Ashdene House Limited

Ashdene House

Inspection report

50-50a St Mildreds Road
Ramsgate
Kent
CT11 0EF

Tel: 01843592045
Website: www.alliedcare.co.uk

Date of inspection visit:
26 June 2018

Date of publication:
13 July 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 26 June 2018 and was unannounced.

At the last inspection in May 2017 the service was rated 'Requires Improvement'. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. We asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions of Safe and Well-Led to at least 'Good'. At this inspection we found that improvements had been made and the breach in Regulation had been met. Improvements had been made to maintain the standard of the environment.

Ashdene House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Ashdene House provides care for up to 18 adults with a learning disability, in Ramsgate. At the time of our inspection there were 11 people using the service. Eight people lived in the house and three in a cottage within the grounds. A day centre unit in the grounds was used for various activities. During the day everyone spent time together or taking part in activities outside the service.

The registered manager worked at the service each day and was supported by a deputy manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us and indicated that they felt safe living at Ashdene House. They were protected from discrimination, abuse and the risk of avoidable harm. Staff knew how to keep people as safe as possible. Risks to people were managed and monitored. People received their medicines safely from staff who were competent to do so. The registered manager reviewed accidents and incidents and checked to make sure people received the support of health care professionals when they needed it.

People were supported by staff who had been recruited safely. Staff knew people well, kept their knowledge up to date and met with the registered manager for one to one supervision meetings.

The service was clean and tidy and the garden was maintained. Checks were completed to make sure the environment and any equipment were safe and well maintained. People had access to private space and communal areas, including a garden. Visitors were welcome at any time.

People were involved, as far as possible, with planning their care and support. Their needs were assessed prior to moving to Ashdene House to ensure staff could meet their care and support needs. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. They were supported by relatives and advocates when they needed additional help to make decisions about their care.

People were offered choices of healthy home-cooked meals. They were supported to stay as healthy as possible and staff worked collaboratively with health care professionals to promote this.

People were supported by staff who were patient, kind and caring. Their privacy and dignity were respected and their independence promoted. People, their relatives and staff had developed strong, trusting relationships. Staff understood the importance of confidentiality and made sure people's records were stored securely.

Each person had a care plan which had been written with them and the people who knew them best. These gave staff the guidance they needed to make sure they provided the correct levels of care and support in the way people preferred.

People were encouraged and supported to stay active, to take part in group activities and to follow their own interests. People were supported to follow their religious, spiritual and cultural beliefs.

People's preferences for their end of life care were recorded to ensure their wishes could be followed. They were supported at the end of their life to have a comfortable, dignified and pain-free death.

People did not have any complaints but felt confident the right action would be taken if they had a concern. They felt confident to speak with the registered manager or staff if they were worried about anything.

People, their relatives and staff thought the service was well-led. There was a culture of fairness and inclusivity where people were valued and treated as individuals and equals. The staff team worked with health care professionals to promote joined up care.

The leadership at the service was visible. The registered manager understood their regulatory responsibilities and notified CQC according to guidelines. Checks and audits were completed to monitor the quality of service and, when needed, action was taken to drive improvements. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from discrimination, abuse and the risks of avoidable harm. Risks were monitored and managed to keep people as safe as possible.

People were supported by staff who had been recruited safely. They received their medicines safely and when they needed them.

People lived in a service that was clean and there was a plan to continue making improvements with the environment.

The registered manager monitored accidents and incidents. These were discussed with the staff to ensure that, when possible, lessons could be learned and improvements made.

Is the service effective?

Good

The service was effective.

People's health care and social care needs were assessed, managed and reviewed to ensure they received the support they needed in the way they preferred.

People were supported by staff who were knowledgeable and completed training to keep up to date with best practice. Staff had one to one supervision meetings to discuss their performance and personal development.

People were supported to eat healthily and to stay as healthy as possible. Staff worked closely with health care professionals to make sure people received consistent and co-ordinated care.

People had access to private space and communal areas, including a garden.

People were supported to make decisions and choices about their daily life. Staff understood the Mental Capacity Act and people were not restricted unlawfully.

Is the service caring?

Good

The service was caring.

People were supported by staff who were patient, kind and caring and who knew them well.

People and those who knew them best were involved in the planning and reviewing of their care.

People's privacy and dignity were respected. They were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care and support in the way they preferred. Each person had a care and support plan, written with them and their relatives, which gave staff the guidance they needed about how to provide the right support.

People did not have any complaints and were confident the registered manager and staff would take action if they had a concern.

People's preferences for their end of life care were recorded to make sure their wishes could be followed. Staff worked with health care professionals to ensure people were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt the service was well-led. The leadership was visible. Staff worked closely with each other and with health care professionals to promote joined-up care.

The registered manager understood their regulatory responsibilities and had notified CQC in line with guidance. The most recent CQC report was displayed in the service and on the provider's website in line with guidance.

Regular checks and audits were completed to monitor the quality of service. People relatives, staff and health care professionals were asked to give feedback on the quality of service to drive improvements.

Ashdene 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.

The inspection took place on 26 June 2018 and was unannounced. The inspection was carried out by one inspector. This was because additional inspection staff may have been intrusive to people's daily routines.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met and spoke with all the people living at Ashdene House. We also spoke with four members of staff and the registered manager. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff engaged with people. We looked at how people were supported with their daily routines and assessed if people's needs were being met. We reviewed three care plans and looked at a range of other records including two staff files, safety checks and records about how the quality of service was managed.

Good

Is the service safe?

Our findings

People told us, and indicated with a 'thumbs-up' sign that they felt safe living at Ashdene House.

At the last inspection in May 2017 the provider failed to ensure the property and equipment people used were clean, maintained and suitable for the intended purpose. People did not live in a service that was clean and hygienic. We asked the provider to take action to make improvements and this action had been completed. The breach of Regulation 15 had been met.

At this inspection the service had been redecorated, carpets and flooring had been replaced and new furniture had been purchased for people's rooms and in communal areas. People told us they had chosen the colour they wanted their room painted. Some windows had been replaced and parts of the outside of the building had been repainted. People could spend time in the garden as new chairs and tables had been provided. On the day of the inspection everyone enjoyed eating their lunch together in the sunshine. Staff commented that it was, "Great to have outdoor furniture now and it gets used a lot", "The whole environment is much nicer for people now" and "We have still got things we want to do and we have a small staff group that are concentrating on it. We have been going to the shops with people so they can pick out what pictures and knick-knacks they want. It's their home and they should be able to choose".

The registered manager had plans in place to continue to improve the environment for people. For example, one person was due to go on holiday and they had arranged to have their carpet replaced whilst they were away to prevent the person becoming anxious. The person told us they knew this was happening, they were happy about it and looking forward to seeing it on their return.

Checks on the environment, such as gas safety, portable appliance testing and hot water temperatures were completed. Fire alarms were checked and staff knew how to support people to leave the service safely in an emergency. Each person had an emergency evacuation plan which set out people's specific physical and communication needs to ensure they could be safely evacuated from the service. The registered manager referred to the HM Government guide to fire safety risk assessments - Residential Care Premises good practice guidance. Equipment, such as bath hoists, were serviced to ensure they remained safe and in good working order.

People were protected from the risks of infection. Staff wore protective equipment, such as gloves, when supporting people with their personal care. Staff understood the importance of food safety when preparing meals. For example, foods were labelled with the date they were opened.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff were confident the registered manager would take the right action if they raised a concern. They completed regular training about keeping people safe and knew they could take a concern to outside agencies, such as the local authority safeguarding team or the Care Quality Commission, if needed.

People's money was locked in a safe for safekeeping. Monies and receipts were regularly checked to make

sure there was a clear audit trail. Staff from head office also checked people's finances as part of their audit.

Risks to people were assessed and there was guidance for staff about how to keep people as safe as possible. People's safety was monitored and managed to make sure they were supported to stay safe and their freedom was respected.

People were involved, when possible, to decide what risks to take to enable them to have maximum control over their life and as much independence as possible. For example, when a person was choosing furniture for their room and they wanted a particular type, staff explained that the corners may be a bit sharp and the person agreed to have corner protectors fitted to make sure they did not hurt themselves. Some people went into the community on their own, however they had a mobile phone so they could contact staff if they needed to. They told staff where they were going when they went out and felt this helped them feel safe.

Some people occasionally had behaviours that may challenge others. Staff understood what possible triggers may be and knew how to positively support people if they became anxious. This guidance was recorded in people's care plans to make sure the right support was given consistently. Throughout the inspection people were calm, settled and relaxed with each other and with staff.

Accidents and incidents were recorded. The registered manager monitored these and discussed them with the staff team to see if any lessons could be learnt, if people needed to be supported in a different way or if anyone needed to be referred to a heath care professional.

People were supported by enough staff on each shift, who had been recruited safely. New staff completed an application form and had an interview. References were obtained, people's right to work in the UK was confirmed and criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. DBS checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The registered manager monitored staffing levels and increased this when needed to make sure there were enough staff to support people with their appointments and activities. Staff were not rushed and spent time supporting people. People told us and indicated that the staff were always there when they needed them. Staff rotas confirmed there were consistent number of staff on duty. Time for a handover was scheduled between shifts to make sure staff were up to date with any changing needs.

People received their medicines safely and on time. Medicines were stored, managed and disposed of in line with guidance. Some people needed medicines on a 'when required' basis, for example to manage their anxiety or pain. There was guidance for staff on how often people could have these medicines, what signs to look for to check if people needed them and any possible side effects. Some staff were trained to administer medicines and their competency was checked to make sure they were safe to do so.

Good

Is the service effective?

Our findings

People received effective care from a staff team who knew them well. A relative had noted on a recent quality survey, 'I must commend the home manager for prompt, effective communication with issues relating to [my loved one's] well-being'.

People's physical, emotional and mental health and their social care needs were assessed when people were considering moving to Ashdene House to make sure staff could provide the right support in the way people preferred. The initial assessments were used as a base for developing a care plan which centred on the specific needs of each person.

Staff completed an induction when they started working at the service and each part of this was signed off as it was completed. The records for one person who had recently completed their induction had not been fully updated and the registered manager agreed this was an area for improvement. New staff, who had not previously worked in adult social care completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. New staff shadowed experienced colleagues to get to know people and their preferred routines.

People were supported by staff who were trained and knowledgeable. They completed training to keep up to date with best practice to make sure they were able to provide effective care and support. The registered manager had recently written to some staff to remind them some of their training courses were overdue to be refreshed and this was also discussed during regular one to one supervision meetings. Staff told us, "We have supervision meetings every couple of months". These gave staff the opportunity to discuss their personal development.

Additional training on topics specific to the needs of the people living at Ashdene House was provided. For example, staff completed training about autism, learning disabilities, positive behavioural support, epilepsy and diabetes. Staff spoke knowledgeably about people and their health conditions and said the training they received helped them to understand people and to be able to provide the right support.

People were encouraged to eat healthily and to drink plenty. People were offered choices of home-cooked meals. People sat together in the dining room and meals were social occasions.
People and staff told us they enjoyed regular theme days. For example, Jamaican, Ghanaian and Indian themes. The house was decorated with flags and other items and people and staff ate meals from these countries together. Staff said it was, "A real shared cultural experience".

When people had difficulty eating they were referred to speech and language therapists and guidance given was followed. For example, some people needed to have their meals served in a 'soft' texture to help them swallow more easily and this was done.

People were supported to stay as healthy as possible. When there were any concerns about people's health staff made referrals to health care professionals to seek support and guidance. People had been referred to physiotherapists, occupational therapists and community nurses. Guidance given was followed by staff. For example, some people needed adapted crockery and cutlery to help them remain as independent with their eating as possible. Staff made sure people had this at mealtimes.

People received effective support, in a timely way, if they became anxious or unsettled. Staff knew how best to support people, what possible triggers may be and how to distract, divert and reassure them. There was guidance for staff to follow in people's care plans. Throughout the inspection people were relaxed in the company of each other and staff.

People made day to day decisions, such as when to get up and go to bed and what to wear, and were encouraged to be as independent as possible about their support. People were supported in the least restrictive way possible. Some people had keys to their rooms and others also had keys to the front door so they could go in and out as they pleased. When people went out staff checked they had enough money with them and had their mobile phone.

People had access to private and communal areas and could choose where they wanted to spend their time. Tables and chairs in the garden gave people the chance to enjoy the outdoor space. People were involved with making decisions about the decorating of the service and the purchasing of new furniture. The registered manager was working with staff from head office to arrange to have one of the bathrooms adapted to incorporate a walk-in shower which would benefit people whose physical health was declining.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff spoke with people's relatives, representatives and health professionals when they were unable to make an important decision for themselves, such as undergoing major dental treatment, to make sure decisions were made in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made and renewed in line with guidance. When recommendations had been made these were followed and people's representatives were updated as required.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by a staff team who knew them well. People told us the staff were "Good" and "Very good" and indicated using a thumbs-up sign that the staff were kind.

Staff were patient, kind, compassionate and caring. Their actions showed a genuine concern for people's well-being. They gently reassured people and were patient and understanding. They had built strong relationships with people and their families. They knew people well including their personal histories, people that were important to them and their goals and aspirations. Throughout the inspection staff spent time with people and were not rushed. A relative had noted on a recent quality survey, 'I would like to applaud the staff for caring for [my loved one]. They are clean and well-presented and happy when I visit. Staff are polite, respectful and always hands-on to support and encourage them to do little practical things for themself to enhance their independence'.

People were supported by staff who were knowledgeable about different forms of communicating. Some people were unable to verbally communicate and used their own form of sign language which staff understood and used when speaking with them. They maintained eye contact and made sure people had the time they needed to respond in their own way.

People were encouraged to be involved in the planning and reviewing of their care and support. When people had care reviews, some were supported by relatives and others were supported by an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's privacy and dignity were promoted and maintained. Staff were mindful of people's dignity when completing their daily records and wrote in a respectful manner. For example, notes included things like '[person] closed their door to respect their own privacy and changed independently into [nightwear]'. Staff spoke with people discreetly when discussing their personal care. People's care plans and associated documents were stored securely in a locked office to protect their confidentiality.

People were encouraged and empowered to be as independent as possible. For example, one person's daily record noted, 'Supported [person] to shower and encouraged them to do as much for themselves as possible'. Staff told us it was important for people to continue to do things for themselves for as long as they were able.

People were supported to maintain contact with friends and family. Staff told us how they supported people to write letters and cards to their loved ones and how this helped people. One member of staff said, "[Person] and I are going to go and write a letter. They like to put all their thoughts down on paper each day". The person smiled and gave a thumbs-up in agreement. People's relatives could visit when they wanted and there were no restrictions.

Good

Is the service responsive?

Our findings

People received care and support which was individual, responsive to their needs and written with them and those who knew them best. People told us and indicated that they would speak to staff if they had any worries and that they would help them. They did not have any complaints.

Each person had a care plan which staff referred to so they could provide the right care and support. There was information for staff about people's backgrounds, the things they liked and disliked, how much they could do independently and people who were important in their lives. Care plans were reviewed regularly and updated when there were any changes in people's needs to make sure staff provided the right support. Some care plans had been written in an easy to read way with pictures and others were in the process of being updated to this format.

People's needs were responded to in a timely way. Staff knew people well and could identify any small changes in their health or behaviour which may indicate they were under the weather. For example, staff had noticed a person's mood being lower than usual following a review of their medicines. They immediately arranged for a further review and the person's medicines were increased. This had a positive impact on the person who had become happier and more settled and less depressed and anxious.

People were supported to follow their religious, spiritual and cultural beliefs. Staff arranged for people to attend churches and mosques as required. People were supported to take part, with their families, in religious ceremonies and holidays, such as Eid al-Fitr, the Muslim festival marking the end of the fast of Ramadan.

People had access to information about the service they received in a way they could understand. For example, each person had an easy to read fire evacuation sheet with pictures, to show what to do in the event of the fire alarm going off, in their room.

People told us and indicated that they did not have any complaints about the service or the staff. The provider had a complaints policy and process. Each person had a 'service user guide' in their room which was in an accessible format. This included information about how to complain or raise a concern. There had been no formal complaints received in the last 12 months. Following the inspection, the registered manager contacted the Care Quality Commission to confirm that a new pictorial guide with staff photographs and contact numbers had been issued to people for reference if they had any worries.

People were encouraged to keep busy and to take part in group activities as well as follow their own interests. The service had a minibus which was used to take people to appointments and to go out on trips. People were supported to book holidays. For example, staff told us they arranged people's transport and accompanied them to airports, waiting with them until they boarded the plane. They liaised with people's relatives to ensure people were supported when they arrived at their destination. One person told us, "I am going to Camber Sands for my holiday. I have been before. Staff come with me and it is fun".

People told us they enjoyed going to the local pubs and cafes. They had been supported to plant seeds in the garden and were growing vegetables, such as carrots and tomatoes, which would be used in the kitchen when harvested. Some people told us and indicated they enjoyed helping in the garden by trimming the grass and pulling up weeds.

On the day of the inspection people and staff were celebrating a birthday. Balloons were hung in the dining area, everyone wore birthday hats and people enjoyed a birthday tea. A cake had been decorated and staff asked the person which candles they would like on it, showing them candles of different colours. The person was very pleased with the cake and the celebrations.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff liaised with health care professionals, such as community nurses and occupational therapists, to make sure people had access to specialist equipment and pain relief. Staff said, "We talk to people's relatives about end of life care. Some don't want to discuss it, which is fine, but we keep it under review and try again. They will talk about it when the time is right". Some people had funeral plans which recorded their wishes. There was official guidance from the Treasury Solicitors for staff to follow should a person with no next of kin pass away. When people did not have close family the registered manager and staff had arranged funerals and wakes and taken into account people's preferences.

Good

Is the service well-led?

Our findings

People told us and indicated they thought the service was well-led. People knew the registered manager well and had built strong, meaningful relationships with them. Staff told us the service was well-led. They said, "[The registered manager] is a good manager. They are firm but fair" and "There is really good management support".

At the last inspection in May 2017 some of the shortfalls with the environment we highlighted had not been identified by the registered manager. Other shortfalls had been identified, however there was a lack of action by the provider's head office to provide additional maintenance support and take action to maintain the environment adequately.

At this inspection action had been taken to ensure the environment was maintained to an adequate standard. Checks and audits were in place to continuously monitor the quality of service. Internal quality audits were regularly completed by staff from the provider's head office. When shortfalls were identified an action plan was written which noted the actions needed, by whom and when they needed to be completed by. Action was taken to drive improvements and improve the quality of service provided.

The service was run on a day to day basis by the registered manager who was supported by a deputy manager. The registered manager and staff had shared visions and values for the people living at Ashdene House. The culture was one of fairness and inclusivity where people were valued and treated as individuals and equals. People were supported to achieve their aims and goals. Staff spoke with people and each other respectfully and worked closely as a team. One member of staff told us, "There is an open-door policy. The management are approachable".

The registered manager coached and mentored staff and provided advice and guidance, through regular supervision and appraisal, and provided them with constructive feedback. Staff said the morale was good. They understood their roles and said they were proud to work at the service. They said, "The staff team are really close. We work together and help and support each other. There is no attitude of 'this is my role and that's yours', everyone pulls together" and "Communication within the staff team is excellent. The shifts work well and we are all flexible to cover what needs to be done".

People, relatives, health care professionals and staff were asked their views about the quality of service through surveys. The most recent results were being collated so the registered manager could check to see if there were any areas for improvement and to feed back to people and staff about the positives. People and staff were regularly spoken with as part of the quality audits carried out by staff from the provider's head office. Their opinions about the service were again positive. Staff had commented, 'Everyone works really well together. Everyone has the same ethos of working together' and 'I am very well supported. The registered manager makes me feel motivated and supported. They give me pep talks. They are really passionate and make me feel valued'.

People and staff were involved in developing the service. Residents meetings were held and people were

asked their views about the day to day running of the service. Staff were encouraged to discuss any ideas they had. A suggestions box was used if they wanted to put forward ideas anonymously.

Staff were not afraid to challenge each other or question practice and were aware of the process to raise any concerns. When staff had whistle-blown they had been supported and protected by the registered manager. Their concerns had been investigated in a sensitive and confidential manner, taken seriously and action had been taken.

The registered manager and staff worked in partnership with health care professionals, such as the mental health team, care managers and speech and language therapists, to support the care provision and ensure joined-up care.

The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.