

Shine Partnerships Ltd

Ashford 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

About the service

Ashford House is a supported living scheme within which the service was providing personal care to three people at the time of the inspection. Ashford House supports people with enduring mental health needs.

People using the service live in a single 'house in multi-occupation' which can be shared by up to six people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks associated with people's health, medical and social care needs had been assessed and detailed guidance had been provided to staff on how to reduce known risks to keep people safe.

Medicines were managed safely and administered as prescribed.

Recruitment processes were followed robustly and help ensure that only those staff assessed as safe to work with vulnerable adults were recruited.

Support staff had been given the title of care practitioners by the provider. Care practitioners received appropriate levels of support and training to enable them to carry out their role effectively.

People received the appropriate levels of support, where required, with managing their health and medical needs. The service worked in partnership with a variety of health and medical professionals to ensure people received the right support.

People were supported to eat, drink and maintain a healthy lifestyle where this was an assessed need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed that people had established positive relationship with the care practitioners that supported them which were based on trust and mutual respect.

Care plans were person centred and very detailed, giving care practitioners the required information to support people appropriately and in response to their needs.

Complaints received were documented with details of the investigation and actions taken to resolve the complaints and where required make the necessary improvements.

People knew the management team well and we observed that people were able to approach them at any time.

The service had systems in place to monitor and oversee the quality of care and support that people received so that improvements could be implemented where required. Learning and development of the service was a key focus area for the management team.

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

Rating at last inspection

The last rating for this service was Good (published 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications about the safety and well-being of people who used the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke with three people using the service about their experience of the care provided. We also observed interactions between people and care staff. We spoke with the nominated individual, the registered manager, the operations manager and three care practitioners. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records and medicines administration records and medicine supplies for three people who used the service. We also looked at the personnel and training files of two care practitioners. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. People told us that they felt safe living at Ashford House. One person told us, "Yeah, I feel safe."
- The registered manager clearly understood their responsibilities around identifying and reporting all concerns to the appropriate authorities.
- Staff understood their role in recognising signs of abuse and reporting their concerns. One care practitioner explained, "We know the clients and how they behave. I would watch behaviours and talk to the client. I would escalate to my managers straight away who would raise a safeguarding."
- Staff knew how to whistle-blow and listed the local authority and the Care Quality Commission as organisations they would report concerns to.

Assessing risk, safety monitoring and management

- The service assessed people's identified risks, monitored and managed safety to help ensure people were kept safe and free from avoidable harm.
- Completed risk assessments assessed people's risks associated with their health, care and social need. These included risks associated with self-neglect, bullying, emotional abuse, drug and alcohol abuse and behaviours that challenge.
- Clear and specific guidance was available to staff about the risk, factors affecting the risk and actions to take to reduce the risk and impact of the risk.
- Risk assessments were reviewed every six months or sooner where identified risks had changed.
- Monthly house checks and audits were in place which included fire safety and management to ensure people's safety from the risk of harm.

Staffing and recruitment

- People were supported by sufficient number of staff who had been checked and verified as suitable to work with vulnerable adults.
- Pre-employment checks completed included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.
- We observed there were sufficient numbers of staff available to support people safely. Where additional staff were required to accompany people to appointments or meetings, this was arranged.

Using medicines safely

- People received their medicines on time and as prescribed. Systems in place ensured the safe administration of medicines.

- Medicines were stored securely. Medicine administration records were complete and no gaps in recording were identified.
- Where people required specific high risk medicines to be administered to support their mental health, information about these were recorded within their care plans and included risk assessments, guidance on side effects and administration.
- Care practitioners received appropriate medicine administration training followed by an observed assessment to ensure that they were competent to administer medicines.
- Daily and weekly medicine audits and stock checks were completed to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- Processes in place helped prevent and control the spread of infection.
- We found that all areas included people's own flats as well as communal areas were clean and free from malodours. People were supported, where possible, to be involved in cleaning and housekeeping of their own flat.
- Staff had received infection control training. Care practitioners had access to personal protective equipment to prevent and control the spread of infection.

Learning lessons when things go wrong

- The service demonstrated pro-active practices when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented within the person's care plan. This included details of the event, the actions taken and where required the updating of specific risk assessments to help prevent similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to them being supported by the service. This allowed the service to determine whether they were able to effectively meet people's assessed needs in line with the relevant standards, guidance and the law.
- Initial assessments completed looked at the person's support and recovery plan, risk management, physical health and social inclusion. Based on the information gathered a comprehensive care plan was compiled.
- Assessment documentation reviewed confirmed the involvement of the person and a variety of health and social care professionals involved with the person.
- People's needs and wishes were reviewed on a monthly basis to ensure they were receiving the right care and support.

Staff support: induction, training, skills and experience

- People received care and support from staff that received appropriate training and support to enable them to carry out their role effectively.
- Staff told us and records confirmed they received a comprehensive induction before they began working people which included an introduction to the service, information about people living at the service and a period of shadowing experienced members of staff. One care practitioner explained, "I had a full two months induction. I went through everything. I shadowed staff and they made sure I shadowed in every single project so I was exposed to a lot of different things."
- Following the induction, staff also had access to regular training to refresh and update their knowledge. Staff felt confident in asking for training that they felt was relevant to their role and this was provided.
- In addition to training, staff were also supported through regular supervision and annual appraisals where they were able to discuss and access further development opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat, drink and maintain a healthy lifestyle where this was an identified and assessed need.
- People told us about weekly cooking classes that the service organised, whereby people living at the service came together and chose a particular recipe to cook, shopped for the ingredients, cooked the meal and ate together.
- People decided what they wanted to eat. Staff supported people, where required, to plan weekly menus and to go shopping to purchase food items. However, most people were independent in this regard and planned and purchased their own meals.

- We observed people were able to access the communal kitchen area as and when they wished to access food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access relevant health and social care services to support with their mental health needs or where a specific need was identified. Records seen confirmed communication with occupational therapists, care co-ordinators, psychiatrists and social workers.
- People were supported to attend health and social care appointments. Appropriate staffing arrangements were put in place to support people when required. Each visit or appointment was recorded with information about the visit and any actions or outcomes from the visit which required follow up.
- Staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that they could work together to ensure people received effective care and support.

Adapting service, design, decoration to meet people's needs

- Ashford House was clean and well maintained.
- People were encouraged and supported to maintain their own rooms. People also had access to communal areas such as the communal lounge, activities room and outdoor spaces.
- People had decorated and personalised their own room as per their choice.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met. People currently living at the service were not being deprived of their liberty.

- People were able to access the community independently. People were not restricted by the provider and were encouraged and supported to go out as and when they wished. We saw evidence that people went out to various places and people identified as being at risk when going out in the community had risk assessments in place.
- Some people, as part of their placement agreement, were required to return back to their home by a specific agreed time. Where this was the case this was documented within their care plan.
- People supported by the service had capacity and had been fully consulted and involved with the care planning and delivery process. People had signed their care plans to confirm this.
- The registered manager explained that where there were any specific concerns relating to people's capacity especially when making more complex decisions, this would be assessed in line with the MCA and where best interest decisions had to be made these would be agreed and documented.

- The registered manager and care practitioners demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act. One care practitioner explained, "If a person lacks the capability to make decisions, professionals have to come together to make decisions without taking away their liberty. I give choices and even if their choice is wrong at least it's their choice and then we can look at alternatives."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection we observed that people were supported by staff that were kind, caring and respectful. People's diverse needs were taken into consideration and were supported accordingly.
- One care practitioner told us about a recent gay pride party that they organised for people living at the service. The staff member told us, "The media was promoting pride events so we thought why can't we promote it." Another care practitioner said, "Everyone is equal and we try to include everyone as much as possible."
- People told us that staff were, "Really nice and very supportive" and "Very helpful and very caring."
- We observed that people had established positive relationships with care practitioners which were based on trust and mutual respect. People approached all staff confidently and expressed their needs which were understood and responded to appropriately.
- Staff spoke about the way in which they demonstrated the caring nature of the service which we saw in practice. One care practitioner told us, "I think you need to be empathetic, a good listener and not to judge. This is not a job for me it's my life." Another care practitioner explained, "For me it comes authentically. I speak to people as I would speak to anyone. I normalise things, it's the first time people can be themselves and people are not judging them based on their history."

Supporting people to express their views and be involved in making decisions about their care

- We saw that people were able to express their views and make decisions about their daily living activities. Staff supported people where required.
- Staff knew people really well and demonstrated an awareness of people and their needs taking into account their likes, dislikes, preferences, personalities and behavioural traits. This enabled them to support people appropriately and promote their positive well-being.
- People were supported to engage in monthly tenant meetings which were facilitated by experts by experience. Areas of discussion included clients issues, health and safety and maintenance of the scheme. We have reported on the experts by experience role initiated and delivered by the provider under the 'responsive' section of this report.

Respecting and promoting people's privacy, dignity and independence

- We observed care practitioners respecting people's privacy and dignity and clearly understood that the service was people's home. Care practitioners spoke to people with respect, knocked on their bedroom doors before entering and supported people sensitively where specific support was required.
- Staff described different ways in which they respected people's privacy and dignity which included seeking

permission before entering people's rooms and maintaining confidentiality.

- People were encouraged and supported to maintain their independence as much as possible so that people could move from a supported living environment into independent living. One care practitioner explained, "We do group activities with people who have been in hospital for a long time and don't know how to do things. We show them and then let them do it and we supervise, giving them the power to do things themselves, encouraging them to read their own letters and deal with their own business. It helps them gain confidence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised to their needs and took into account their choices and preferences.
- Care plans were detailed and person-centred. The level of information collated by the service gave staff a comprehensive account of the person, their life and background history, likes and dislikes and how they wished to be supported.
- We saw records confirming that people were involved in all aspects of the care planning process in partnership with health and social care professionals involved in their care.
- Care plans were reviewed monthly or sooner in response to people's changing needs.
- Where people had identified behaviours or behaviours that challenged, care plans clearly defined the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and bring the person back into positive well-being.
- Each person was able to choose a specific care practitioner to be their allocated 'key worker'. A key worker is someone who takes responsibility for the development of the person's support plan, exploring with the person access to wider health and social care service as well as accessing further opportunities and activities for them.
- Each person met with their key worker on a monthly basis to discuss topics such as issues they may be facing, activities, social interaction and their physical health needs. Action plans were then developed and reviewed every month to chart the progress made on any agreed actions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care practitioners knew of people's individual communication needs and adapted their styles and methods to ensure people were able to comfortably and clearly express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain their relationships and pursue their interests where possible.
- People told us of different social groups created by the service which included a cooking group, a walking group, art therapy and movement therapy.

- The service had a games room which was accessible to all people living at the service for them to use for activities and socialising.
- The service also planned and organised annual holidays for people. This opportunity was also extended to people who did not use the service. The registered manager told us about local authorities who had approached them to support other people within the mental health system, who may not normally have the opportunity to go away on holiday. The registered manager stated, "Although we are a profitable business, we want to give something back and that's what we are doing." We saw records and photos confirming this.
- The provider had developed and created an experts by experience role. This is a paid role open to people including those who had previously lived at the service, had moved on to independent living and had since engaged with the provider to support people who are in similar situations as they had been in.
- The role included facilitating tenants meetings and activities for people, speaking about their experiences, supporting people into independent living and helping them find employment. The registered manager explained that the expert acted as an impartial individual supporting people in ways which care practitioners may not be able to. The registered manager explained, "People feel very motivated and inspired seeing other people who previously lived at the service carry on with their lives through paid work."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any complaints or concerns to raise.
- The service recorded each complaint received, with details of the investigation and actions taken as a response to the complaint. Where areas for improvement were identified these had been acted upon.

End of life care and support

- The service did not routinely support people with end of life care.
- However, the service had recorded people's choices and wishes around the care they would like to receive if and when they reached that stage of their life. These were recorded within people's care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and the provider continuously worked towards promoting a positive culture within the service that promoted good care and aimed to work towards achieving positive outcomes for people.
- People knew the registered manager and the nominated individual and told us that they were always available and approachable when needed. One person told us, "She [registered manager] is alright, she is good, me and her have a chat." Another person stated, "Yeah she [registered manager] is very friendly."
- One health care professional spoke positively about the management of the service and told us, "Shine are an excellent care organisation with excellent leadership and care."
- The registered manager explained that their focus always remained on people achieving positive outcomes and enabling people to integrate back into the community whilst positively supporting them with their mental health.
- The service continuously worked with people to support them back into independent living within the community. This was achieved through effective care planning and working in partnership with the person and involved health and social care professionals. These included GP's, mental health professionals, crisis teams, hospitals and social workers.
- Staff spoke positively about the registered manager and the overall management of the service stating that they were always acknowledged and valued for the work they did. One care practitioner said, "I have never seen anyone like her [registered manager] before. She is very supportive, she understands staff, however difficult things are she is there to support us."
- There was a low turnover of staff which was testimony to the way in which the management engaged with and supported its staff team. One care practitioner told us, "The support I got from here was amazing."
- To promote staff recognition one care practitioner from Ashford House had been nominated for a nationally recognised care award in 2019, which they won. The provider had also won the award for the 'Care Employer of the Year 2019' award.
- The provider demonstrated a proactive approach to engaging with a variety of health and social care professionals in relation to people's needs as well as raising awareness around mental health and support within the wider community.
- The provider organised and participated in a variety of events in partnership with Skills for Care, the Department of Health and Social Care, forensic services and local hospitals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.
- One health care professional told us, "Communication from staff and management to our teams is exceptional, avoiding further escalation of risk."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager, members of the senior management team and care practitioners demonstrated a clear understanding of their role and their responsibilities towards ensuring people received good quality care and support at all times.
- Quality assurance processes, such as audits, were completed periodically throughout the year to monitor and maintain the quality of care. The audits checked medicine management, health and safety and care plans. Where issues were identified, action plans had been put in place to address these.
- These processes enabled the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.
- Throughout the inspection we gave feedback to the registered manager, which was received positively, and clarification was sought where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and all staff were continuously engaged and involved in care delivery and the day to day running and management of the service.
- People were encouraged to participate in monthly tenants meetings and give their views and opinions on how the service was run and managed.
- Annual satisfaction surveys were also sent to people and involved health and social care professionals, giving them the opportunity to give feedback about the quality of care people received and make any suggestions for improvement. Feedback had been positive.
- Staff told us that they were also always encouraged to engage and be involved in the management of the service. This was facilitated through supervisions, annual appraisals and monthly staff meetings. One care practitioner told us, "So we have a monthly staff meeting. It gives us a chance to voice our concerns, ideas. They [management] always attend and listen, we can contribute. If there is an incident we will have a staff meeting and we will brainstorm, how we went about it and a better way of dealing with it."