Ashwood House Limited

Ashwood House Limited (Ilford)

Inspection report

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Date of inspection visit:
23 November 2017

Date of publication:
22 January 2018

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

This inspection took place on the 23 November 2017 and was unannounced. At the previous inspection of this service in October 2015 the service was rated as Good overall. We did not find any breaches of requirement at that inspection. During this inspection we found the service remained Good.

Ashwood House Limited (Ilford) 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. It is registered to provide support to a maximum of 17 people and 15 people were using the service at the time of our inspection.

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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.
Care plans were in place which set out how to meet people's individual needs. They were subject to regular review. People were supported to engage in various activities. The provider had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service and others.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Ashwood House Limited (Ilford)

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 the 23 November 2017 and was unannounced. The inspection team consisted of one 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 care service. In addition, there was a third person present during the inspection. They were an employee of the Care Quality Commission and they attended the inspection as part of their learning and development to gain an understanding of the inspection process.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with seven people that used the service and six members of staff; the nominated individual, registered manager, assistant manager, activities coordinator, team leader and a support worker. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records of six people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes it is very safe." The service had systems in place to protect people from abuse. There was a safeguarding procedure in place which made clear the provider's responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We found that allegations of abuse had been dealt with in line with the procedure. Staff had undertaken training about safeguarding adults and understood their responsibilities for reporting it. Where the service held money on behalf of people this was done with their consent. Systems were in place to help protect people from the risk of financial abuse.

Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Risk assessments included detailed intervention strategies to be used in the event of a person having a relapse with their mental health. Staff had a good understanding of people's individual risks and how to support them in a safe manner. People were supported to take risks and strategies were put in place to ensure this was done in a safe way, for example with accessing the community. The registered manager told us and other staff confirmed that the service did not use any form of physical restraint when working with people.

Systems were in place to ensure the premises were safe. Fire exits were clearly signed and fire extinguishers were situated around the building. Fire alarms were tested as where fire doors and the emergency lighting system. Qualified persons had carried out safety checks on the gas, electrical installations and fire equipment.

People and staff said there were enough staff working at the service. One person said, "There certainly are [enough staff] to man this home, it is not that big." A member of staff told us, "We do have enough staff." We observed that staff were unhurried as they went about their duties during the course of inspection. We noted that one staff member was off sick on the day of inspection and saw that the service arranged cover for this person to ensure they were not left short staffed.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on staff before they were able to commence working at the service. These included criminal record checks, employment references and proof of identification. This meant the service had taken steps to help ensure only suitable staff were employed.

People said they were supported with their medicines. One person told us, "I take medicine with staff support, I come down at the right time." Processes were in place to promote safe practices in relation to medicines. Medicines were stored securely in locked and designated medicines cabinets. Staff undertook training and had their competence to administer medicines regularly assessed. Records were kept of medicines entering the service and those that were returned to the pharmacist which meant there was a clear audit trail of medicines. Medicine administration record charts were maintained and we found these were accurate and up to date. Where people were assessed as safe to do so they were supported to manage their own medicines as much as possible. This helped to promote people's independence.

People told us the service was kept clean. One person said, "Yes, beautifully clean, every morning we do our bit, clean, hoover, clean the garden, kitchen duty. " Steps had been taken to ensure the service was clean and to reduce the risk of the spread of infection. Cleaning schedules were in placer and staff had to sign to indicate each time they had cleaned a specified area. People were involved in keeping their own rooms clean which helped to promote their independence and develop daily living skills. The service was visibly clean on the day of inspection and free from offensive odours.

The service took action to learn and improve from accidents and incidents. All accidents and incidents were recorded along with the action taken. There was as a review of accidents and incidents to help ensure similar accidents did not occur again.

Good

Is the service effective?

Our findings

To help ensure that the service was able to meet people's needs, an assessment of their needs was carried out prior to them moving in to the service. This was done by the registered manager and one other senior member of staff. The assessment looked holistically at people's care and support needs including those needs related to equality and diversity issues such as religion, culture and sexuality. If it was thought that the service was suitable to meet a person's needs a transition plan was implemented. This involved the person visiting the service over several weeks, the length of their stay gradually increasing to help them get used to the service. People were able to change their minds at any stage if they decided they did not want to move in to the service.

People told us staff understood their role and how to support people. One person said, "They are excellent at their job, excellent. This is the first care home where I have been at, it is lovely. Staff trained really well." Staff were supported develop skills and knowledge to help them in their line of work. New staff undertook an induction programme which included completing the Care Certificate. This is a training programme designed specifically for staff who are new to working in the care sector. Staff had access to on-going training, one member of staff said, "We have mandatory training that every staff member has to complete. About fire safety, medication, health and safety, food hygiene, abuse in the care home." Training was also provided for people who used the service in various areas, including training about food hygiene and infection control.

Staff told us and records confirmed that they had regular one to one supervision meetings with a senior member of staff. This gave staff the opportunity to discuss any issues they had relating to people who used the service, other staff members or any areas of importance to them.

People told us they enjoyed the food at the service and were able to choose what they ate One person said the food was, "Very good and varied." Each person had designated cooking days were they were supported by staff to prepare their meal and this helped them to develop independent living skills around food preparation and shopping for food. One person said, "We have help, someone in the kitchen if we need help [with cooking]." We observed staff supporting people to cook on the day of inspection. People were seen to help themselves to drinks and snacks during the inspection. People were supported to prepare meals that reflected their cultural and religious backgrounds. We saw the service worked with the dietician service who provided guidance on healthy eating and We saw that fresh produce including fruit and vegetables was available which helped to support people to eat healthily.

The staff worked well as a team to communicate with each other. For example, shift handovers were held so staff could pass on and share any relevant information to incoming staff. The service also worked well with other agencies to support people. Referrals were made to health care agencies in a timely manner where required and records showed people had access to various health care professionals. These included GP's, dentists, opticians, psychiatric nurses and consultant psychiatrists. People told us the service supported them with medical appointments. One person said, "Yes, staff come with me [to appointments], they don't have to, not in their job, but I like people with me". People's health was monitored at the service, for

example through regular weight checks. The service encouraged people to live healthy lifestyles and promoted exercise, for example through a walking group and supporting people to join a gym. Hospital passports were in place which provided information about the person to hospital staff in the event of the person being admitted to hospital.

The physical environment was suitable to meet people's needs. For example the front and rear door to the premises were accessible to people who used wheelchairs. The service had responded to people's needs with regard to mobility. One person had moved from an upstairs room to a downstairs room as their mobility had deteriorated making it difficult for them to climb stairs. Records showed people had been involved in choosing the décor at the service in communal areas and in their bedrooms.

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).

People told us there were no restrictions their liberty other than not been allowed to smoke indoors. One person said, "No, absolutely can go anywhere." The registered manager told us that none of the current people using the service were subject to a Deprivation of Liberty Safeguard authorisation and we observed people were free to come and go from the service as they chose during our inspection. The registered manager also told us that all people using the service had the capacity to make decisions over their daily lives and that they were free to do so. Staff had a good understanding of the MCA and people were able to consent to the support provided. For example, where the service held money on behalf of people this was done with their consent.

Good

Is the service caring?

Our findings

People told us they were treated with kindness by staff and that staff were caring. One person said, "Yeah they do and we treat them with respect, it goes both ways really." Another person told us, "Yes they do [treat me with respect], we have a laugh too."

Staff had a good understanding of how to support people in a way that promoted their dignity and privacy. One member of staff said, "Always make sure we handle things confidentially. For example, if someone had continence issues we would never talk about that in front of the other clients." Another staff member told us they took time to get to know people, saying, "We spend time just chatting with people, talking about things they are interested in. That helps them to trust us."

We saw staff interacted with people in a friendly and polite manner during our inspection. People were seen to be at ease and relaxed in the company of staff. Staff made time for people when people wanted to talk and prioritised this over administrative tasks they were involved with. We observed people enjoyed spending time with staff. We also saw staff spoke with people in a sensitive, calm and re-assuring manner. For example, one person was seen to be upset and staff supported them to become calm.

The registered manager told us that all people using the service spoke English which meant staff were able to communicate with them. One person had some reduced hearing and the service used technology to help the person communicate effectively. Care plans covered people's communication needs.

The service supported people to develop their independence. Each person's care plan contained sections on activities for daily living such as managing finances, cooking, accessing the community and housework. One person said the staff supported his independence, "By encouraging us to follow specific tasks in the home, allowed to go out, liberty not obstructed."

Each person had their own bedrooms. These had been personalised to their own tastes and were homely in appearance. Bedrooms contained ensuite toilet, hand basin and showers which helped to promote people's privacy. We saw photographs around the communal areas of people engaging in various activities and example of artwork produced by people was on display. This helped to give the premises a homely atmosphere.

Good

Is the service responsive?

Our findings

Care plans were in place which set out how to meet people's individual needs in a personalised manner. People told us they were involved in developing their plans, one person said, "We have a care plan, we're consulted about the plan in private." People had signed their care plans to indicate they consented to the provision of care and support outlined in them. One person told us, "We are told to read it before signing it." Plans covered needs associated with personal care, mental and physical health, cultural and spiritual needs, sexuality and food and drink. Care plans were subject to regular review which meant they were able to reflect the needs of people as they changed over time. People had regular meetings with their keyworkers were they were able to discuss goals set in care plans and any other issues of importance to them.

People were supported to engage in various activities. An activities coordinator was employed which helped ensure activities were offered on a regular basis. The activities coordinator told us they planned activities with the involvement of people so they were supported to engage in things they enjoyed. People were supported with community activities such as day trips, the cinema, bowling and cafes. People had been involved in planning and choosing their recent annual holiday to the Isle of Wight. The service also supported people to engage with various community networks, including religious organisations, drug and alcohol support networks and a boxing groups.

Systems were in place for dealing with complaints. People were aware of how to make a complaint. One person said, "We have a complaints system, a form you can fill out on noticeboard, if serious enough you can take it to the manager." There was a complaints procedure which was displayed within the communal areas of the service. This included details of whom people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any formal complaints made since the previous inspection. Records of compliments were also maintained and we saw one relative had commented, "[Person is looked after very well and receives all the help he needs." he registered manager told us people using the service were able to read English and that documentation was accessible to them.

The service was for younger adults and did not specialise in end of life care The registered manager told us they planned to develop care plans for people so they were able to discuss and record what their wishes would be in the event of their death, but added several of the people using the service were very reluctant to engage in such discussions.

Good

Is the service well-led?

Our findings

People and staff spoke positively of the senior staff at the service. One person said, "Yes, [registered manager] is nice. Sometimes they come into the home for a coffee morning with us." A member of staff told us, "You can trust [registered manager]. I know if I tell them something they will treat it confidentially."

We saw that staff were at ease approaching management if they had any issue to discuss. There was a good working atmosphere at the service and staff spoke positively about the team working and overall working culture. Staff were encouraged to express their opinions about the service through various formal mechanisms as well as informally. Staff were allocated the role of 'champion' in relation to various issues including mental capacity, Consent, health & safety, training and medication. These staff took on responsibility within the service for overseeing these issues and making sure things were attended to as required.

The registered manager had a good understanding of their legal responsibilities with regard to the service's registration. They had recently attended training on updates in the way the Care Quality Commission (CQC) inspects services and were aware of their responsibility for notifying CQC of significant events, and records confirmed they had done so where required.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people who used the service. The registered manager hosted an informal coffee morning were people were free to discuss any issues and in addition more formal residents meetings were held. Surveys were issued to people, relatives, staff and professionals to gain their feedback on how the service was run. We saw the service received positive feedback in response to the surveys.Various audits were carried out including of medicines, care records and staff records to ensure they were to date and the service held staff meetings so staff could raise any issues of import to them.

The service worked with other agencies to develop good practice and relationships. The service worked with the commissioning local authority who informed us they had a good working relationship with this service. They also worked with the National Care Homes Association who provided the service with advice and training.