

# Hightown Housing Association Limited

## Ashley Drive

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ashley Drive is a residential care home providing personal and support for up to six adults with a learning and physical disability. At the time of the inspection six adults lived at the home. The home was light and welcoming. Each person had their own adapted bedroom. People had access to communal lounge, dining and kitchen areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by staff who were described as "Kind", "Very caring and kind." However, feedback from relatives and staff about the management team was not always positive. Some staff described morale as "Low" and "Very low". We have made a recommendation about motivating staff and team building.

People were supported by staff who had been recruited safely and given opportunities to keep their knowledge and skills up to date to ensure they could provide safe care to them.

People were cared for by staff who provided caring and compassionate support to them. Relatives describes care as "Good" and one relative told us "The care [Name of person] gets is second to none."

People were supported by staff who had received training on equality and who demonstrated they respected people's religious beliefs.

People were routinely treated with dignity and respect. One relative told us "I always feel welcome when I arrive." They went on to tell us "I cannot fault them [Staff], the home is a happy place, the food is good." Another relative told us "Staff are excellent."

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 10 July 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?

Requires Improvement ●

The service was always well-led.

Details are in our well-Led findings below.

# Ashley Drive

## 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

Ashley Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected, throughout the inspection we gave the registered manager opportunities to tell us what changes they had planned.

#### During the inspection

We spoke with one person who lived at the care home and their relative who was visiting at the time. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and the deputy manager. We spoke with four staff.

We reviewed a range of records. This included three people's care records and two people's medicine records. We looked at recruitment records for three staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from healthcare professionals. We contacted five relatives and received feedback from two. We contacted a further nine staff to ask for feedback.

# 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

- People were protected from abuse.
- One person told us they felt safe at the home. This was supported by what other people's relatives told us. Comments included, [Name of person] is safe, I have peace of mind."
- Where safeguarding concerns had been raised the registered manager and staff worked with the local authority to investigate the situation.
- Staff had received training on how to recognise signs of abuse and had confidence to raise any concerns to the management team, the local authority and us. Comments from staff included, "I would report about abuse and neglect, report to management if management not there, then to on call" and "I have to report immediately to manager and assistant manager, head office safeguarding lead, if we need to phone 999 emergency medical service, police, inform safeguarding adults team, CQC and make a record of concern sign and date."

Assessing risk, safety monitoring and management

- People were kept safe and the likelihood of injury or harm was reduced.
- Written risk assessments were in place to assess likely hazards and how these could be reduced. For example, people who were at risk of pressure damage had guidance for staff on how they should be supported to reposition.
- The premises were well maintained to make sure they were in good condition. There were certificates and records to show compliance with gas and fire safety standards. Regular fire safety checks were carried out. Each person had a personal emergency evacuation plan to show how and what support they required in the event of a fire. Staff were required to carry out routine health and safety checks. We observed staff discussed this in the handover meetings. The registered manager was able to monitor compliance with the identified checks via a computerised system.
- The service rented the premises. Staff reported any safety concerns to the landlord who ensured all repairs were carried out in a timely manner.

Staffing and recruitment

- People were supported by enough staff to ensure their needs were met. The registered manager and deputy manager had days when they were rostered as additional staff to the required staffing numbers. This meant they could support staff in the event of an emergency.
- Records demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

- People's relatives told us they felt there was enough staff to support people. However, one relative told us they thought there should be a constant presence of staff in the lounge area. They told us when they visited staff would not always be present in the lounge. On the day of the inspection we observed staff were a constant presence. We have discussed this with the registered manager for them to action if people's risk assessments required constant supervision.

#### Using medicines safely

- People were supported by staff who had received training on how to support them safely with the administration of their prescribed medicines.
- We observed medicine administration. Staff demonstrated they were kind, professional and patient with people.
- Records relating to people's prescribed medicines were maintained accurately. We found additional guidance was available for staff regarding medicines prescribed for occasional use (PRN). The guidance clearly identified when, why and how the PRN medicine should be given.
- Medicine records contained best practice guidelines produced by the Clinical Commissioning Group (CCG). For instance, one-person file contained guidance on "Good practice guideline for residents with diabetes in care homes."

#### Preventing and controlling infection

- People were protected from the risk and spread of infections. The home was clean and free from clutter. We observed some areas in the kitchen needed some cleaning attention. We found both fridges and freezers required cleaning. We discussed this with the registered manager who agreed to rectify the situation.
- Staff had received training in the prevention of infections. Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff told us they had learnt "Importance of using PPE, personal hygiene hand wash and waste management" and told us "I also wash my hand and sanitize after working with each service user and then working with another."
- Feedback from relatives was positive about the environment. One relative told us "I would say it is definitely clean and bright." An external professional told us "Ashley Drive is a clean and tidy house."

#### Learning lessons when things go wrong

- The provider and registered manager had systems in place to cascade learning from when care was not delivered as planned or when mistakes occurred. The provider held a quarterly risk review meeting which aimed to reduce harm to people and monitor areas which had been highlighted as causing potential harm.
- Accidents and incidents were routinely recorded and investigated to prevent a re-occurrence. Staff told us they had confidence to report accidents and incidents. We noted learning from safeguarding concerns had been discussed in staff meetings.
- The registered manager was able to provide examples of how they had arranged joint multi-agency meetings to manage people's changing needs.



# 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

- Since our last inspection one person had moved into the care home. A full care needs assessment was carried out prior to them moving into the home. This captured important information about the person's physical and mental health, likes, dislikes, family and social history.
- Assessments identified any individual needs which related to protected characteristics defined in the Equality Act 2010. For instance, preferred language, faith, religion, sexuality and cultural considerations.
- The registered manager and staff regularly worked in partnership with external healthcare professionals to re-assess people's needs to ensure they receive effective care. One person had recently been seen by an occupational therapist to look at the equipment they used for showering.

Staff support: induction, training, skills and experience

- People were cared for by staff who received appropriate support, training and supervision. The registered manager and deputy manager had systems in place to monitor when staff had received one to one meetings with a line manager and had planned future meetings with them. Staff had an annual review of their performance.
- Staff had received training the provider deemed mandatory. Relatives told us they felt the staff were well trained and able to meet their family member's needs. Where a need was identified for specific training this was arranged to ensure staff had the skills to support people. An external healthcare professional told us "The staff in senior roles seem willing to learn and develop their knowledge of this process to be able to implement this at Ashley Drive."

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

- People's nutrition and hydration levels were well managed. The support people required to ensure they maintained a healthy balanced diet was detailed in their care plan. For instance, staff knew which people required their meals adapted by either thickening fluids or being provided with a soft or pureed diet.
- We observed a person being supported with their lunchtime meal, this was completed by staff who demonstrated they knew the person well and offered support to them in a professional and calm manner.
- People who attended day opportunities were supported to take a packed lunch with them. Staff showed good knowledge of people's food likes and dislikes. One member of staff told us "Cheese is [Name of person] favourite." People who were physically able, were supported to help with meal preparations. One person told us "I sometimes go into the kitchen, I like it when I do, I help with the vegetables." They went on to demonstrate how they peeled carrots. It was clear from their facial expression this was an activity which they liked to do.

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

- Staff worked well together and with external agencies such as the local authority and GPs.
- Staff handovers took place between shifts, to pass on relevant information about people's health and well-being.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs. A healthcare professional told us "After my assessment, if I have requested the staff to put an action in place e.g. to keep a food diary for certain period of time or monitor patients' bowels or check monthly weights etc, the team have adhered to that and actioned my request without hesitation."
- Where changes in people's health was noted staff ensured referrals were made to external healthcare professionals in a timely manner. One external professional told us they liked working with the staff as "They will contact me for advice and hence are proactive about this."

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

- People lived in a home which was appropriately adapted and designed to meet their needs. This included adapted bathrooms, provision of grab rails and sufficient space for wheelchairs and hoists to be manoeuvred safely.
- We found bedrooms were personalised to reflect people's likes and hobbies. People and relatives were consulted about any changes to communal areas within the home. One person told us their room had decorated prior to them moving in. They told us "I choose green, it is my favourite colour."
- The home had a well maintained and fully equipped sensory room. This was used at the time of the inspection. It provided a peaceful and calming place for people to relax in.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people were supported in line with the MCA and had their human rights upheld. Staff demonstrated they understood the MCA and DoLS. One member of staff told us "I always check mental capacity never assume they cannot make decisions." Another member of staff told us "It is the ability to make a decision for people we support with learning disability, we need to follow five principles of the MCA 2005."
- People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice. We observed capacity

assessments had been carried out on decisions about care and treatment. For instance, the use of bed rails or a decision to receive the flu jab.

- We found applications to authorise a person's deprivation of liberty had been made and had been authorised by the local authority. Decision of DoLS applications are time limited. The registered manager was aware of the need to make a further application when the DoLS was coming to an end.

# 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

- People were supported by staff who demonstrated they were kind and compassionate towards them.
- We observed positive engagement between staff and people. Staff were respectful and attentive when they were supporting people. They used appropriate touch and good eye contact when engaging with people.
- Relatives told us staff were "Kind", "Very caring and kind", "Good" and "The care [Name of person] gets is second to none."
- People were supported by staff who had received training on equality and who demonstrated they respected people's religious beliefs.

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

- People were involved as much as they could be in decisions about their care. One person in the home used spoken language to communicate, they told us staff always ask how they would like to be supported.
- Relatives we spoke with told us they attended relatives' meetings approximately every six weeks. One relative told us "It is nice to see the other parents, we get updates on changes in the home, furnishing and staff."
- People who attended day opportunities had communication books which were shared with the service. We observed people returning home from day opportunities, on entering the home staff looked at the communication books so they could do talk to people about their day.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity. We routinely observed staff knock on people's doors prior to entering their room. Personal care was always provided behind closed doors. Since our last inspection staff had been nominated and won a dignity award from the local authority. This was due to the work they had carried out with one person who took all their nutritional intake via a Percutaneous endoscopic gastrostomy (PEG). The person was supported to taste food for pleasure. This involved staff supporting the person to experience different tastes of food.
- Relatives who we spoke with told us staff showed their family member respect and were supported to maintain important family and friend relationships. One relative told us "I always feel welcome when I arrive." They went on to tell us "I cannot fault them [Staff], the home is a happy place, the food is good." Another relative told us "Staff are excellent."
- We saw people had been supported to look well-groomed and took pride in their appearance. Relatives told us their family member was always dressed appropriately.

# 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; 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 received a personalised service. Each person had a care plan in place which detailed their likes and dislikes. There was a clear focus from staff to get to know each person.
- People's care plans were reviewed to ensure they reflected people's needs. Relatives told us they were involved in reviews of their family members care.
- We were provided with many examples of how the service worked with external healthcare professionals to maximise people's potential. One healthcare professional told us staff supported their visits. They told us "It has been easy to arrange dietetic visits with the staff and when I arrive for the visit, staff are ready with all the paperwork and patients notes etc ready for me to conduct a dietetic assessment."
- People were supported to practice their chosen faith. One person was supported to attend their religious temple. Another person was supported to listen to their chosen religious music.
- People had use of a vehicle. Staff were able to support people to visit local areas of interests. On the day of the inspection one person had been supported to go to the local garden centre. Other people attended day opportunities. One person who had returned from their day out told us "I did art today, it was fun."

### 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.

- People's communication needs were met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people express their needs.
- The registered manager told us they had been working with external healthcare professionals to explore other methods of communicating with people.

### Improving care quality in response to complaints or concerns

- Complaints procedures were in place at the home. A log was kept of complaints and how they had been responded to. These showed appropriate action had been taken.
- The provider had systems in place to monitor complaints to identify any emerging trends. Learning from complaints was shared across the provider's locations.

# 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 deteriorated to Requires Improvement. This meant the service management team and the culture they created did not always support the delivery of quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were not always supported by a service that was routinely described as well-led. Three relatives we spoke with told us they did not always feel listened to. They described differences of opinion with the registered manager about what was best for their family member in respect of medical attention. However, the registered manager had made us aware of some difficult conversations they had had with relatives regarding the issues. The registered manager had arranged for multi-agency meetings to take place. The relatives we spoke with felt the decisions the registered manager and staff took could have been better evidenced with records detailing checks made on their family member's health. We have discussed with the registered manager how records and communication about people's health could be improved.
- We requested feedback from staff after the inspection. When we did receive feedback, staff told us staff morale was "Low", "Very low", "Very low, staff with high experience are leaving" and "Very very low." Staff were reluctant to explain the reason for this. However, one member of staff told us the management were "Non-existent." The registered manager was not present at the service full time, as they managed another service as well. We have provided feedback to the provider and registered manager to take proportionate action.

We recommend the provider seek support and training, for the management team, about motivation and team building.

- There was a registered manager in post.
- The provider had quality monitoring processes in place to assess the compliance of the service provided. This included internal audits carried out by a regional contract manager. The provider used a computerised system to monitor health and safety, staff support and people's care records. The registered manager and provider had access to this and review compliance at any time.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment,

including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People were included in all decisions in the home. Staff ensured they discussed activities within the home with people. Relatives were invited to attend regular meetings to receive updates on the service.
- Regular staff meetings occurred to discuss how the service could improve.
- The provider had facilitated social gathering events which people who lived at Ashley Drive could attend. We noted social opportunities had been discussed in staff meetings.
- The service worked well with external healthcare professionals, which included the local authority, GP's, dietician, specialist nursing service and occupational therapist.
- The provider ensured lessons learnt across all its locations was cascaded. Staff had opportunities to engage in additional training. The deputy manager had attended an end of life workshop.