system. This meant that each person had a named member of staff who took the lead on updating care plans, risk assessments, health appointments and activities. Records showed that people had regular meetings with their key-workers and these were used to ensure that people were involved in making choices. For example, we saw one person was being supported to explore going to college.

People's care plans contained details on how to promote people's dignity during personal care. The service had developed strategies that supported people to be as independent as possible during personal care while ensuring that essential care tasks were completed. For example, one person used a timer to ensure they spent enough time bathing. Care plans also contained details of people's personal relationships and records showed that people had been encouraged to develop friendships. One person had a befriender who they went to different activities with.

Good

Is the service responsive?

Our findings

Care plans were highly personalised with a good level of detail about people's past lives and wishes for the future. The voice of people who lived in the home was clear in their care plans, which contained phrasing and language that matched how people spoke. People were given time to share their personal histories and detail was added to documentation as it was known. Care plans were outcome focussed, setting both long and short term goals for people to achieve. One person had recently been supported to go on a holiday which had been a long term ambition for them.

Staff completed monthly summaries of people's activities including health appointments, activities and any concerns. When changes in people's needs were noted in these summaries the care plans were updated. Care plans were formally reviewed and updated annually, using the information from the monthly summaries. However, if changes were required during the course of the year updates were made. For example, when a health condition was diagnosed the relevant part of the care plan was updated. This meant the service provided care that was responsive to people's needs.

The service held regular house meeting. The minutes of these meetings were regularly recorded by one of the people who lived in the home. The minutes showed that these meetings were used to plan joint activities and holidays. One meeting had been used to discuss and revise the house rules when a new person had moved in. House meetings and key-worker sessions were used by people to raise any feedback or concerns they had. People told us they would tell the staff if they had any concerns or complaints. The service had a complaints policy and procedure which detailed the timescales for response and how to escalate any concerns. This was on display in the home and easily accessible to people who lived there. There had been no formal complaints made since the last inspection.

Staff described how they balance the different communication styles of people living in the home to ensure individual choices and preferences were respected. There was an open and empowering culture at the home which supported people to try new things and take risks in a supportive and safe way. We observed people being offered choices and being invited to be involved in household activities throughout our inspection.

Good

Is the service well-led?

Our findings

Ashville house had a warm and welcoming atmosphere with a small and stable staff team. The registered manager was highly visible and people talked easily with her. The registered manager and staff spoke about the people they supported with warmth and kindness, taking note of their individual preferences and styles.

The service is small, and as such much of the quality assurance monitoring was completed at an individual level. People provided feedback about how they were finding the service at key-worker sessions, house meetings and during conversations with staff. There were quality monitoring questionnaires that people had completed in their files. These were undated but the registered manager told us they were completed during the annual review process. They showed that people were happy with the quality of the care they were receiving.

The registered manager demonstrated a detailed understanding of the people who lived and the staff who worked in the home. Health and safety audits, including medicines, fire safety equipment and maintenance were completed regularly and actions were taken as required.

Staff spoke highly of the registered manager. One member of staff said, "[Registered manager] is a good leader. Whenever we bring something to her she makes sure it is all sorted. She works on the client's behalf."

The registered manager told us they worked closely with another home to provide training and development. This service also provided a system of peer support for the registered manager to ensure they continued to develop. Records showed staff from the home attended local partnership groups to ensure they were up to date with relevant information and guidance. The registered manager told us about their plans to develop the service, which included formalising the quality monitoring and making greater use of computer technology. The home had employed a development manager to assist with this work.