S&P Group Ltd

Ashdown House

Inspection report

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Date of inspection visit:
05 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 05 August 2016 and was unannounced.

Ashdown House provides accommodation and personal care for up to 24 people some of whom may be living with dementia. There were 20 people living at the home during this inspection

There was a registered manager in post. 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's capacity to consent to their care and support was not always assessed. People were not free to leave the home because the doors to the outside areas were locked. People's relatives had signed to consent to their care and support however, people's capacity to consent to their own care and support had not been assessed. This constituted to a breach of the regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were supported by sufficient numbers of staff that were experienced and supported to carry out their roles to meet the assessed needs of people living at the home. Staff had received training in key areas that enabled them to understand and meet the care needs of each person living in the home. Recruitment procedures were followed and people received care from staff that were suitable for their role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had detailed individual plans of care in place to guide staff in the delivery of their care and support. People and their representatives had been involved in developing these plans of care which meant that people received consistent and personalised care and support.

People's health and well-being was monitored by staff and they were supported to access relevant health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to help maintain their health and well being.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider. There were effective safeguarding procedures in place to protect people from the risk of harm.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People's capacity to consent to their care and support was not always considered.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

Is the service caring?

Good

The service was caring.

People were supported to make choices about their care and staff respected people's preferences.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which people had helped to develop.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

Ashdown 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 August, was unannounced and was undertaken by one 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 improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with six people who used the service, five members of staff including the registered manager and care coordinator. We also spoke with two people's relatives and a visiting healthcare professional. 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 people from the local authority who commission the service. We looked at records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home and that they had confidence in the staff to provide safe care. One person told us "The staff are always on hand to help so I feel safe." One person's relative said "The good thing about this home is that I am confident they keep my relative safe and that is the most important thing."

People's risks were assessed and effective measures were implemented to manage the identified risks. People's needs were regularly reviewed and acted upon as their needs changed. Staff were knowledgeable about peoples' risks and the steps to take to mitigate these risks. For example where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. We observed staff supporting people to use pressure relieving cushions when they were in the communal living areas of the home. A visiting healthcare professional told us that "They manage people's skin integrity well and use any equipment that people have been prescribed safely."

There were enough staff available within the home to meet people's care and support needs. One person's relative told us "I visit [name] regularly; I have never had any concerns that there are not enough staff." We observed that people's needs were attended to in a timely manner and staff had enough time to spend quality time interacting with people living in the home. The registered manager used a tool to determine the number of staff that were required to meet people's care and support needs. We reviewed this tool and the duty rota's for the home and saw that there were always sufficient numbers of experienced staff on duty.

Staff were knowledgeable about the actions to take if they felt that someone was at risk of harm. The provider had a safeguarding policy in place which staff were aware of. One member of staff told us "I would report any concerns to my manager. If I was concerned about their practice then I would contact social services." Staff had received training on protecting people from harm and records we saw confirmed this. Where the registered manager had been asked to undertake investigations by the local authority, we saw that these investigations had been completed thoroughly and returned in a timely manner to the local authority.

People's medicines were managed appropriately. We observed staff administering medicines to people and heard them explain what the medicines were for. We saw that up to date records were maintained about people's prescribed medicines and that people could be assured that they would receive their medicines when they were supposed to. Staff administering people's medicines had received training in how to do this safely and had their competency to do this safely assessed by senior staff in the home. One member of staff told us "At the moment I don't give people their medicines because I haven't had an observation to be signed off as safe to do that." Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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 so that they can 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).

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 were being met. We found that people's capacity to consent to their care and support had not been considered and that appropriate applications had not been made to the local authority for authorisation to deprive people of their liberty.

Staff had received training in the Mental Capacity Act and they were able to demonstrate an understanding of the key principles of the act. However, systems were not implemented to ensure that people's capacity to consent to their care and support was sought. People living in the home were not free to leave the home independently because the front door was locked. People living in the dementia unit of the home were unable to access the other areas of the home without staff opening a door for them. The registered manager told us "No one has had a MCA assessment. I have the forms and need to complete them."

We found that a DoLs authorisation had been submitted to the local authority for one person because staff prevented them from leaving the home when they wished to. However, no assessment of their mental capacity had been completed for this person to show that they lacked capacity and therefore it was in their best interests for staff to prevent them from leaving the home.

In some files we saw that family members had signed documentation on behalf of people living in the home. There had not been any capacity assessments for these people that established that they lacked the mental capacity to make certain decisions or were unable to consent to their care and support themselves.

The failure to adequately assess people's ability to consent to their care and support constituted a Breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received the training and support that they needed to support people effectively. Staff had access to training that was relevant to their role. One member of staff said "The training is very good here. I am doing my Diploma in Health and Social Care at the moment. It's helped me understand all of the rules and regulations." All staff had regular supervision to discuss their performance, development and training needs with their immediate supervisor. Staff told us they felt supported and felt that they could approach their manager at any time.

New staff benefitted from a period of induction to ensure that they had the skills, knowledge and experience

that they required to support people effectively. One member of staff who had recently commenced their employment at the home said "I shadowed more experienced carers before working on shift. It meant that I knew people well and felt more confident when I had to support them myself." New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

People were supported eat and drink enough to help maintain their health and well being. People chose what they would liked to eat and drink, One person told us "The food is very nice here. There is always plenty; probably too much if anything." Staff encouraged people to eat and drink and people were able to access drinks and snacks freely. Where required staff sat with people and assisted them with their meals in a non-hurried way and gently reminded people to eat their meals where they had been distracted. If people did not wish to eat their meals then staff offered them an alternative meal or offered them a meal later in the day.

People at risk of not eating or drinking enough had been assessed and actions taken to address this risk. Staff referred people to their GP and dietitian for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely. For example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.

People had regular access to healthcare professionals and staff were vigilant of people's health. One person said "When I was feeling poorly the staff got the doctor to come and see me." A visiting health professional told us "They work well with us and always follow the plans of care that we introduce." People who were prone to urine infections were prompted regularly to drink and were closely monitored for symptoms. Staff were knowledgeable about the significance of any changes in people's behaviours, they reported to the GP promptly where people were not 'acting themselves'.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff who knew them well. People living in the home told us "The staff are very nice" and "They treat us well here, it's like living with family." One person's relative said "The staff know [relative] well, she couldn't get better care." A visiting health professional said "There is always a really positive caring atmosphere here. I like visiting the home because people are always happy." Staff focussed upon getting to know people well and were encouraged to spend time talking to people and having meaningful interactions. A member of staff said "During my first week the manager made it clear that I should get to know people and that it's important to spend time chatting to the people that live here. That's how we build relationships and really get to know people."

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. For example we observed one member of staff ask their colleague to support a person to have a bath because they were aware that the person did not wish to be supported by a male member of staff. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and waiting to be invited into their room when they knocked on people's bedroom door before entering.

People's choices in relation to their daily routines and activities of daily living were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities, when they wished to have a bath and where they wanted to eat their meals.

Staff were aware if people became anxious or unsettled and provided people with support. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed staff reoriented people with dementia to ease their anxieties and prevent them from becoming distressed. We also observed staff providing verbal reassurance, encouragement and praise to one person whilst using a hoist to support them to move from their wheelchair to an armchair. This person was not able to communicate effectively and the caring support provided by staff ensured that they remained calm and comfortable throughout the moving and handling manoeuvre.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to make sure that their care and support needs could be met effectively. People had detailed plans of care in place to provide direction for staff. This meant that people could be assured that they would receive consistent personalised care and support in line with their preferences. One person's relative told us "We were involved in planning [name's] care and met the staff before [name] moved into the home. The staff know them well; they couldn't ask for better care."

People's needs were met according to their individual plans of care. People's plans of care had been reviewed regularly and were reflective of their current care and support needs. One member of staff said "People's care plans are updated every month and tell us how to provide care to people. When I was new, I read them, and when I met the person I felt I already knew them." People's care and support needs corresponded to their detailed plans of care. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner.

People were supported to take part in a range of activities according to their individual preferences. We observed people taking part in a singing and exercise class and saw that people were engaged in the activity and enjoyed taking part. People were encouraged to attend residents meetings to help plan and provide feedback about the activities available in the home. There was a schedule of activities on display in the home however; people were able to choose activities other than those shown on the planned schedule.

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said "If I want to get up late or go to bed early I can. It's my home here".

People knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. One person's relative said "I know there's a complaints procedure but the manager is always available so I would talk to her if I needed to complain." We reviewed records relating to complaints maintained by the home and saw that complaints had been investigated thoroughly with appropriate responses being provided to complainants. The provider sought people's feedback and took action to address the issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Good

Is the service well-led?

Our findings

There was a visible management team that was approachable and welcomed feedback from people and their relatives. One person's relative told us "The registered manager is very approachable. I'd have no qualms about raising anything with them. The director is also often here and always stops for a chat." We saw that where people had provided feedback to either the registered manager or the provider they had reacted positively to this feedback. For example one person living at the home had approached the provider to inform them that they were struggling to flush the toilet in their bedroom. We saw that the provider arranged for a plumber to visit within 24 hours and the toilet cistern was replaced with one that had a push button flush that the person could use with ease.

People and their representatives were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out and people were complimentary about the care they received. We saw that 100% of respondents agreed that the staff supporting them knew them well and that the service was well-led.

There were quality assurance systems in place to monitor area's such as care plans, the environment and health and safety. These audits were successful in identifying areas that required improvement and actions plans were developed to ensure that these improvements were achieved. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged if necessary. Audits undertaken at the home were overseen by the provider who ensured that any action to improve the service was achieved within the specified timescales.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that demonstrated a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's ability to consent to their care and support was not always assessed.