

Hightown Housing Association Limited

Ashley Drive

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

This inspection took place on 7 June 2017. It was an announced visit to the service.

This was the first inspection since the provider registered with the Care Quality Commission (CQC) to provide accommodation and personal care. Ashley Drive is a care home for adults living with a learning disability and or physical disability. At the time of our inspection five people lived at the home.

The service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager deregistered in June 2017. The provider has successfully recruited into the vacant post and the new manager has applied to be registered with CQC.

People were cared for by staff who demonstrated kindness and compassion and were committed to providing support which helped people improve their health and well-being. Staff were knowledgeable about people's likes and dislikes and encouraged them to take part in activities of their choice.

People were supported to maintain important family relationships and were helped to celebrate special occasions.

People were supported by staff who had a clear understanding of their role and had received training to equip them to provide safe care and treatment.

People were supported with their prescribed medicine in a safe and effective way.

People were safeguarded from abuse and avoidable harm as staff had received training on how to identify signs of abuse and knew what to do in the event of a concern being raised. Risk assessments had been written and provided clear guidance to staff on how to manage potential risks.

The home was clean, tidy and in good repair. We found there to be a relaxed and professional atmosphere. One relative told us "It has a family atmosphere." Other relatives we spoke with were happy with the care provided at Ashley Drive.

The provider monitored the service to help drive improvements.

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 harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to access a wide range of activities both within the home and the local area.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service well-led?

Good 

The service was well-led.

There was a clear commitment from management and staff to support people to have improved health and wellbeing.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Ashley Drive

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 the 7 June 2017, it was announced. We gave short notice as the home is small and we needed to ensure someone was available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

All the residents who lived at Ashley Drive were unable to communicate with us verbally. 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 spoke with three relatives, the manager, the support lead and four care staff. We reviewed three staff recruitment files and two care plans within the service and cross referenced practice against the provider's own policies and procedures. After the inspection we contacted three more staff and a healthcare professional. We had contact with people who commission care on behalf of the local authority.

Is the service safe?

Our findings

We found people were kept safe. The home was secure and visitors to the home needed to wait to be let in or for the door to be answered before they could enter. Feedback from relatives was positive. Comments included "It's a family atmosphere" and "We are very happy with Ashley Drive."

People were supported by staff with the appropriate experience and character to work with them. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team if management did not report safeguarding concerns. However, staff told us they had confidence the management team would respond to concerns quickly. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. The service had recently worked with the local authority in managing a situation which had been reported to the safeguarding team. We noted the service had responded appropriately to the concern and was keen to learn from the situation to prevent a future occurrence.

Where required, people were supported with their prescribed medicines by staff who had received training to undertake this safely. Staff were also required to have an annual competency assessment to monitor their continued skill in relation to medicine administration. We observed medicine administration for one person. The staff undertook the task in a methodical and professional way. Two staff always undertook medicine administration, with one staff member reading from the medicine administration record (MAR) and the other administering the medicine. We checked the stock of medicines. The service had introduced a stock management system as the new manager had identified an over stock of medicine. We observed this to be the case for one person. We spoke with a member of staff about this. We noted the stock rotation could be improved. The member of staff told us they would be discussing this with management and improvements would be put in place. A member of staff took the lead role to monitor medicine stock.

Where people were prescribed 'as required' (PRN) medicine, the service had a protocol in place to provide additional guidance for the staff on when and why the medicine should be given. Risk assessments were in place for supporting staff to minimise the risks associated with medicine administration. Staff had access to guidance on how each person communicated when they were in pain. We spoke with staff and they were knowledgeable about how each person displayed how they were in pain.

The service had an external medicine audit completed on 17 January 2017. It identified a number of recommended actions. We spoke with the manager and head of support and had found appropriate action had been taken. For instance, one action was to purchase a medicine book (British National Formulary) and we

were able to see this had been bought and was in use.

Risks posed to people as a result of their medical condition were assessed and information was available to staff on how to minimise those risks. For instance, we found risk assessments had been completed for a number of key tasks including help with moving positions, use of bedrails, wheelchair belts and activities outside the home as examples. Risk assessments were reviewed when changes occurred. The manager informed us all risk assessments were being updated at the present time, which was in line with the provider's policy.

Each person had a personal emergency evacuation plan, which detailed what help they required in the event of a fire. A fire risk assessment had been written on 11 August 2016 and was due for review later this year. We saw evidence that regular checks were undertaken to ensure the safety of the building. For instance, we noted monthly checks were completed on emergency lighting and regular fire drills occurred. Staff we spoke with were knowledgeable about what to do in the event of a fire.

People were protected from the risks associated with unsafe premises. Equipment used in the home were well maintained and regularly serviced. The provider rented the building from another company and they ensured all safety checks were up to date. A member of the senior management team informed us the relationship with the landlord was very good and they were "Responsive." We needed to check some dates for building inspections and we also found the landlord to be quick at sharing the information requested.

A staff member was given the responsibility to undertake regular health and safety audits. We noted that daily water temperatures were taken and the required checks on water safety to reduce the likelihood of Legionella were completed.

Is the service effective?

Our findings

People received care from staff who understood their needs and provided effective care. Relatives told us staff were knowledgeable about their family member. One relative told us "We have good communication with the staff, this is particular important as they can't converse, [name of staff] is excellent we can't fault him" and "[name of person] keyworker keeps in regular contact with us."

People were supported by staff who received appropriate supervision and support. New staff were provided with an induction which included working alongside an existing staff member and learning about the people who lived at Ashley Drive. A staff member described their induction as "Pretty intense", however they told us it did prepare them for working at the home and they found management "Supportive." Staff had access to an 'on call' manager outside of office hours. New staff were supported to undertake the Care Certificate, a nationally recognised minimum set of standards expected from health and social care workers.

There was a clear structure for the management of staff. The support lead told us some of the one to one meetings with staff had been delayed due to holidays. This had been identified by the provider's quality monitoring process and an action plan was in place. However we observed one to one meetings and annual appraisal did happen. Staff were provided with training the provider deemed mandatory. We noted training records were stored on an electronic system. Management were able to see what training staff had received and prompted staff when training required updating.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 the 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. Staff we spoke with had a good understanding of the MCA. We saw the service made timely applications to the local authority to authorise a DoLS. Consideration to mental capacity was a key feature in care planning and risk assessments. We noted the best interest process had been followed and records were made of who was involved in the decision being made.

Staff told us they actively encouraged people to be involved in decision making. For instance, one staff member told us they always offered a choice of breakfast options to one person. They told us "Although he cannot speak with us, he uses his eyes to make a choice, so we know which one he has chosen."

Many of the people who lived at the home were nil by mouth and received their hydration and nutrition through a Percutaneous Endoscopic Gastrostomy (PEG), which is a feeding tube inserted orally into the

stomach. For each person with a PEG there was a care plan in place detailing the frequency and quantity of PEG feed required. For people who were able to eat, they were supported to have a balanced meal. Two relatives told us how they had worked with the home about their family member's weight. One relative told us "He now takes a packed lunch to the day centre and has a hot meal at night, this seems to be keeping his weight down." Another relative told us "She used to have two hot meals a day, one at the day centre and one at home, she now has three hot lunches a week at the day centre, she is much happier with this." We observed menu choices were displayed in the dining room. Staff had access to guidance on eating well and recorded food temperatures to ensure food was prepared correctly. A member of staff told us each Sunday people were supported to make meal choices for the week. Staff used pictures of meals to help people make an informed decision. The dining room and kitchen were well maintained and food in use was appropriately labelled with expiry dates.

People were supported by staff to maintain their health. Staff took people to health appointments. We saw a record was made of each health appointment including the reason for the appointment and a summary of the discussion which had taken place and any treatment required. If needed future appointments were placed in the diary.

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and compassion. The home had a relaxed and professional atmosphere. Staff were extremely knowledgeable about the people they supported. Relatives confirmed this. We observed staff carried out support as described in people's care plans.

We observed professional and caring relationships had developed between people and staff. This was supported by what relatives told us. One relative told us "We are very pleased as [name of family member] seems really happy." Another relative told us "[name of person] knows all the staff, if we take him out, when we get back; he has a big beam on his face when he sees the staff. That is reassuring to us; it makes us feel he is happy."

Staff were aware of each person's preferred method of communicating. We observed staff communicated with people as described in their care plan. Staff had access to information about people's behaviour, posture, mannerisms and vocal noises and whether the action was displaying if the person was content or distressed.

People were encouraged to be involved in the support staff provided. We observed staff talking to the person about what was going to happen. For instance, one staff member who was supporting a person with PEG feeding said "I am just connecting your feed [name of person], [name other resident] is here too, so you can have your breakfast together." Another member of staff asked another person if they wanted to watch music videos. We noted the person responded with a smile. We checked the person's care plan and it advised they liked music.

Relatives told us they were happy with the staff. One relative told us "They [staff] really care, [name of person] was in hospital and they [staff] stayed with him and the home arranged for someone to help communicate with him." On the day of inspection another person was in hospital and we heard the staff arranging a visit to the hospital.

Staff told us people were encouraged to do what they could in order to keep their independence. They told us "[name of person] may press the button on the lift or may push the door to exit the lift. [Name of person] is encouraged to take her clothes off and [name of person] is encouraged to walk standing up tall while he uses his walking aid." Another person had been supported to purchase specialist cutlery so they could be more independent with their meal.

Staff demonstrated an interest and commitment to improving the quality of life of people who lived at the home. One member of staff had made pencil sketches of people and had placed them on the wall in the hallway. Another member of staff had purchased a 'Fidget' toy to see if it would help the person deal with their emotions. The home had recently been provided with a small computer (Tablet). We overheard one member of staff tell other staff how they had downloaded a game in which people could touch the screen and pop a balloon. This demonstrated how staff sought different ways to improve interaction with people.

Staff demonstrated they knew how to provide dignified and professional support. Each person had a door bell on the outside of their room. We observed staff routinely used this even when the person was not in the room. Staff spoke respectfully about people when discussing their needs with us.

Staff supported people to maintain important family relationships. We saw pictures had been taken of people celebrating important events, like birthdays, Easter and family gatherings. The support lead told us, "We try to take lots of pictures, as we can use them to talk to people about what they have done and also we can share this with family members."

Rooms were personalised to each person's taste. People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people to ensure sensitive information was not discussed in the open.

Is the service responsive?

Our findings

Pre-admission assessments were undertaken to ensure the service could meet the needs of people prior to moving into the home. Careful consideration was made when selecting future residents to ensure the home was filled with people with compatible needs. At the time of the inspection the home had a vacant room. The support lead told us they were looking to admit another person into the room. The home ensured it gathered enough information to make a decision about a person's suitability to move in. We spoke with family members and they told us they had been involved in their family member's move. One relative told us "We visited two or three other homes, we choice Ashley Drive as it was purpose built, modern, spacious and very clean."

Each person supported had a detailed care plan in place. It provided a thorough picture of what support the person required. This included breakdown of the level of support required and how it was to be provided. Care plans had been written for key areas of a person's life. For instance we noted one person had care plans in place for meeting nutritional needs, oral health, communication and getting up in the morning as examples.

Care plans and risk assessment were in place to help staff manage people's medical conditions. For instance, one person had epilepsy. They had a detailed care plan explaining the different types of seizures they experienced and what actions were required. We spoke with staff and they were able to tell us what the care plan stated. Care plans were reviewed and changes were made when required. For instance, one person had recently been in hospital, we saw the care plan had been reviewed.

Where required people were provided with equipment to help them remain as independent as they could be or to help staff maintain their safety. For instance, one person had a ceiling track hoist in their room, which staff used to support the person move position.

Each person had a link worker; this was a member of staff which took the lead in coordinating a person's care and spoke to family members to ensure they are kept up to date with their relative's support.

The service operated a handover meeting between shifts. This ensured important information and any updates about people were communicated. In addition to this, people who attended day services away from the home had a communication book. This ensured information was shared across the two services.

The service had a complaints procedure. Relatives we spoke with told us they knew who to speak with if they had any concerns. Staff were able to tell us how they would handle any concerns raised.

The service had facilities for relatives, staff and visitors to feedback. A suggestion tree was displayed in one of the corridors. We looked at some of the comments displayed. They provided positive feedback about the service.

The service provided monthly family meetings. Relatives told us these were useful to share information with

the staff about issues affecting the wider family members and helped develop relationships with the staff. One relative said "The monthly meetings have proved successful, they listen to our concerns, little things pop up and they always get dealt with. Another relative who was commenting on a planned holiday a long drive away told us "As soon as we objected the managers reacted favourably and agreed it would not be a good idea to travel for so long."

People were encouraged to be involved in activities of their choice. Likes and dislikes were documented in care plans. People were encouraged and supported to continue to practise their religious beliefs. This was confirmed by what relatives told us. One person was supported to go to their local church each Sunday morning and another person was supported to attend a Buddhist Temple.

People were supported to visit areas of interest in the local community and beyond. One person was a member of the National Trust and had previously visited homes and gardens. There was a wide range of activities available to people with support from staff. These included both indoor and outdoor activities. People went out for lunches, visited garden centres and had been to day trips to the seaside. Two people had recently been away on holiday and a relative told us a future holiday was planned. Indoor activities included, a sensory room, which was used on a regular basis, sensory toys were also available in the lounge and some people enjoyed watching television.

Is the service well-led?

Our findings

Relatives told us the service was well led. Comments included, "I have been very impressed with the new manager" and "I have found the new manager approachable, very good." A third relative commented "The new guy seems ok." The previous registered manager deregistered in June 2017. The provider had successfully recruited into the vacant post and the new manager has applied to be registered with CQC.

Relatives told us they felt valued and listened to by the staff. They felt the staff understood their needs as relatives as well as their family member's needs.

Staff demonstrated a commitment to providing a high quality service and improving the health and welfare of people they supported. We observed there was good communication among team members. Staff told us they felt valued and described the management as "Approachable". The manager told us they were going to introduce fortnightly meeting with staff to further develop clear roles and responsibilities within the home. It was intended all staff members would contribute to improving the service. At the time of the inspection each staff member had a set responsibility. For instance, one staff member was responsible for all the food shopping and monitoring of fridge stock rotation.

There was a clear management structure in place both within the care home and the organisation. The new manager had been supported since being in post by senior managers who visited regularly. A member of the senior management team undertook regular quality monitoring visits. In addition to this the provider had a peer management process in place for managers from another location to undertake quality assurance visits. The manager told us this was yet to take place at Ashley Drive and discussion had happened about the tool used for the process. The manager was confident this was going to be resolved in the near future.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation as there had been an incident which met the threshold. The manager was unsure at the time of the inspection. However after the inspection we received confirmation from the provider the service did have a procedure for duty of candour and staff were aware of the importance of being open and transparent. The manager sent us copies of letter written regarding the incident and had taken appropriate action to prevent a future occurrence.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a serious injury occurs. We checked our records and cross referenced it with incident and accident reports. We found we had been notified of events when required.

The service had been nominated for a dignity in care award in March 2017. The service welcomed support from external agencies and had received a contract monitoring visit from the local authority in February 2017. We noted there were some recommendations made at the time and the manager and support lead

were able to update us on the progress made to date.