

Anthony Toby Homes Trust

Ashton

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 ●

Summary of findings

Overall summary

Ashton is a care home without nursing that provides a service to up to three people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were two people living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and had continued to meet all the fundamental standards of quality and safety.

Why the service remained Good:

The staff team were caring and respectful and provided support in the way people preferred. Their right to confidentiality was protected and their dignity and privacy were respected. People were encouraged and enabled to live as full a life as possible, maintaining their independence where they could.

People received care and support that was personalised to meet their individual needs. People were supported to maintain relationships with those important to them. They led busy lives, participating in work and activities they enjoyed and were encouraged to try new activities where they wanted to. People knew how to raise concerns and felt confident they would be listened to if they did.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and medicines were stored and handled correctly.

People benefitted from a staff team that was well trained and supervised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

People were relaxed and happy and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. They felt supported by the management and said the training they received enabled them to meet people's needs choices and preferences. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Further information is in the detailed findings in the full report.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Ashton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection carried out by one inspector. It took place on 13 July 2017 and was announced. The provider was given 24 hours' notice because the location is a small care home and people who use the service are often out during the day; we needed to be sure that someone would be in. The registered manager was not available on the day of our inspection. The deputy manager was available to help.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with both people who use the service. We spoke with the nominated individual, the deputy manager and one support worker. After the inspection we received written feedback from an additional two support workers. We observed interactions between staff and people who use the service. As part of the inspection we requested feedback from five health and social care professionals but received no responses.

We looked at both people's care plans, monitoring records and medication sheets. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, staff training records, the fire risk assessment, cleaning rotas, food hygiene checks, water temperature records and management audit records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe with the staff. As the service was a small service with staff lone working, the provider made sure agency staff were not used. If last minute staff cover was required, staff from the sister home would step in. This meant people were only supported by staff they knew and who knew them. Staff told us that the service had a lone working policy which kept them safe in their work.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with accessing the community and finances. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general environmental risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. There had been no accidents or incidents at the home since our last inspection but systems were in place to ensure details would be recorded and reported to the registered manager. The registered manager would look into any accidents or incidents and take steps to prevent a recurrence if possible. Emergency plans were in place and followed. For example, emergency personal evacuation plans were in place for each person in case of a fire. The deputy manager was in the process of drawing up a hot weather plan following the government's recent heatwave warning.

People were protected by the recruitment processes in place. Although no new staff had been employed since our last inspection, people could be confident that staff were checked for suitability before being allowed to work with them. The service was staffed with a core number of staff with one member of staff during the day and one sleeping on the premises overnight. Additional staffing was then provided depending on the activities taking place and the needs of the people at the service. We saw staff were available when people needed them and they did not need to wait.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff who knew how they liked things done. The care staff team was made up of the registered manager, one deputy manager, two senior support workers and four support workers. Care staff and people living at the home worked together on meal preparation, cleaning and laundry. People told us staff knew what they were doing when they provided support.

There had been no new staff since our last inspection but any future new staff would be provided with induction training which followed the care certificate developed by Skills for Care. People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The service provided training in topics they considered mandatory, such as health and safety, fire, moving and handling, infection control and food hygiene. All mandatory training was up to date. We found staff received additional training in specialist areas, such as epilepsy and nutrition and diet. This meant staff could provide better care to people who live at the service. Work was underway to review and amend the training provision so that it was in line with the latest Skills for Care guidance on ongoing training for social care staff. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

The provider's policy on staff supervision determined that formal supervision should take place six times a year. The deputy manager explained that management had identified that this goal was not being met at the time of our inspection. However, staff received support on request and informally at staff handover meetings. Group supervision took place in team meetings every two to three months, although not documented as such. Staff said they received supervision and appraisals from their managers which enhanced their skills and knowledge, although some felt this was not always as regular as it could be. We discussed this at the inspection and the deputy manager planned to book all supervision meetings for the next 12 months and look at new ways of making time available to provide formal supervision in line with the provider's policy.

People's rights to make their own decisions, where possible, were protected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified people living at Ashton were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People were able to choose their meals, which they planned in advance with staff support. People told us they enjoyed the food at the service and could choose something different on the day. Snacks and drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly and staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan.

Is the service caring?

Our findings

The service continued to provide compassionate care and support to people.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. When asked what they thought the best thing about living at Ashton was, one person said, "It's quiet, it's home."

People's care plans were geared towards what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. We saw adaptations had been made to the premises to enable one person to continue to mobilise independently. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Where possible relatives were involved in people's lives and participated in annual reviews.

People were supported to make and maintain contact with people important to them. Ongoing contacts and relationships with family members were encouraged. Where necessary, arrangements were made for staff to accompany people on family visits, providing transport if needed.

People's rights to privacy and dignity were supported. People told us staff knew how they liked things done and confirmed staff were polite and nice to them. People told us they were happy living at the home with one person saying, "It's nice. I like the staff. I have a nice room."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the people we spoke with.

The care plans were kept under review and amended when changes occurred or new information came to light. For example, one person had been having increasing problems with mobility. A physiotherapy referral had been requested and a mobility assessment carried out. Slip and trip hazards had been removed and hand rails fitted to the downstairs hallway. A bath aid had also been obtained after advice from an occupational therapist. People had taken part in drawing up their care plans and were involved in any changes made, usually in their regular meetings with their key workers. A key worker is a member of staff who acts as a single point of contact for people who use the service. They help coordinate their care and can give information, support and advice.

People had access to a busy activity schedule. Each person had their own individual daytime plan, selected from different activities in which they were interested. Some people had part time jobs and others attended day services. Everyone kept busy with pre-arranged activities and at other times decided what they wanted to do, either inside their home or outside. People could choose what they wanted to do and were also able to try out new activities when identified.

People were involved in the local community and visited local shops clubs, restaurants and other venues. People planned for short breaks and annual holidays of their choice with staff support where needed. They had regular key worker meetings with staff where they could discuss how things were going and what they would like to work towards. We saw staff worked with people to support them to meet their goals.

People knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. All people could raise concerns in an informal setting if they wished. There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns. One person told us staff always helped if they were not happy.

Is the service well-led?

Our findings

The service continued to provide well-led care and support to people.

At the time of this inspection the service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs. People felt they were included in decisions regarding any changes at their home. The registered manager had an effective weekly audit system in place that included regular checks of the care plans, health action plans and medication records. The provider carried out monthly trustee visits that looked at a selection of documents covering different areas of the running of the service. For example, complaints and compliments records, accident and incident records, financial records, menus and food hygiene records. The premises were also checked during the visits and the trustee spoke with people living there to make sure they were happy. Any issues found during any of the audits were documented and any actions taken to address the issues were recorded.

People benefitted from a staff team that were happy in their work. The service had a small, well established staff team who had all worked for the provider for a number of years. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues and said they felt they were provided with training that helped them provide care and support to a high standard. They said they were asked what they thought about the service and felt their views were taken into account.

The provider carried out an annual survey of people who use the service. The annual survey for 2017 was being prepared at the time of this inspection. All responses received from people we spoke with were positive and demonstrated that people were happy with the service provided to them. There were no negative comments or issues raised.

All interactions observed during our inspection between staff and people living at the service were positive, friendly and respectful.