Ashring House Limited

Ashring House

Inspection report

Lewes Road
Ringmer
Lewes
East Sussex
BN8 5ES

Tel: 01273814400

Date of inspection visit:
11 October 2016

Date of publication:
03 November 2016

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

This unannounced inspection took place on 11 October 2016. Ashring House is a care home registered to provide accommodation and personal care for up to six adults with learning disabilities. At the time of our inspection the home was providing care and support to five people.

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.

The previous inspection of the service took place in December 2013. The service met all the regulations we checked at that time.
People, their relatives and healthcare professionals were happy about the quality of care and support provided to people at the service.

The registered manager assessed and reviewed risks to the health and safety of people using the service. Staff followed guidance in place to manage the risks safely. Staff knew how to protect people from possible abuse and harm. They understood the provider's safeguarding adults policies and procedures to follow if they had any concerns of abuse to keep people safe. Staff managed, administered and stored people's medicines safely.

The provider ensured premises were safe and maintenance work carried out and completed. Staff knew the provider's arrangements in place to deal with an emergency at the service. Staff maintained records of accidents and incidents involving people and the action taken to minimise the risk of a recurrence.

The provider used robust recruitment practices and deployed suitably vetted staff to work at the service. There were sufficient and appropriate numbers of staff working to meet people's needs.

New staff were appropriately inducted into the service and their role. Staff had the skills and knowledge to meet people's needs. The registered manager supported staff in their roles through regular supervisions and ensured they received training that enabled them to fulfil their roles.

Staff sought and received people's consent to care and treatment. Staff understood and supported people in line with the requirements of the Mental Capacity Act 2005. The service met the legal requirements of the Deprivation of Liberty Safeguards.

People received sufficient food which met their dietary needs and preferences. People received appropriate support to access specialist advice and treatment in relation to their health needs.

Staff treated people with respect and upheld their privacy and dignity. Staff provided people's care and

support in a caring and compassionate manner.

People had their support and care needs assessed and care plans had information about the support they required and how it staff should provide the care. People and their relatives were involved in the planning of people's care. People and their relatives contributed to reviewing the support people needed and received input from staff and healthcare professionals involved in their care. People received support as planned and which met their individual needs.

People were supported to maintain relationships with relatives and friends. People took part in activities they enjoyed. Staff encouraged them to try new things based on their individual interests, hobbies, preferences and abilities.

The service sought people's views about their care and support and acted on their feedback. People knew how to make a complaint.

People, their relatives and staff said the registered manager was approachable. The registered manager used the audit systems in place to effectively monitor and evaluate the care and support people received.

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.

Staff knew how to protect people from possible abuse and harm.

The registered manager identified, assessed and reviewed risks to the health and safety of people and ensured that staff managed them appropriately.

Staff were recruited safely. There were appropriate numbers of staff deployed to meet people's needs.

Staff managed, administered and stored medicines safely.

Is the service effective?

Good

The service was effective.

New staff received induction into the service. Staff had training that enabled them to develop their skills and knowledge to meet people's needs.

Staff received supervision and appraisal to manage their performance and assess their development needs.

The service complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and ensured protection for people who do not have capacity to make decisions for themselves.

People had sufficient food to eat and drink which met their nutritional needs.

People received appropriate support with their health and social care needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. People and their relatives were consulted about people's care and support needs.

Staff respected people's choices and preferences.

Staff upheld people's dignity and privacy.

People were supported to maintain relationships important to them. Staff supported people to access community services and to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had their health needs assessed and reviewed regularly. Staff had support plans on how to deliver people's care.
The service worked with health and social care professionals to ensure they met people's needs.

People had the information on how to make a complaint.

The registered manager sought people's views about the service and acted on their feedback.

Is the service well-led?

Good

The service was well-led.

People's relatives and staff told us the registered manager was friendly and approachable.

The registered manager welcomed people's views about the service and considered through resident's meetings and satisfaction surveys.

The service carried out checks and audits to monitor and evaluate the quality of care provided. Improvements were made if necessary.

The service worked positively with healthcare professionals.

Ashring 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 was 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.

The inspection was carried out by an inspector on 11 October 2016 and was unannounced.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with one person using the service. Not everyone at the service was able to communicate their views to us so we observed people's experiences throughout our inspection. We also spoke with the registered manager and four care staff.

We reviewed five people's care records and their medicine administration records. We looked at six staff records which included recruitment, training, supervision and appraisals. We looked at staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

We undertook general observations of how people were supported and received their care in the service. In addition, 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.

After the inspection we spoke with two relatives and received feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

People's relatives and health care professionals told us they felt people were safe at the service. One relative told us, "The staff are good with people, attentive and supportive." Another relative said, "Staff are great and are always around to help [people] when needed. They do make sure they are safe." All the people who lived at the service were unable to verbally express themselves about their safety. However, we saw they appeared well looked after and were comfortable in the company of staff and relaxed in the presence other people living at the service.

People received safe care and support. The registered manager identified risks to the health and safety of people. Staff had information about risks to people's physical and mental health and sufficient guidance on how to support people safely. Risk assessments included areas such as falling, swallowing issues, nutrition and hydration, behaviour support, medicines management and skin integrity. Staff reviewed on a regular basis the risk assessments according to the provider's policy on managing risk. This ensured support plans were accurate and up to date to meet people's needs safely.

Staff understood how to manage risks to people's health and well-being to keep them safe. Risk assessments were part of people's care plan. One member of staff told us, "We are all clear on what help [people] need and what to do to keep them safe." For example, records showed one person was at risk of choking and required support to receive soft foods of a certain texture. Staff said and records confirmed they had instructions on how to provide suitable meals in line with guidance received from a dietician and a Speech and Language Therapist.

People's medicines were managed safely. Staff understood and described to us how they used the provider's policy to safely store and administer people's medicines. Staff started to administer people's medicines when they were assessed as competent to do so to ensure safe management and good practice. Staff knew the support people required with their medicines including any side effects and known allergies to ensure they received their medicines safely. Medicine Administration Records (MAR) showed people had always received their medicines on time and right dose. Staff had accurately completed the MAR records and there was no record of any omissions or errors reflected. Some people were prescribed medicines to be taken 'as required' (PRN). The registered manager ensured staff had appropriate guidance about PRNs reduce the risk of misuse of people's medicines.

Staff made a daily check on the remaining medicines and ensured daily balances tallied with MAR records. We reviewed checked the balances and records of medicines stored and found these were up to date and accurate confirming people had received all their medicines as prescribed.

People lived in safe premises. The registered manager ensured premises were well maintained and repairs carried out and completed. The service maintained an up to date log of maintenance and repairs done. There was a call bell system in place which we people could use to seek assistance or help from staff in the event of an emergency. Staff knew how to minimise the risk of infection at the service and understood the provider's health and safety procedure. We observed the premises and that staff promoted good standards

of hygiene. Staff told us they had a daily and weekly cleaning schedule which they followed to ensure the environment was kept clean. The registered manager and senior on duty ensured staff carried out their cleaning duties to satisfactory standards.

Staff knew how to support people in case of an emergency. The registered manager ensured each person had Personal Emergency Evacuation Plan (PEEP) which described the level of support people required to evacuate the building safely. Staff understood how to evacuate the building in the event of a fire to protect people from harm and took part in weekly fire alarm drills The provider ensured checks were carried out on all equipment used at the service such as hoists, fire equipment, call bells and fire exit points to ensure the environment was safe for people.

Staff knew how to protect people from possible harm. Staff understood and used the provider's safeguarding procedure to keep people safe. Staff were able to describe the types of abuse that could occur to people and what action they would take to keep people safe. One member of staff told us, "I would tell my manager if I have any concerns about abuse and am confident she would take the matter seriously." Staff understood the provider's whistle blowing procedure and how to alert an external agency if this was necessary to keep people safe.

The registered manager ensured staff knew how to minimise the risk of accidents to keep people safe. Staff understood their responsibility to report and record accidents and incidents involving people at the service. The service involved health professionals were necessary for advice on issues to prevent accidents at the service. For example a physiotherapist was engaged to show a person how to safely transfer from a wheelchair to a bed.

The provider ensured only staff suitable to work with vulnerable people worked at the service. Staff were recruited through a robust recruitment and selection process before staff started support people. Recruitment records of new staff showed pre-employment, completed application forms and interview notes, criminal records checks, identity checks, written references and previous employer(s) history and employment contracts. The provider ensured all these checks were carried out and placed on record before staff started work at the service.

There were sufficient staff on duty to meet people's needs. For example, a member of staff arrived at the service mid-day to support a person attend an appointment outside the service. The member of staff said, "We come in as additional staff if we are to cover for extra activities or outings which [people] wish to do." Staff and records confirmed people were supported by the right number of staff and all sickness and planned absences were adequately covered. One member of staff told us, "We cover for each other's absences and when one of us falls ill suddenly, the [registered manager] covers the shift. She knows every [person] and their needs well." One member of staff said, "We are a small team and the manager has been recruiting more staff to have enough back up staff."

Good

Is the service effective?

Our findings

People received support from well trained and suitably skilled staff. One relative told us, "The staff are quite good and work well with [people]." Another relative said, "The staff are good at what they do."

All new staff received the support they required to understand the needs of people before they started supporting them unsupervised. One new member of staff who was on probation told us, "I have to read all people's care plans before shadowing experienced colleagues." Induction records showed staff had read and discussed people's care records and the provider's policies and procedures with the registered manager. Staff had also completed classroom based training, e-learning and spent time with people as part of the induction. The registered manager closely monitored the performance of staff during their probationary period through regular meetings. Staff were confirmed in post after completing all the required training and assessed as competent in the practical aspects of care such as using a hoist and managing people's medicines.

Staff told us they were supported in their roles through regular supervision and an annual appraisal of their performance. One member of staff told us, "I meet with my manager regularly and discuss any concerns I have and ask for any support I might need." Staff felt listened to in supervision and said they were able to discuss their training needs and how best to support people. They said the registered manager was always available to give advice when needed. Records and staff confirmed regular one to one supervision meetings with the registered manager.

Staff received training that enabled them to carry out their duties. The registered manager ensured staff had up to date training to meet people's individual needs effectively. One member of staff told us, "We are booked for training when due." Another member of staff said, "We get it right because we have all the training we need to do a good job." Records showed staff had received recent training in Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), manual handling, epilepsy, first aid and managing of people's medicines.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

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. At the time of our inspection records showed the registered manager had made applications and received authorisations to deprive people of their liberty. Staff understood why the DoLS were in place and supported people as appropriate in line with the conditions of the authorisations. Mental capacity assessments and best interests meetings were held to

support people who could not make specific decisions for themselves. The service had involved other healthcare professionals involved in people's care to ensure decisions made were in their best interest.

People received care and support in line with the principles of the MCA and the requirements of DoLS. Staff sought people's consent before providing support and respected their decisions. Staff explained they understood people's body language and behaviour when supporting people who could not verbally communicate to confirm whether they were ready to receive the support being offered. One member of staff told us, "[People] do show by using signs if they are happy with us to go ahead with the care we want to give them."

People received sufficient amounts to eat and drink which met their nutritional needs and to ensure their well-being. Staff offered people menu choices available using picture cards on a daily basis and took account of their preferences and dietary needs. Staff prepared fresh food according to people's choices of the day. Staff had recorded information about people's dietary needs such as soft or pureed diets in line with their health conditions and had guidance on how to support them. For example a dietician and a speech and language therapist (SALT) had assessed people about the support they required with their eating. Records showed staff had followed their guidance and people had received the support they required with their eating and drinking.

People had access to health and social care services they needed. For example staff had involved an occupational therapist (OT) in identifying risks to a person with a physical health condition. The person's care plans showed staff had followed the guidance of the OT about how to support the person. Each person had a health care plan which showed the support they required to meet their physical and mental health needs. Staff supported people to attend their health appointments and maintained records of the visits and the treatment they had received and any follow up meetings. People had access to the optician, dentist, podiatrist and the GP. Records showed staff asked the GP who visited the service when people were unwell.

Good

Is the service caring?

Our findings

Relatives told us staff treated people with kindness and compassion. One relative told us, "Staff are good with [people] and do things with a smile." People knew the staff who supported them and appeared to enjoy the relaxed atmosphere at the service. Staff showed they understood and were familiar with people's individual needs. One member of staff told us, "I know all the [people] by name and how best to help them." We observed staff had developed caring relationships with people and were attentive to them.

People received the support they required to make decisions about their care, treatment and support needs as much as possible. Staff understood each person's behaviour and were able to communicate with them effectively. Staff had identified and recorded people's communication needs and used this information to involve people in planning for their care and support. Staff supported people to express their views and used their knowledge of people's behaviour and body language to communicate effectively with them. For example when asking people if they wanted to receive personal care. Staff told us they understood how to read the changes in a person's body language and expressions when they were unwell and how to make them comfortable or get appropriate help. We observed staff listening to people and encouraging them to communicate their needs. We saw staff responded to people respectfully.

Staff told us they respected people's privacy and upheld their dignity. Staff were able to explain how they promoted people's privacy through respecting their private space. One member of staff told us, "We cannot enter people's rooms without knocking." Another member of staff said, "We close bathroom doors when helping [people] with personal care." We saw staff respected people's choice for privacy as some people preferred to remain in their own rooms during the day. Care plans had information about how people preferred to be supported with their personal care needs. Daily observation records showed staff respected people's dignity by providing them with support as they wished and as planned. Staff addressed people by their preferred names and showed patience when they answered people's questions.

Staff encouraged people to be as independent as possible. We saw staff knew people well and understood their needs. Staff took their time and gave people encouragement whilst supporting them. One member of staff told us, "We sit together with people and encourage them to eat their food. We do not take over by doing tasks for them such washing their face or brushing their teeth when the can." Staff used their knowledge of people's mental and physical health and their strengths to support their independence. For example a member of staff said, "We often go out for walks to help people stretch and exercise their legs and to maintain their mobility." People's records detailed the support people received to do the things they could for themselves. Staff had information on people's end of life care needs and wishes to ensure the service understood and respected their choices and how they wished to be supported.

People received the support they required to maintain relationships with relatives and friends. Staff supported people to communicate with their relatives by email and telephone. Relatives told us they felt welcome to visit and spend time with the people living at the service.

Good

Is the service responsive?

Our findings

People received care and treatment in line with their identified needs and preferences. Staff involved people and their relatives in assessing people's needs and planning for their support and care. Care records had information about people's health, background and preferences and this information was used to ensure their choices, safety and well-being were considered. People's records showed their progress plans and the support they needed to achieve their goals. The registered manager ensured staff had clear guidance about people's needs and how best to support them whilst promoting choice and enhancing independence. Records showed pre-admission assessments were completed of people's physical and mental health care needs before they started using the service. This enabled the service to evaluate if they could meet a person's individual needs appropriately prior to admission.

Staff supported people appropriately as they had up to date information about their health needs and the support they required. People's care and support needs were always reviewed in response to their changing needs. Care plans were maintained and had accurate records of people's needs. People had assigned members of staff (keyworkers) who co-ordinated all aspects of their care and met with them regularly to review their care and support needs. One member of staff told us, "I check on [person's name] progress and feedback to my manager if I have any concerns about their health." The service ensured they involved other healthcare professionals in reviews of people's needs and the support they required.

People received the support they required to make decisions about their day to day care. Staff also had specific guidance on how to support people with their daily choices and decisions and how to communicate effectively with them. One member of staff told us, "We know from care plans and having worked with [people] for some time, understand their body language and behaviours on how they wished to be supported." Records of how staff were to provide care to people was reflected in their support plans which looked at people's levels of independence and abilities. For example one member of staff told us they showed a person only two items of what to wear and two different cereals for breakfast.

People's bedrooms were decorated and reflected their personality and made it homely and comfortable for them. Staff encouraged and supported people to personalise their bedrooms with photographs, ornaments and personal belongings.

People received the support they required to pursue their interests and were encouraged to take part in activities of their choice. Care plans had details about each person's interests, cultural and diversity needs together with their weekly schedule and the frequency of the activities. One member of staff told us, "We regularly go out with people to places that interest them." For example, one person occasionally went to the post office with staff to buy postage stamps and post letters. Records showed staff supported people to engage in activities of their choice and to reduce the risk of becoming socially isolated. Records showed what activities people undertook within and outside the service and their level of interaction with other people and staff. Staff knew which activities each person would be doing on the day of our inspection and this corresponded to what was in the diary and their activity schedule. For example, one person went out for their daily walk as planned.

People and their relatives were happy the registered manager acted on their views to improve their experience at the service. The registered manager sought people, their relatives and healthcare professional's views about the service through questionnaires and acted on their feedback to improve the quality of care people received. Feedback from questionnaires was positive and people received the standard of care and support they expected at the service. We saw compliments about the staff and the service.

Staff held regular meetings to obtain people's views about the service and used appropriate communication aids to discuss the changes they wished to see at the service. For example, people had made suggestions about the activities they would like to do and changes they wanted on their menu. Staff encouraged people to discuss any concerns they had about the care and support they received and used the feedback to understand their day-to-day experience of their care.

People had information on how to make a complaint. People and their relatives had access to a complaints policy and procedure which they received when people started to use the service. We saw an easy read pictorial version to enable people to understand how to make a complaint. Relatives told us they were confident the registered manager would take their concern seriously and investigate the issues. The service had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

People's relatives and healthcare professionals told us they were happy with the way the service was managed. They said the registered manager showed "good leadership" in ensuring people received appropriate care. One relative told us, "[Person's name] could not have received better care anywhere else. The manager gets in touch to discuss [person's name] health changes and needs." Staff told us the registered manager was approachable and communicated well with them. One member of staff told us, "The manager is always available and listens to any concerns and takes action to solve them."

There was a registered manager in post at the time of our inspection who knew the service well. They understood their responsibilities with regard to their registration with the Care Quality Commission. The service submitted notifications to the CQC as required and they demonstrated a good knowledge of people's needs.

Staff told us they enjoyed working at the service and felt well supported. One member of staff told us, "The manager is involved and engages well with both [people] and staff. It feels homely." Another member of staff said, "The manager is approachable and supportive. Anything to improve the quality of life for [people] is welcome." Staff said they were confident of raising any concerns or making suggestions and felt they were listened to. One member of staff told us, "We talk about how we support [people] and have an input into the day to day running of the home." Another member of staff told us, "We are assigned to each [person] to monitor their individual needs and development."

People, their relatives and staff told us there was a positive and open culture at the service. The registered manager held staff meetings and discussed ways to improve the service and acted on their feedback. Staff told us the registered manager encouraged them to work as a team and share good practice. They felt able to contribute their ideas to improve the service and that the registered manager valued their ideas. General staff team and senior's meetings were held regularly and were well attended. There was clear communication between staff which ensured information was shared appropriately. Staff handover meetings were held at the beginning and end of each shift. One member of staff told us, "Handover meetings gives us the opportunity to discuss any changes to [people's] health, medical and social appointments and for allocation of duties." This ensured staff monitored the quality of care they provided to people.

The quality of the service was subject to checks. The registered manager effectively used the systems and processes in place to monitor and evaluate the service. For example, we saw regular audits of care plans, people's records, environment, medicines, health and safety, infection control and incidents and accidents. The registered manager and provider reviewed the findings and ensured improvements were made if necessary and that staff learnt from the audits. Records were up to date and the registered manager had recorded any follow up action taken. There was a provider's oversight on the audits and how the service was managed. Senior managers visited the service and carried out audits on the home and worked with the registered manager to improve the quality of care people received.

The registered manager sought people's views about the service and acted on their feedback. People, their relatives and staff gave feedback about the quality of service through meetings and satisfaction surveys. The service had an easy read format for people who used the service on giving feedback about the service. Staff supported people to complete the survey. Results of the latest survey showed people were happy with the service they received.

The provider developed the service using local resources. The registered manager worked in partnership with other healthcare professionals and organisations such as the community mental health team and the learning disability specialists to improve the quality of care people received.