

Randall Care Homes Limited

Ascog House

Inspection report

19 Wrotesley Road
London
NW10 5UY

Tel: 02089617366

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05 April 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This unannounced inspection of Ascog House took place on the 5th April 2016. At our last inspection on 8 April 2014 the service met the regulations inspected.

Ascog House is registered to provide accommodation and personal care for five adults. The home provides care and support for people who have mental health needs. The home is owned and managed by Randall Care Homes Limited who provides a similar service in four other care homes in North West London. On the day of our visit there were two people living in the home. Public transport and a range of shops are located within walking distance.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us they were satisfied with the service they received. They told us staff were kind and respected their privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm.

Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People were supported to choose and take part in activities of their choice.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was maintained and promoted. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People chose what they wanted to eat and generally cooked their own meals.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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 told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good ●

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care. People's independence was encouraged and supported.

Staff understood people's individual needs and respected their

right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service and staff informed us the registered manager and other management staff were approachable, listened to them and kept them updated about the service and of any changes.

People were asked for their views of the service and had the opportunity to provide feedback about the service during residents' meetings and issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Ascog 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 was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection.

During the inspection we spoke with two people using the service, the registered manager, another manager, assistant manager, a senior care worker, and one care worker. We observed interaction between staff and people throughout our inspection.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of the two people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. People told us "It's safe here," and "I feel safe." People using the service told us they would inform staff if they felt unsafe or were worried about anything.

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and/or other management staff and were confident that any safeguarding concerns would be addressed appropriately by management staff. Care workers informed us they had received training about safeguarding people and training records confirmed this.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us staffing levels were adjusted to meet people's specific needs, such as when people needed staff support to attend health appointments. A care worker told us "We have extra staff when needed." We found sufficient staff were deployed during the inspection to provide people with the support they needed. Staff spent time talking with people and were available when people wanted to engage with them about a matters to do with their care and/or the service. People confirmed there was always a member of staff they could speak with.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. Risk assessments included risk management plans for a selection of areas including; use of the kitchen, cooking, community participation, medication and behaviour that challenged the service. Records showed the service had a lone working policy which included health and safety guidance for staff on the risks of working alone. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems.

An up to date fire risk assessment was in place. Fire drills that included participation from people using the service took place. However records showed only two fire drills took place in 2015. The deputy manager told us she would make sure that they were arranged to take place more frequently to ensure all staff and people using the service were familiar with the action they needed to take in the event of a fire. We noticed that one door leading into the lounge had been propped open. A person using the service told us they did not like the door to be closed. The deputy manager told us the door was closed at night and she would make sure a suitable safety door mechanism was purchased to enable the door to remain open during the day. Following the inspection the registered manager told us that an appropriate fire door retainer had been fitted to that door. A care worker spoke about the emergency procedures to be followed in the event of a fire

or other emergency.

People managed their own money. It was written in people's care plans that staff were available to provide people with support and advice about their finances. A person using the service confirmed that they managed their own finances.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. People had a specific care plan relating to the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed staff had received medicines training however; written staff medicines competency assessments were not available. The assistant manager told us about the individual 'in house' medicine assessments that were carried out by the general manager before staff administered medicines. She told us she would ensure a detailed record of this competency assessment was completed for each member of staff who administered medicines to people safely. We found there were accessible information leaflets about people's medicines. Staff also had access to a computer where they could look up medicines they were not familiar with.

The home was generally clean. However, areas inside some kitchen cupboards were not very clean. We pointed this out to a care worker who was seen later cleaning them. The assistant manager told us she would speak with staff and make sure this was monitored closely. Soap and paper towels were available and staff had access to protective clothing including disposable gloves.

Is the service effective?

Our findings

People told us they received the care and support they needed from staff. People commented; "Things are ok, staff help me, I know the staff well," and "I eat well and cook here." Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the needs of the people using the service.

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, policies and procedures, people's needs and shadowing more experienced staff. A care worker spoke in a positive manner about their experience of 'shadowing' staff during day and night shifts when they started their job. Care workers told us the induction and staff handbook had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. The Care Certificate which is the benchmark set in April 2015 for the induction of new care workers was discussed with the registered manager. They told us they would look at developing a system to put this in place for new care workers who would complete this induction as well as the current 'in-house' induction.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, infection control, fire safety, food safety, whistleblowing and health and safety. Staff had also received training in other relevant areas including understanding and managing challenging behaviour and mental health. A care worker told us the recent training they had received about supporting people who sometimes challenge the service had helped them develop their skills in that area. Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. A care worker told us they were currently in the process of completing a 'team leading' qualification. Care workers were positive about the training they received, and confirmed they regularly had refresher training in several essential areas including, fire safety and safeguarding adults. A person using the service told us "Staff seem to know what they are doing. I always have someone to talk to."

Care workers told us they felt well supported by management staff. They told us and records showed that staff regularly had the opportunity to meet with management staff including the registered manager during individual and group meetings. Records showed and staff told us the meetings monitored staff performance, identified their learning and development needs, and were an opportunity to discuss people's needs and other areas of the service. Records showed a range of topics including; consistency in practice, updating people's care plans, and reporting to management staff been discussed during supervision meetings.

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 to 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). The home had a MCA/DoLS policy. Care workers and management knew about the requirements of MCA and DoLS. Care plans showed that people had capacity to make a range of decisions to do with their day to day lives including their care and treatment and managing their finances. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Management staff informed us that no people using the service were subject to a DoLS authorisation at the time of our visit.

People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives.

Care workers knew about people's care plans which they told us they read. They told us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. We heard care workers amongst themselves communicate about people's needs, which made sure they were up to date with information about people's current needs. People using the service told us staff provided them with the support and assistance they needed.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people received annual health checks and had access to a range of health professionals including; GPs, psychiatrists, community psychiatric nurses, and opticians to make sure they received effective healthcare and treatment. People spoke of attending health appointments and having blood tests. Each working shift care workers completed daily care notes about people's needs including their health so these needs were monitored closely.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. Records showed that meals catered for people's varied preferences and cultural needs. A person told us "We plan what to eat. I buy stuff I want. They provide me with good food." People's weight was monitored closely. Care workers knew to report significant changes in people's weight to the registered manager. People told us they chose what they wanted to eat and prepared their own meals. We heard people discussing with care workers what they were going to eat during the day of the inspection. People using the service had an understanding of healthy eating and the importance of regular exercise. A person told us they had an exercise bike they frequently used.

People using the service told us they were happy with their bedrooms and the environment of the home. A person using the service showed us their bedroom, which was personalised with a range of their possessions. They told us they had chosen their bedroom. A person told us "I have my own things in my room, I have everything I need."

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Management staff and care workers spoke with people in a friendly and respectful way. People told us staff were kind and treated them well. They knew the names of the management staff and confirmed they were approachable and listened to them. Comments from people included "I feel involved, I can see friends if I want," "They [staff] have helped me be more independent," "I am treated with dignity and my privacy is respected." and "I can speak with staff."

Care workers informed us they knew people well. A care worker told us "There is a good bond between staff and residents, communication and understanding is good. There is a good relationship." Care workers told us there was consistency of staffing within the home. People using the service confirmed this. A person told us "We are very close, me and the staff, I trust them and respect them." People's care plans included a detailed profile about each person to help staff understand people's individual needs. Care workers told us they got to know each person by talking with them and staff, reading people's care plans and speaking with health and social care professionals care managers.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. People confirmed they were encouraged and supported to make decisions and was happy with the care and support they received. During a residents' meeting we heard staff involve and encourage people to make a range of day to day decisions and respected the choices people made. During the inspection care workers encouraged and praised people.

Care workers told us people's independence and the development of their skills were supported by encouraging and supporting people to be involved in household tasks including cooking, laundering their clothes and ironing. A person using the service told us that they tidied their own room and did their laundry. People attended some health appointments independently.

Care workers understood people's right to privacy and we saw they treated people with dignity. The service had a confidentiality policy. Records showed this had been discussed with staff during their induction. Care workers had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were stored securely. Care workers knocked on people's bedroom doors and did not enter people's bedrooms without permission. A care worker told us "Everything stays in the office, we know when to share information and when not to." We saw people decided when to spend time alone in their bedroom and this decision was respected by staff. People told us they had a key to their bedroom.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. A person using the service spoke of the family members that they regularly had contact with.

Care plans included information about people's life history and their spiritual needs. People told us "They

respect my culture and background." Care workers were knowledgeable about people's religious needs. A person told us about their particular dietary needs and informed us that they currently chose not to attend a place of worship. Another person commented "I could go [to a place of worship] if I wanted to."

Care workers and people using the service confirmed a range of religious festivals as well as people's birthdays were celebrated by the service. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. Care workers told us "Equality and diversity means not discriminating between people, respecting their beliefs and treating people equally," and "Respecting people's choice and what they believe in, it is seeing people as individuals."

Is the service responsive?

Our findings

People told us they felt involved in their care and were happy living in the home. They confirmed they could choose the activities they wanted to participate in. A person told us "I like going out into the local area to buy food. I buy my own clothes from the internet."

Management staff told us that before a person moved into the home information about the person's needs was obtained from health and/or social care professionals. An initial assessment was then carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people currently using the service. People's care plans were developed from the initial and on-going assessment of their needs. Care workers told us and records showed people's needs were assessed and monitored on a day to day basis. A care worker informed us that each day a summary of each person's progress was emailed to management staff so they were up to date with people's progress. Records confirmed this.

People's care plans were individually personalised and identified where people needed support and guidance from staff. The two care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them and described their individual abilities. People did not have a copy of their care plan. One person using the service told us they felt they did not need a copy of their care plan as they knew it was in the office and they could ask to look at it if they wanted to. Another person said they would like a copy of their care plan. We spoke with the registered manager who told us they would provide the person with a summary of their care plan. Care workers we spoke with had a good understanding of people's needs and told us about how they provided people with the care and support they needed. A care worker told us about the guidance they followed when a person's mental health needs changed. A person told us "I feel involved in my plan. They [staff] talk to me and ask me if there is anything I want to change in my plan."

People's individual choices and preferences were recorded in their care plan and their care and support needs had been reviewed regularly with their involvement. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour. Health and social care professionals confirmed they were kept informed of people's progress and of any changes in needs.

People told us and records showed people using the service had the opportunity to participate in daily resident's meetings and regular one to one meetings with staff to discuss day to day matters to do with the service, activities and appointments and issues to do with their care and support. A person told us they found the one to one meetings that they had with staff useful and supportive. A care worker informed us people's physical health, mental health and social needs were topics that had been discussed with people during one to one meetings.

People's activity preferences were recorded in their care plan. Care workers told us a significant part of their job was trying to motivate people using the service to take part in a range of activities. People told us they accessed local community amenities, listened to music, watched television, took part in exercise sessions

and sometimes went out to local cafes. During the inspection a person using the service took part in a counselling session. People told us and records showed people had been supported to develop their skills and knowledge by attending college courses and completing voluntary work. People told us "I go for walks," and "They [staff] have given me space to explore what I want to do." We saw people chose whatever they wanted to do including relaxing in their bedroom and freely accessed areas of the home including their bedrooms, lounge and the kitchen.

The service had a complaints policy and procedure for responding to and managing complaints. People told us they had no complaints about the service and would report any complaints they had to management staff and were confident they would be addressed appropriately. Care workers knew they needed to take all complaints seriously and report them to management staff. Records showed complaints had been responded to appropriately.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. They told us "It is nice here, I am happy it seems well run," and "It is well run. I have recommended it [the service] to several people."

The service had a registered manager in place and a clear management structure. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager and/or other management staff. Where incidents had occurred, detailed records had been completed and retained at the service. We saw records were maintained with regards to any issues or incidents which had been brought to the registered manager's attention and were reported to the CQC when required. Records demonstrated appropriate action had been taken by the service in response to issues to do with the service that had been brought to the attention of staff.

People using the service told us the registered manager and other management staff regularly spent time in the home. They told us that management staff were approachable and they frequently spoke with them. A person using the service told us "I can talk with them [management staff] about things and they will do something about the things I tell them." Care workers informed us management staff were always available to provide advice and support. Records showed a manager was on call at all times. We heard and saw the registered manager engage in a positive manner with people using the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Care workers told us they were kept well informed and were confident the registered manager and other management staff would listen to them and address any matters they raised about the service.

Records showed people using the service had the opportunity to complete satisfaction surveys about their view of the service. Results of this feedback showed people were satisfied with the service.

A range of records including people's records, visitor's book, communication logs, health records for individuals showed that the organisation liaised with a range of professionals to provide people with the service that they needed. Social care and health professionals attended people's care review meetings and also carried out regular monitoring visits of people's care.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

Staff carried out a range of checks to monitor the quality of the service. These included checks of the environment, medicines, and fridge/freezer temperatures. An environmental check that had recently been carried out showed that action was being taken to make improvements in some areas of the service. The deputy manager informed us the hot water systems have thermostatic valves in place to make sure the hot water from the taps was within safe limits. We checked the hot water temperature by touch after running it and found that it was not significantly hot to the touch. However, records of regular checks were not

available. Following the inspection the registered manager told us these checks were now taking place and would be monitored during environmental checks. Records showed that maintenance issues were addressed appropriately.