

# Ashgold House Limited

# Ashgold House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 9 and 15 June 2015, was unannounced and was carried out by two inspectors.

Ashgold House is a privately owned service providing care and support for up to six people with different learning disabilities. People may also have behaviours that challenge and communication needs. There were five people living at the service at the time of the inspection. The house is a detached property set in its own grounds in a rural area. Each person had their own bedroom

which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service. 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.

# Summary of findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. We received information from the service informing us that one person had an application granted to deprive them of their liberty to make sure they were kept as safe as possible. There were four applications still being processed by the DoLS office. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

The care and support needs of each person were different and each person's care plan was personal to them. People or their relative /representative had been involved in writing their care plans. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. People were satisfied with the care and support they received. However, some parts of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. On the first day of the inspection potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. On the second day of the inspection the registered manager had reviewed and re-written the care plans and risk assessments. There was now clear guidance in place for staff on how to care for people effectively and safely and keep risks to minimum. Staff were aware of the changes and knew what they had to do to make sure that people received the care and support that they needed.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. They said the registered manager was very supportive. Staff had received regular one to one meetings with a senior

member of staff. Staff had not received an annual appraisal so did not have the opportunity to discuss their developmental needs for the following year. Staff had completed induction training when they first started to work at the service and had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and dementia. Some of the new staff had not received this training so there was a risk that they may not know what to do in certain situations. There were staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. However, all the checks that needed to be carried out on staff to make sure they were suitable and safe to work with people had not been completed by the registered manager. When staff had gaps in their employment history this had not been explored and recorded when the staff member was interviewed for the job.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. However, we found that the checks for the fire alarms which should be done weekly had not been done for four weeks. The registered manager had not identified this in their regular audits. There was a risk that the fire alarm system may not be working effectively to alert people in the event of a fire.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was and had a choice about the keyworkers who worked with them. People had keyworkers that they got on well with. Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. Staff were kind and caring when they were supporting people.

People were involved in activities which they enjoyed and were able to tell us about what they did. Some planned

# Summary of findings

activities did not take place regularly and there was no explanation as to why some activities had not occurred. There was no guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies.

People who were not able to use speech to communicate were given choices about the meals they received. They had a choice about what food and drinks they wanted. People were being supported to develop their decision making skills to promote their independence and have more control. People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. If people were not eating enough they were seen by dieticians or their doctor and supplement nutrition was provided. If people were unwell or their health deteriorating the staff contacted their doctors or specialist services so they could get the support that they needed.

People received their medicines safely and when they needed them and they were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safe guarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the registered manager or outside agencies if needed. The registered manager monitored incidents and accidents to make sure the care provided was safe.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out by the registered manager and the quality assurance manager from the company's head office. The registered manager's audits had not identified some shortfalls, like the fire checks were not completed. Shortfalls in care planning and risk assessments had not been identified. The registered manager told us that over the past year they had been overseeing the management of another service owned by the provider and had to spend time away from Ashgold House. She said that because of this she 'had taken her eye off the ball' at Ashgold House and that was why there were shortfalls.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within Ashgold House which allowed them to suggest new ideas which were often acted on.

The complaints procedure was on display in a format that was assessable to people. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not consistently safe.

Risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

There was enough staff on duty to make sure people received the care and support they needed.

People received their medicines when they needed them and in a way that was safe.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Staff had not received all the training they needed to support them to meet the needs of people.

Staff had regular one to one meetings with the registered manager or a senior member of staff to support them in their learning and development. Staff had not received an annual appraisal in 2014.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had choices about how they wanted to live.

**Good**



# Summary of findings

## Is the service responsive?

The service was not consistently responsive.

People's care and support was not always planned in line with their individual care and support needs.

People were not always actively encouraged to take part in activities. People were involved in talking about their needs, choices and preferences and how they would be met. Staff were aware of people who stayed in their own rooms due to health needs or personal choice, and were attentive to prevent them from feeling isolated.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

**Requires improvement**



## Is the service well-led?

The service was not consistently well-led

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, but some shortfalls had not been identified.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said and indicated, and staff told us, that the registered manager was open and approachable. People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

**Requires improvement**



# Ashgold 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 9 and 15 June 2015 and was unannounced. It was carried out by two inspectors.

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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We assessed if people's care needs were being met by reviewing their care records. We looked at three people's

care plans and risk assessments. We spoke with or observed the support received by the five people and spent time with three of them. As some of the people could not talk to us we used different forms of communication to find out what they thought about the service. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties like cleaning their bedrooms and doing their washing and engaging people in activities.

We looked at a range of other records which included three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We spoke with three people living at the service, five members of staff, which included a team leader and the registered manager. We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We last inspected this service on 16 August 2013. There were no concerns identified.

# Is the service safe?

## Our findings

People said they felt 'safe' being cared for by the staff of the service. Comments from people were, "I am happy here and I have been living here a long time. The staff make me happy". "I like the staff. I can go to the (registered manager) if I am worried, she knows how to sort things out".

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. All the relevant safety checks had not been completed before staff started work. Some application forms did not show a full employment history and gaps in employment had not been explored when staff were interviewed. This potentially left people at risk of being cared for by staff that may not be safe to work with people. Other safety checks had been completed including two written references and Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work. This is a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff carried out regular health and safety checks of the environment and equipment. This was done to make sure that people lived in a safe environment and that equipment was safe to use. The building was fitted with a fire detection and alarm system. Records showed the fire alarm system which should have been checked weekly had not been checked for four weeks. There was a risk that the alarm system may not have been working effectively. If there had been a fire people may not have been alerted to the danger and the necessary action not taken to make sure people were safe. The registered manager checked the fire alarms during the inspection to make sure they were working properly.

The registered person had failed to check that the fire alarms systems were in working order to make sure people were as safe as possible in the event of a fire. This is a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems at the service were regularly checked for safety. These included ensuring that electrical and gas appliances at the service were safe. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in the event of a fire.

On the first day of the inspection risks to people had been identified and assessed, but guidelines to reduce risks were not always available or were not clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy. Other people were at risk from falling over or choking. There was limited information available to give staff the guidance on what to do if these risks actually occurred. Information on how to manage the risks was not available or not clear. Staff were unsure about what to do in these risky situations. On the second day of the inspection the registered manager had taken action to address these shortfalls. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Staff had been informed by the registered manager of the action they had to take and had read the new guidelines. This reduced the risks of people receiving inappropriate care and support.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People told us and indicated that they felt safe. People looked comfortable with other people and staff. People said and indicated that if they were not happy with



## Is the service safe?

something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information contained in the forms was used to adjust the person's support to meet their needs in a better way, the emphasis being on the reduction in the number of challenging incidents by supporting the person to have different, more effective ways of getting their needs met.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Bottles and packets of medicines were

routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor.

Some people were given medicines on a 'when required basis' if they presented with a behaviour that was considered challenging. There was written guidance for each person who needed 'when required medicines' in their care plan. People were only given medicines for their behaviours as a last resort. People received this type of medicine on very rare occasions.

There were enough staff on duty to meet people's needs and keep them safe. People, who could, said that the staff were always available when they needed them. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support at all times whilst others were supported in smaller groups. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there were not enough staff available the registered manager covered the shortfall and worked with the staff to make sure people received the care and support they needed. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.



# Is the service effective?

## Our findings

People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. Some people's health conditions were more complex than others. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's health needs. There were shortfalls in staff training. Not all staff had completed the necessary training or kept their skills up to date. Therefore, staff did not have the skills they needed to look after people in the best way.

Some people had medical conditions like epilepsy that needed to be closely monitored and if they did have a seizure then staff needed to know what to do. Two new members of staff had not received training in epilepsy but were on duty at night together on at least four occasions with no senior staff present. The new staff told us that they were concerned about this arrangement, as they felt unsure and anxious about what to do if a person did have an epileptic seizure. They did say that they would call an ambulance because they would not know what else to do. Some people with epilepsy were prescribed a special medicine to help control the seizures if they went on for too long. Staff had not received training on how to administer this medicine. New members of staff and more senior members of staff were not confident about when and how to give this medicine and said they would call an ambulance. People were at risk of not receiving the support and intervention they needed from staff if their medical conditions became unstable because staff had not received the necessary training.

People required care and support with their individual behaviours linked with autism and some people needed support with their nutrition. Not all staff had received training in these areas and there was a risk that people could receive inconsistent care and support as staff did not have the knowledge, training and understanding in these areas.

The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they did feel supported by the register manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. Staff had regular one to one meetings with the registered manager or senior member of staff. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. Some staff told us that they had not had an appraisal in the past 12 months. The performance of the staff was not being formally monitored according to the company's policies and procedures, which stated that staff should receive an appraisal yearly. The registered manager confirmed that this had not happened due to the other commitments she had within the company. Staff did not have the opportunity to privately discuss their performance over the past year and identify any further training or development they required. Appraisals had been planned for 2015 but had not been carried out in 2014. There were no records available to show that staff had received an annual appraisal.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. Sometimes they took people out for a drive to support them, other people preferred to go into the garden when they were feeling upset or needed some 'space' away for others.

## Is the service effective?

The registered manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The senior members of the staff team were able to describe the changes to the legislation and they had completed mental capacity assessments. They were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

The registered manager was aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. When specialist support plans were developed by professionals the staff implemented them and fed back on whether they were successful or not. When people had problems eating and drinking they were referred to dietitians. People who had difficulty communicating verbally were seen by the speech and

language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. On the day of the inspection one person was unwell. Staff had identified from their behaviour and facial expressions that they were in pain. Staff had contacted the doctor and a visit had been arranged. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked and gave people the food they wanted. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals. People said they could go and get snacks and drinks from the kitchen and there was a range of foods to choose from. People often went out to eat in restaurants and local cafés. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible.

Some people had specific needs when they ate and drank like diabetes. Other people needed a soft diet and their drinks thickened to reduce the risk of choking. Staff positively supported them to manage their diets and drinks to make sure they were safe and healthy as possible.

# Is the service caring?

## Our findings

People and their relatives were involved in planning their care and were asked about the care and support they wanted to receive. One person said, “I do have a care plan and I can change things if I wanted to, but I don’t want to.” Another said, ‘I can talk to my key worker and they do things for me’. A key worker is a member of staff allocated to take a lead in coordinating someone’s care. They were a member of staff who the person got on well with and were able to build up a good relationship. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for.

Key workers were assigned to people based on personalities and the people’s preferences. People could choose if they wanted care and support from a male or female staff member. Some people were able to tell us who their key worker was. If people wanted to change their key worker for any reason this was respected. Whenever possible people were supported and cared for by their key worker. They were involved in people’s care and support on a daily basis and supported people with their assessments and reviews. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were meetings to discuss what people wanted for their meals and who wanted to go and buy the food. People said that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves up to date about the care and support people needed by reading people’s care plans and at staff meetings and handovers.

People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views, likes and dislikes and past history, this information was recorded in people’s care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person like observing for changes in mood, how to approach them. Staff were able to interpret and understand people’s wishes and needs and supported them in the way they wanted.

People and staff worked together at the service to do daily tasks like laundry, tidying up and preparing drinks. Staff supported people in a way that they preferred and had chosen. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and share a laugh and a joke. People chatted and socialised with each other and with staff and looked at ease.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time at home and what they wanted to do in the community. The approach of staff differed appropriately to meet people’s specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

Everyone had their own bedroom. Their bedrooms reflected people’s personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like music systems, T.V’s and games so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

## Is the service caring?

When people had to attend health care appointments, they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their communication needs.

# Is the service responsive?

## Our findings

People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. There had been no recent admissions to the service, but when people did first come to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person. Parts of the care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People's preferences of how they received their personal care were individualised. What people could do for themselves and when they needed support from staff was included in their care plan. However not all parts of the care plans, were always clear. They did not give staff all the guidance they needed to make sure people received the care and support that they needed. Some people had assessments from the speech and language therapist to assess the risk of choking and there were 'swallow' guidelines in place. The care plans had not been updated to reflect these changes in how the people were supported to eat and drink. Other people had epilepsy, the care plans did not give staff all the guidance to respond and support people to manage their condition safely and some staff said they were unsure about what to do if the person did have an epileptic seizure.

Some people were not actively encouraged to participate in activities. There were care plans in place to show what support people needed to do activities within the service and in the community. The care plans did not give guidance to staff on how to best encourage people to participate in activities. Staff said if they offered a person an activity and they said 'No' they didn't do anything else to encourage them. The registered manager told us that it depends on the way you ask people. She said 'If you asked X do they want to go out in the car they will say No, but if you say, X would you come and help me put some petrol in the car you are more likely to get a 'Yes' response'. Other

people had planned activities, but they had not been doing them. There was no information to say that staff had encouraged them to participate in the activity and why the person was not supported to take part. The last staff meeting had identified that people needed to be doing more activities. The minutes stated, 'All service users need to be offered activities outside of the home on a daily basis'.

Key workers had monthly individual meetings with people to discuss what their personal goals, aspirations and dreams were for the following month. Some goals and aspirations were identified but it was not clear how people were going to be supported to achieve them. The same goals were often repeated monthly. But there was no indication or explanation as to whether they had been successfully achieved or not. One of the goals identified was 'to arrange a dentist appointment'. This was a goal for the staff and not the person.

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met. Care and support planning did not always meet service user's individual needs. This was a breach of Regulation 9 (1) (b) (c) (3) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people, who needed less encouragement, were involved in activities and enjoyed going bowling, trips to the cinema, music sessions and trips to local places of interest.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best.

Some people had been assessed as having behaviour that could be described as challenging, there was evidence that the behaviour support plans in place focused on Positive Behaviour Support (PBS). The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time where alternative skills can

## Is the service responsive?

be taught to the person to get their needs met. The support described was aimed at providing alternative strategies to reduce any negative behaviour. The incidents of negative behaviours had reduced for some people.

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. People's key workers spent time with them finding out if they everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Sometimes people decided to remain in their rooms for periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals but

respected their wishes if they chose not to do this. If people chose to stay in their rooms staff spent time with them doing activities if that was what they wanted. If people wanted to be on their own staff respected this.

Staff felt confident to pass complaints they received to the registered manager or senior member of staff. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people using the service could understand. Each person had information about how to complain so that they could access it. The complaint process asked how the issue made people feel.



# Is the service well-led?

## Our findings

The service had a registered manager that was supported by a deputy manager and care staff. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported and valued by the registered manager and said that on the whole the staff team worked well together. The registered manager demonstrated a good knowledge of the people's needs.

The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. People were at risk of receiving unsafe care and support because the audits had not identified the shortfalls that were found at the inspection. Audits had not identified that fire safety checks had not been completed at the required weekly intervals. Audits had not identified that care plans and risk assessments had not been updated and did not contain the information needed to make sure people received safe personalised care and support. The registered manager told us that for the past year she had been assigned other duties by the company which meant overseeing the management of another service owned by the provider. This had taken her away from Ashgold for periods of time. She said that she realised things had slipped and had recognised the challenges of the service and was taking action to manage these.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were regular quality assurance checks undertaken by the quality assurance manager from the company's head office. These were unannounced and happened four or five times a year. The quality assurance manager looked at different aspects of the service at each visit. Any shortfalls were identified and a report was sent to the registered

manager, so that the shortfalls could be addressed and improvements made to the service. This was reviewed by the quality assurance manager at each visit to ensure that appropriate action had been taken.

Our observations and discussions with people and staff at the service showed that there was an open and positive culture between people, staff and the registered manager. The service's visions and values were to support people to be as independent as possible while keeping them safe. The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager clearly stated in the minutes of meetings the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

People's and relative's views about the service were obtained through the use of questionnaires. The most recent one had been in January 2015. The feedback from relatives had been positive. They said, "Our son has been allowed to develop at his own pace". "Whenever there is a problem a member of staff will also ring and inform me". "We have no worries at all about our relatives care. The management and staff are all excellent". People were asked their views about the service at monthly key worker meetings and reviews



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff.

Regulation 19 (3)(a)

### Regulated activity

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were at risk as there were times when there were staff on duty that were not suitably qualified, skilled and experienced to meet the needs of service users.

Regulation 18 (1)

### Regulated activity

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met.

Care and support did not always meet service users individual needs

Regulation 9 (1)(b)(c)(2)(b)(d)

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Action we have told the provider to take

The registered person did not identify and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.

Regulation 17 (1) (2)(b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.