

Ashchurch House Limited

Ashchurch House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 17 December 2014. At the last inspection in December 2013, the registered provider was compliant with all the regulations we assessed.

Ashchurch House is a 10 bed service providing support and accommodation to people with a learning disability. At the time of the inspection nine people were living there. The house is situated in a quiet residential area close to public transport and other services. Special adaptations have been made to the bath and shower

rooms to enable people to use these safely. The home is accessible downstairs for people with physical disabilities or restricted mobility. People live in a clean and safe environment that is suitable for their needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 staff we spoke with were able to tell us how they ensured that people were protected and kept safe. All staff had received training about safeguarding people. There were sufficient qualified and experienced staff to meet people's needs.

We found that medicines were managed safely by staff and records confirmed that people received the medicines prescribed by their doctor.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. However, during our visit we saw that people were relaxed and enjoyed good relationships with the staff. Staff spent time with people and they told us they enjoyed working at the home and had adequate time to complete their duties.

We observed lunch being served which was relaxed. Staff provided assistance to people in a sensitive manner. The menus were varied and staff were aware of people's likes, dislikes and special diets.

Records showed that appropriate training was provided and staff were supervised and supported by management. The staff on duty confirmed this. We saw them meeting people's needs in a competent manner and they respected their privacy and dignity.

Health care professionals were contacted when necessary so that people's health needs were addressed in order to keep them well. Activities and outings were provided according to people's preferences.

The registered provider had a complaints procedure in place. People and their relatives were aware of this and felt confident to use it if necessary.

We examined three care records and found people's individual needs had been assessed and care plans were in place to give staff information about how they should meet these needs.

We found that the home was well-maintained. Records we looked at showed that the required health and safety checks were carried out.

The registered manager carried out audits and checks to help ensure standards were met and maintained. Relatives and people's views were sought to gain their opinion of the service and the comments were positive. Action plans had been put in place so any suggestions could be addressed and service improvement could be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

We found regular checks took place to make sure the building was safe and fit for purpose.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and treated people with respect.

People received care and support from staff who were aware of their needs, likes and preferences.

Good



Is the service responsive?

The service was responsive.

Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

People's healthcare needs were identified and met by professionals in order to keep them well.

Good



Is the service well-led?

The service was well led.

A registered manager was in post.

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from health care professionals was positive and they felt the manager was proactive.

The staff said the manager was supportive and they enjoyed working at the home.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Good



Ashchurch 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 registered 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.

The inspection took place on 17 December 2014 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection we observed how staff interacted with people who used the service. We spoke with three people who used the service, five relatives and three staff members. We also spoke with three professionals who regularly visited the service.

We looked at three people's care files and other important documentation such as their medicine administration records (MARs). We also looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits as well as service maintenance records.

Is the service safe?

Our findings

People told us they felt safe at the service. Comments included, “The staff are all lovely.” “Yes good. I feel safe.” A relative told us there were enough staff to support people in meeting their needs and they knew how to keep people safe. They told us, “ [my relative] is definitely safe and seems to be happy.” The manager told us, “I check staff knowledge at team meetings after they have done their training and when I have individual meetings with them.” We observed that staff supported people with tasks by ensuring their safety without being intrusive.

There were policies and procedures in place to guide staff about how to safeguard people. It was clear from discussions with staff that they knew the different types of abuse and how to respond if they witnessed incidents of harm or abuse. Staff confirmed they had completed safeguarding people training. The manager and staff knew the process for alerting the local safeguarding team of any incidents of harm or abuse. The Care Quality Commission had received notifications about any incidents as required.

There were systems in place to protect people’s monies deposited in the home for safe-keeping. This included individual records, two signatures when monies were deposited or withdrawn and monthly audits were carried out by the area manager.

Risk assessments had been completed when specific areas of concern had been identified. For example, one person’s risk assessment stated, “To use a helmet and have a walking frame in position before standing up from sitting. Can be anxious without the helmet, staff to stay beside x and provide reassurance.” Other risk assessments we saw guided staff about how to minimise risks to people but at the same time encouraging their independence. Risk assessments included areas such as eating and drinking, choking, falls, moving and handling, epilepsy management and bathing. There were additional risk assessments for activities in the community. This meant that identified risks had been assessed for individuals and management plans developed to minimise these and protect people from harm.

We checked if people received their medicines as prescribed from staff. There were individual medicines files, which held medicine administration records (MARs), to record when medicines were given to people. There was a

list of medicines administered and their side effects. Important information about any allergies was available. Staff were aware of how people communicated they were in pain and may require pain relief. Training records showed us that staff responsible for administering medicine had completed medicines management training to ensure they had the skills required to administer them safely. We saw that the area manager carried out monthly medicine audits in order to ensure that these were managed consistently and safely. Therefore we saw that medicines were managed well by staff and people were assured they received their medicines as prescribed.

We found that there were sufficient staff to meet people’s needs. There were five staff on duty during the day and two waking night staff. Additional staff were in place to support people for one to one activities. The staff were able to call on support from bank members of staff (additional staff who could be called upon at short notice when required) if needed. There were management on-call systems out of usual working hours and the registered manager told us they could use agency staff when required.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. We looked at two staff personnel records which showed that appropriate checks were carried out before they began working at the home.

We found there were systems in place to respond to emergencies that could occur. For example, each person who used the service had a personal emergency evacuation plan. Staff had completed first aid training and there was a first aider at the home. We saw checks were made to ensure the environment was safe and a member of staff had a designated lead role for health and safety. However we were concerned about the use of a sensory room which was located outside. This room was cold, and not well furnished or welcoming. We were told that this room was not used by anyone in winter. We saw that a person used this room at the time of inspection for a lengthy period of time. We discussed this with the manager who assured us that this issue would be addressed soon with the area manager in order to provide a warm and safe place for recreation.

Checks carried out included checking fire alarm equipment. Moving and handling equipment was maintained and serviced as required. Electrical appliances and kitchen equipment was checked to ensure they were

Is the service safe?

safe to use. There were quarterly checks on the hot water system and a legionella risk assessment had been completed. This meant people were cared for in a safe environment.

Is the service effective?

Our findings

Care provided was effective. Relatives told us people's needs were met by staff who were caring and knowledgeable about their family member's needs. We saw that people were supported by a staff team who knew them well and were able to tell us about their individual needs and preferences.

Staff told us that they received the training that they needed to support people. A member of staff told us, "The training helps us to look after people." The training matrix showed that staff had received a variety of training including safeguarding people, moving and handling, fire safety, first aid, food hygiene, how to manage challenging behaviour and health & safety. Relatives told us they thought staff were well trained and were able to meet the range of people's needs. When asked if they thought staff had the right approach and sufficient skills to support people, a professional commented "I have never had any issue around staff skills. I couldn't fault them. They carry out my instructions well."

Staff told us that they received good support from the manager and team leaders. This was in terms of both day to day guidance and individual supervision (one to one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff told us, "The team leaders are approachable and I can go to them at any time for advice." They told us that they could bring up any issues during supervision, give and receive feedback and discuss their training and development needs. Information about the service and any updates were shared with staff at meetings and at handovers between shifts. Therefore people were cared for by staff who received sufficient support and guidance to enable them to meet people's needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. They were aware of people's rights to make decisions about their lives. The MCA 2005 is legislation to protect people who are unable to make decisions for themselves. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interest decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the inspection none of the people living at the home were subject to DoLS. The

telephone number for an Independent Mental Capacity Advocate (IMCA) was available on a general noticeboard for people to request individual support from an independent person if they wished. An IMCA is an independent person who helps to make sure people's wishes are expressed and their voice is heard during the decision-making process. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staff were clear about how they gained consent to care and support people, prior to carrying out tasks with them. They told us most people were able to make day to day decisions about their support. They explained the process they followed for one person, "X is not able to give verbal consent so we use body language, facial expressions and objects of reference such as items of food, a cup, a toy bus (to indicate outing), to find out what they want." Staff told us, "They have a care plan that gives us guidance as well as their likes, dislikes and preferences." We saw records of assessments under MCA 2005 and best interest meetings had been held when people were assessed as lacking capacity to make important decisions.

People were supported to access healthcare services. Staff made appropriate referrals to health services in order to keep people in good health. People saw professionals such as GPs, dentists, social workers, physiotherapists, speech and language therapist as and when needed. A relative confirmed that the service supported people with medical appointments and took them to the GP if there were any concerns. A healthcare professional confirmed that staff followed instructions and gave feedback about the person. Therefore people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

People were provided with a choice of suitable food and drink which was available throughout the day. They had been involved in planning the menus and told us that they enjoyed the meals provided. There was a choice of two main meals and if they did not want either of these, they could choose an alternative. People were also offered a range of snacks during the afternoon, which they enjoyed. They were provided with appropriate crockery and cutlery to enable them to be independent. Staff followed instructions provided by specialists around supporting people with special dietary needs. The specialist told us, "The staff are very caring and on the whole follow my

Is the service effective?

instructions. There have been concerns in the past which we have addressed through training.” They had arranged for staff to attend training about how to support people with dysphasia. We observed the midday meal being served in the dining area of the home. The meal time was well organised and staff discreetly supported people who

needed assistance. People’s care plans included information about the types of food they liked and needed and how they needed to be supported to eat. Therefore, people received a variety of nutritious meals which took account of their preferences and dietary needs.

Is the service caring?

Our findings

People told us they liked living at the home and were positive about staff attitude. We saw that people were supported to make their own decisions. One person told us how they were supported by staff to choose a reclining chair in their favourite colour and how it “does all the things.” Their relative told us, “The staff take them out shopping when they want to go. Staff give them advice, but they always make the final decision.” The relative also told us, “We couldn’t wish for better staff, they are first class.”

People were assisted by staff who could communicate with them. They were knowledgeable about people’s individual needs, communication methods, likes and preferences and helped them accordingly. They helped people to maintain their independence as much as possible by guiding and encouraging them to make decisions.

We saw that people were treated with kindness and respect by staff. Staff were patient with people who found it difficult to communicate quickly when trying to explain what they wanted. People were relaxed around the staff and enjoyed

laughing at jokes, chatting and having discussions. It was evident staff knew how to communicate with people about their needs and choices. People talked with staff, used body language, their own verbal methods of communication or smiled and nodded in response. The manager said that they observed staff interaction with people on a regular basis so that they could ensure good communication was maintained between them so that people’s needs were being met.

All the staff we spoke with said they enjoyed working in the home. Relatives told us they had attended meetings and reviews about their family member’s care and welfare. They felt they had been listened to and information had been talked through with them so that they felt included.

Relatives told us they were always welcomed into the home when they visited. We saw that there was a monthly meeting for people who used the service so that they were at the centre of discussions about their home and the quality of care provided. This meant that the service consulted and involved them in the running of the home.

Is the service responsive?

Our findings

People we spoke with were happy with the activities that were available to them and felt these met their individual needs. People told us, "There are always plenty of activities and we choose what we want to do." People took part in recreational activities, which included going to pottery classes, exercising and going to local clubs and pubs. Activities included arts and craft, nail painting, music and movement, listening to music and watching movies. People were happy and enjoyed doing activities around the home as well going out. We saw that the staff engaged with people by supporting them to participate in various activities. On the day of the inspection we saw that people were supported by staff to go via minibus to a pottery class. People also attended clubs and went to activities arranged by the clubs as well going to the local supermarket and for meals out with staff. This showed that people had opportunities to access the community to prevent social isolation and the rota was flexible enough to accommodate this.

We spent time observing the care and support people received. We saw staff gave people their full attention and responded to each person in a caring way. People told us "The staff are all lovely." Another person said, "Yes good."

Staff told us that generally people's care plans were detailed and gave them the information they needed to provide consistent individual care for them. We looked at three care plans which showed that people had their individual needs regularly reviewed and recorded and issues such as falls and changing health care needs were responded to. We saw that care plans were reviewed

following an illness or an incident to see if any amendments or changes were needed. Staff were verbally informed of any changes in people's needs. People's weight and general health were monitored and referrals to a dietician or other professionals were made if there were any concerns. However, although staff were aware of people's current needs and were meeting them, the care plans we looked at had not been updated. For example, one person had recently needed two staff to assist them with getting up in the morning. However, this person's care plan had not been up dated to give staff details of the equipment or number of staff required to support them. We recommend that the service update people's written records as soon as a change is required in order to ensure that staff have proper information about people and how to support them in order to meet their needs safely.

People were supported to maintain links with their families and have contact with friends. Relatives had been involved in decisions to advocate on people's behalf. One relative confirmed they had been to meetings about their family member and were pleased with the review of the support plan. We saw care that had been planned for people was in line with their wishes. They told us, "The meetings are focussed on and I always feel free to speak."

Staff told us that if people wanted to make a complaint they would assist them to do so. There was information in large print available about how to complain. One person said, "I'd talk to the staff or manager and they would get it sorted". Relatives knew who to talk to if they were not happy. We saw the complaints record, they were appropriately handled and used as an opportunity for learning.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by the service's area manager and senior staff in the home. They understood how to meet their legal obligations and when necessary, to submit notifications to CQC.

People and their relatives told us they knew the manager well and were comfortable speaking with them. They told us and we saw that there was a good atmosphere in the home and staff were kind and caring. We saw that people felt comfortable to approach the manager who was readily available to speak with them. However, one relative told us that they did not always feel welcome and said, "I need to let them know before coming, don't just turn up unannounced." We discussed this with the manager, who told us that the person they came to see had high needs and was not always available or well enough to receive their relative at any time of the day. The manager told us that they would liaise closely with the visitor to reassure them and encourage them to visit at a mutually convenient time.

Staff told us the manager was approachable and treated them as part of the team. They said they could raise any concerns with the manager or at regular monthly meetings and were confident any issues would be addressed appropriately. They understood the values of the home which were for people to be as independent as possible, provide them with choice and access to the local community. We saw that staff supported people with this.

We found the management operated an on-call system to enable staff to seek advice in an emergency. We looked at care documentation which showed that the system had been followed to ensure an issue raised was effectively managed. This showed leadership advice was present to support staff working out of hours, to manage and address any concerns raised.

The provider had a system in place to monitor and audit the quality of the service provided to people. This included monthly audits carried out by the area manager and quarterly audits completed by the service's quality monitoring team. The documents we looked at covered areas such as care plans, management of medicines, nutrition, cleanliness, safeguarding people, safety and suitability of premises, staffing and supporting staff. The audits showed that although the service was satisfactory, they identified areas where improvements could be made. We viewed some audits such as fire, health and safety, medicines management and training which were in order. We found that some documentation relating to people's care plans needed to be updated. We recommend that the service improve and update individual files so that accurate information was easily accessible to staff, to keep people safe and ensure they received appropriate care and treatment.

Resident and staff meetings were held regularly at the service. They spoke positively about these meetings and said the management listened to and acted on their comments and suggestions. They discussed issues such as planning menus, outings, holidays as well as any staffing issues. The meetings provided an opportunity for staff and people to feedback on the quality of the service.