

Edge View Homes Limited

Ascot House - Oldbury

Inspection report

23 Joinings Bank
Oldbury
West Midlands
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Tel: 01215526317

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16 January 2019

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12 February 2019

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: Ascot House is a care home for 6 people who have learning disabilities or a mental health diagnosis.

People's experience of using this service:

- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with kindness and compassion. People's rights to privacy was respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

Rating at last inspection:

At our last inspection in January 2016 we rated the service as 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.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

The service remains good

Details are in our Safe findings below

Good ●

Is the service effective?

The service remains good

Details are in our Effective findings below

Good ●

Is the service caring?

The service remains good

Details are in our Caring findings below

Good ●

Is the service responsive?

The service remains good

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service remains good

Details are in our Well-Led findings below

Good ●

Ascot House - Oldbury

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team comprised of one inspector.

Service and service type:

Ascot House is a care home for 6 people who have learning disabilities or a mental health diagnosis. At the time of our inspection there were 4 people living at the location.

The service had a registered manager. 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.

Inspection site visit activity started on 16 January 2019 and ended on the same day.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection.

During our visit we discussed the care provided with three people who used the service, members of care staff and the registered manager.

We looked at the care records of three people who used the service and two staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "Yes, I'm safe here, the staff are great".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.

Staffing levels

- A person we spoke with told us, "There's lots of staff here".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

Using medicines safely

- People received their medicines safely and as prescribed. A person told us, "They [staff] give me my medicine, there's two of them to make sure everything's written down properly".
- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff we spoke with told us they were provided with the correct equipment and cleaning products to ensure the home remained as infection free as possible.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained all accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. Staff we spoke with told us the registered manager responded to training requests made by them and was aware of the knowledge and skills that they needed to support people who used the service. A staff member we spoke with told us they received mandatory and specialist training in line with the needs of the people living at Ascot House.
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- We saw that the registered manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place which involved people in how they received personalised care and support. A person we spoke with told us, "They [staff] ask me how I'm feeling and what I'd like to do".
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

- All the people living at Ascot House had capacity to make informed decisions about their care and support needs.

- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "The food's good, I like to cook fish and chips. I'm having a cheese toastie for dinner".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet. A member of staff told us how one person had lost a significant amount of weight by being encouraged to eat smaller portions and healthier food options.
- People were encouraged to eat healthily and took responsibility for developing their own menus.

Staff providing consistent, effective, timely care

- The provider supported people with their health care needs. A person told us staff accompanied them to all their medical and healthcare appointments.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises. People had their own rooms which were decorated to their individual tastes. A person we spoke with told us, "I'm having my room decorated soon, but I haven't decided how yet".
- The registered manager told us how they had consulted with a person who was due to move into Ascot House, about how they would like their room decorated. The registered manager said, "They want the room decorated in their football team's colours, including quilt covers and curtains, so that's what they'll have".

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff treated them with kindness and compassion. One person told us, "The staff are really nice to me here".
- People were encouraged to express their views on how they preferred to receive their care and support.
- We saw caring interactions between people and staff throughout our visit.

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

- The provider supported people to express their views so they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented. A person we spoke with said, "We have meetings with staff to talk about things we want doing".
- We saw a person talking to a member of staff about what they had decided they would be cooking for dinner.
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A member of staff said, "We knock on their [people] doors and ask if it's okay to come in. When supporting with their medicine, we shut their room doors so it's more private for them".
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were encouraged to be as independent as practicable. Throughout our inspection we saw people preparing their own snacks and drinks and carrying out domestic chores.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care that was responsive to their needs. A person told us how staff supported them to enjoy their hobbies and interests outside of the home.
- The provider responded to people's individual needs as and when required.
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives. Care plans were designed in line with the Accessible Information Standards.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A person told us about a recent concern they had raised with the registered manager. From our discussions with the registered manager we established that they had listened to the person's concerns and responded with a positive outcome for the person.

End of life care and support

- There were no people living at the location that required this level of support, although there were effective systems in place should this be required.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff were involved in making decisions about how the service was run. A person we spoke with told us, "We have resident's meetings and they [provider] ask how we want to do things. It's good, and things get done".
- Copies of meetings with people and staff showed people were consulted on how the service ran.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company. A person told us, "[Staff member's name] nice, I talk to her a lot".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A member of staff we spoke with told us that the manager was supportive and responded to their personal or professional requests.
- Staff felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in the main entrance to the home.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision.

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- We saw the provider used feedback from people and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.