Ashford House Limited

Ashford House

Inspection report

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Date of inspection visit: 15 and 17 September 2015
Date of publication: 12/11/2015

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

Overall summary

Ashford House provides care and accommodation for up to 10 people living with mental illnesses and learning difficulties. At the time of this inspection, there were nine people living at the home.

A registered manager was in post when we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People we spoke with told us they felt safe. They knew what to do if they felt they had been badly treated or if they wished to complain. Staff confirmed they been trained how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

Summary of findings

People's medicines had been administered and managed safely.

People who were able had given consent to the care and support they received. Where they were not able the registered manager had ensured best interest decisions had been made.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA). However staff did not fully understand how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been made on behalf of people who had capacity to make decisions and, therefore did not uphold people's right to consent where they were able.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and suggestions used by the provider to make improvements.

Summary of findings

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 was safe.

People told us they felt safe.

Staff knew how to identify and report potential abuse.

There were enough staff on duty to support people safely.

Medicines were stored and administered safely.

Good

Is the service effective?
The service was effective.

People's care needs were managed effectively. Care records included sufficient detail to ensure people's needs had been met.

People were supported to have access to medical services when they needed.

When people did not have the capacity to consent, suitable arrangements had been made to ensure decisions were made in their best interests.

Good

Is the service caring?
The service was caring.

People were supported by kind and friendly staff who responded to their needs quickly.

People's privacy and dignity has been promoted and respected.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

They felt able to raise concerns and the registered manager responded to any issues people raised.

Good

Is the service well-led?
The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and clear about their roles and responsibilities.

Quality monitoring systems were in place and action had been taken to address shortfalls in the quality of the service provided to people.

Good

Ashford House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 15 and 17 September and was unannounced. The inspection was carried out by an inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We used this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with eight people who used the service, the registered manager, and two care staff who were on duty. We also carried out general observations of the care and support provided to people.

We reviewed records relating to the management of the home including the provider's quality assurance records, records related to the administration of medicines, the supervision and recruitment records of two members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Ashford House. We also reviewed the care records of two people.

The service was previously inspected on 5 April 2013 when the service was found to be compliant.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Ashford House. They confirmed they were treated well by staff. They also told us they felt comfortable and would be happy to speak to them if they had any concerns. One person told us, "We don't get treated badly by staff. If they did I would speak with the manager." From our own observations, interactions between people and staff were positive, warm and friendly.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with local safeguarding procedures. Records showed that staff had received training to ensure they understood what was expected of them.

Individual assessments were in place which identified potential risks to people with regard to their needs. They included support with washing and dressing, support with bathing, support with eating, and support in the community. Assessments had been used to draw up care plans which gave staff the guidance they needed to help keep people safe. For example, one person's care plan identified that they were able to shower and bath without supervision, but sometimes needed to be reminded to do so. As a result, staff knew what to do to ensure the individual's independence had been promoted. Another example demonstrated the support another person needed when in the community. This person was at risk of being encouraged to take part in activities which would have a negative affect on their mental health. A care plan had been drawn up and agreed with the individual whereby they would inform staff on duty where they were going and how long they would be. They would also notify staff on their return. The person had consented to this and the arrangement was reviewed with them at least every three months to ensure it was effective and agreeable for the person concerned.

Everybody, including people and staff on duty, told us there was enough staff on duty. The registered manager informed us that between 7.30am and 10pm each day, three support workers were on duty. There was additional member of staff available for up to 13 hours a day to support people who wished to access the community for shopping trips, outings or GP appointments. At night, between 10pm and 7.30am, there was one support worker awake and one asleep on the premises. We were provided with copies of staff rotas covering a period from 25 August to 24 October 2015. They confirmed these staffing levels had been maintained throughout this period. We observed that, on the day we visited, they ensured there were enough staff to respond and meet people's needs at the times when they needed it. We were also provided with copy of the tool which calculated the establishment hours required each week. This demonstrated that the hours provided had been calculated by working out how many hours support each person required each week to meet their needs.

There were effective staff recruitment and selection processes in place. We were informed that applicants were expected to complete and return an application form and to attend an interview. It was also confirmed that appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. We looked at the recruitment records of two staff which demonstrated the recruitment process was robust and ensured safe recruitment decisions.

Staff supported people to take their medicines safely. People we spoke with confirmed they were happy with the way medicines were administered. Staff made sure time was given to each person so they could take their medicine how they wanted to without interruption from others. One person said, "We get our medicines on time, when we need them." No one was self administering their own medicines when we visited. Those people who were capable had chosen not to do so. However, one person used an inhaler without supervision, which had had been prescribed on an 'as required' basis.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines were administered as prescribed. Medicines Administration Records (MAR) were up to date, with no gaps or errors, which documented how people received their medicines as prescribed. Staff had completed training in the safe

Good

Is the service safe?

administration of medicines and staff we spoke with confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use.

Good

Is the service effective?

Our findings

People confirmed that the care provided met their needs and that the staff understood them and how to provide for them. One person told us, "It's quite nice here, it's peaceful!" Another person said, "I like living here, being by the sea." People also told us they had been consulted about their care plans and had agreed to the care they received. They told us about meetings with their key worker and the registered manager where they could talk about the care they needed and decide how it should be provided.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively.

Records showed that the required staff training was up to date and included further training specific to the needs of the people they supported, including learning disability and mental health awareness, understanding schizophrenia and positive behaviour management. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. This included the Diploma in Health and Social Care.

Staff received a formal supervision every eight weeks and had an annual appraisal. Supervision records identified staff concerns and aspirations, and outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that the registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They knew that, if a person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. We were advised that everybody was considered to have capacity to make decisions for themselves. However, during to a recent physical illness, one person was unable make decisions about the treatment they required. The registered manager showed us records which demonstrated that the appropriate professionals, including the person's GP, social worker, other health care professionals and staff at Ashford House, had been involved in ensuring a 'best interest' decision had been made on the person's behalf.

The registered manager and staff were not as confident about how Deprivation of Liberty Safeguards (DoLS) should be appropriately used. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We were informed that, despite people having capacity to make decisions, DoLS applications had been made on behalf of three people. For example, one person had requested they were accompanied when they went into the community. A DoLS application had been made on their behalf because visiting social workers had advised the registered manager this was a restriction on this person's liberty. However, the registered manager had not first confirmed that the person lacked the capacity to consent to this continuous supervision and therefore the DoLS application was not necessary. The registered manager and her staff had recently received training in this area. Following our inspection, the registered manager has arranged further opportunities for staff discuss the use of DoLS in order to improve their understanding. The registered manager has also spoken to social services in order to withdraw the applications that had been made.

Few people needed help with eating and drinking. We were advised that some people needed help with ensuring they ate a balanced diet and one person was at risk of choking. Appropriate guidance had been drawn up in care records, with the agreement of the person concerned, to ensure these risks were managed appropriate and dietary needs met. At lunch time people prepared snacks and sandwiches for themselves. The main cooked meal of the day was eaten in the evening. People told us that they were involved in drawing up the menu each week and they could assist with the preparation and cooking of meals if they wished. A menu was on display on the kitchen door which also indicated who had agreed to help with the meal. People told us they were happy with the meals and that they also enjoyed helping to prepare and cook them.

Good

Is the service effective?

People's physical and mental healthcare needs had been met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, dentists and opticians to help them stay healthy. Arrangements were also in place for people to see their Community Psychiatric Nurses (CPN) and their psychiatrists. People told us, if they needed to see a doctor, they would ask a member of staff to arrange this for them. They also confirmed staff would accompany them to their appointment if they wanted. One person said, "I can get help from the staff if I am unwell and want to see my doctor or my psychiatrist."

We saw people approach individual staff and asked if they could talk with them. We were informed this meant that the person recognised they needed the support of staff to help them talk through something which was worrying them. When someone appeared to be a little agitated or confused about what was taking place around them, we also saw staff approached people quietly to find out if they needed support. Discussions with staff indicated that they clearly understood the needs of each person and knew how support should be provided. Care records also confirmed the support provided had been agreed with each person concerned.

Good

Is the service caring?

Our findings

People spoke about their relationships with staff in a positive manner. One person said, “The staff are very nice, I enjoy their company.” There was a warm and relaxed atmosphere in the home. We joined a group of three people in the dining room who were helping each other to complete a jigsaw puzzle. One person had gone out with a member of staff whilst another was waiting to be visited by the district nurse. Other people were in their rooms and would come in if they wanted company or if they were on their way to the kitchen to make themselves a hot drink. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work. They demonstrated they had a good knowledge of each person’s needs. We observed caring and sensitive interactions between people and staff as they provided care and support; people were clearly comfortable with staff who were supporting them.

The registered manager informed us how care staff were expected to develop positive relationships. They were expected to spend time with people in order to get to know them as individuals and also to get to know their personalities, wishes and preferences. When we spoke with staff about their work they gave us examples of the care needs of individual people and how they had been met. They explained to us they were expected to provide care in a person centred manner. They were expected to ensure that individual preferences and wishes were taken into account.

People told us that they had a key worker. A key worker is a member of care staff whose responsibility is to ensure the care and support each person receives also takes into account their wishes and preferences. They told us they met with their key worker each month to discuss how they were, to request any additional support they may need and to plan anything they want to do. Records we looked at confirmed this and demonstrated these discussions had been used to inform care plans when they were reviewed. They also demonstrated staff would ask the individual for their opinion before agreeing any actions to be taken to ensure consent had been obtained and personal preferences had been taken into account.

People told us that staff respected their privacy. One person only wanted to be supported by a member of staff of the same gender; we were informed this had been respected. From our observations we saw that people’s dignity and privacy had been respected. Members of staff ensured those people who wanted to be alone were not intruded upon. Staff were polite and respectful when they spoke with people. When we asked to speak with people the registered manager identified individuals who would find speaking with someone they did not know difficult or who would not want to speak with us. Although we did meet one or two people identified, we did not speak with them as we wanted to respect their wishes. This information provided by the registered manager allowed us to do this during the inspection.

Good

Is the service responsive?

Our findings

People we spoke with told us they were very happy with the care and support provided. They told us staff ensured the care and support delivered had been personalised and was responsive to their needs. One person said, "The staff are very nice. They know how to help me through difficult times and also with exciting times." Staff we spoke with advised us how they ensured the care and support they provided was person centred. "When we write up a care plan we use the information from all assessments that have been done plus we use any relevant historical information. But, above all, it is to do with the person. We have to find out, 'What do they want?'"

Care records included an assessment of each person's needs before they were admitted to Ashford House. This identified the care and support each person required, including personal care, communication, mobility, personal safety and risks, medical history, mental health needs, diet, weight and nutrition. Where necessary care plans had been drawn up with each individual, which provided staff with guidance in terms of how identified needs should be met. They also included a section entitled 'My Plan.' The information included the person's individual likes and dislikes which had been put together with the person concerned. For example, one person's plan informed staff that they were a caring, helpful and happy person. But, they did not like to go out in a group, bossy people and messiness. This helped staff to provide care and support in a person centred manner. Care plans had been reviewed with each person at least every three months to ensure they were up to date and accurately reflected their current needs and preferences.

Each person had helped to devise an activity planner for themselves. For example, one person wanted to find themselves work in the community. The staff helped them to identify and contact potential employers and to attend an interview. When we spoke to them, they told us they were working in a local charity shop one day a week and were enjoying the experience very much. Apart from in house activities, people were supported to access the community. People were encouraged to inform staff of any particular interest they had in visiting places of interest and they would be supported by staff to do so. For example, two people enjoyed going to the local cinema on a regular basis, another person had been to Madame Tussaud's waxwork museum in London.

Ashford House also has accommodation, known as the training flat, which had been set up to help people develop the necessary skills to live independently in the community. The person accommodated there was living independently from the rest of the service and had the facilities to cook for themselves. If they wished they could eat with other people. However, they did not want to move into the community but wanted to continue living in this way. The registered manager confirmed this had been agreed with the person and with other health and social care professionals who were involved with this person.

People we spoke with confirmed they knew who to speak to if they had concerns. They explained to us that they had a recent meeting where a senior member of staff had reminded them about the complaint procedure, so they were very confident about what to do if they wished to make a complaint. They also said the registered manager would listen to them and would take seriously any concerns they had.

A written complaint procedure was on display in the games room so that people could refer to it if they needed to. It also included pictures to describe the procedure so that it could be understood by everyone who lived at Ashford House. There was an effective complaints system available and any complaints were recorded in a complaints log. This demonstrated that the registered manager had fully investigated complaints that had been made. The results were discussed with the complainant to ensure they were satisfied with the outcome.

Good

Is the service well-led?

Our findings

People knew who the registered manager was. They felt able to approach her with any problems they had. When we asked about the culture of the home, people told us they liked the registered manager because they trusted her and knew they would be properly supported. One staff member said, "It is an open culture. The intention is to keep a relaxed and homely atmosphere where people can get the support they need." Another member of staff described the culture as open and friendly. They also said, "Our aim is to make a home for people that is safe, where they can be as independent as they can and they are able to lead their own life."

Staff also said they felt well led and supported in their work. A member of staff explained, "We have supervision with the manager or a senior member of staff. This every two months. My last one was a few days ago. We talked about how well I am supporting people and any training that I might need. We also have team meetings where we can talk about our work and we can make suggestions to improve the service. We have a good manager. She works alongside us, she is helpful. I think the care is good here – we have a good team. If anything goes wrong we react quickly to put it right." Another member of staff told us, "We are well led. It's because of the manager's attitude, the training we get and the manager's experience. But, we can have a laugh as well!" Staff supervision records and team meeting minutes confirmed how staff views were sought and acted upon.

Feedback about the service was sought through satisfaction surveys. The last survey took place in January 2015 and people, their relatives, staff and external stakeholders, such as visiting health care professionals, had completed them. The areas covered included the environment, the ability to meet people's needs now and in the future, the opportunity to express views and to make choices, the quality of the care and support, and the quality of the food provided. The responses had been analysed and where there were comments which indicated a shortfall in the service provided, the provider had taken action to address them. For example, one person commented, 'We need a new sofa in the big lounge.' The documented response by the provider was, "New sofas are on the maintenance plan to purchase ASAP." A member of staff confirmed new furniture had been purchased in April 2015. A relative commented, 'Friendly, relaxed environment almost 'home from home' that my son needs. Attention was paid to his choice of work and prior to his arrival the manager had arranged an application for the job and support is in place during his work attendance. This focus has been vital for my son's well-being finding his place in the community and his new environment of the residential home. Staff are friendly and very helpful and this ultimately has reduced the stressors in my son's life,' Comments made by visiting health care professionals were also very positive. For example, 'I find Ashford House staff to be courteous and effective. Paperwork is always available. Safeguarding procedures always followed. No changes necessary.'

The registered manager also provided us with documentary evidence that demonstrated how the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. Representatives of the provider had also conducted visits to the service and produced reports of their findings. This included examining care records, supervision and training records, observations of interactions between staff and people using the service, and care practices. Where shortfalls were identified the registered manager was expected to draw up an action plan to address this, which would be checked again by the representative. For example, one report identified that some care records had not been reviewed according to the provider's policy. This meant that information and guidance for staff may not be up to date and that care and support may not be appropriate. We saw evidence of the actions the registered manager had taken to address this.