Ashness Care Limited

Ashness House

Inspection report

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Ratings

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

Overall summary

This inspection took place on two days; 30 December 2015 and 14 January 2016 and was unannounced.

The previous inspection was in November 2013 and we found the home was meeting all the standards inspected at that time.

Ashness House is a care home registered to provide care and accommodation to five people with mental health needs. There were three men living in the home at the time of our inspection. Each person had a single room with an ensuite bathroom and shared a kitchen, dining room and lounge. This home accommodated men only.

The home had two registered managers. One of them worked full time at the home and the other, a director of the company Ashness Care Ltd, worked across their two care homes and supported living services. The registered manager we refer to throughout this report works full time at Ashness House.

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.

Summary of findings

This home aims to increase people's independence skills. Since the last inspection two people had progressed on to less supported accommodation after developing their shopping, budgeting, cooking and self-medication skills whilst living at this home.

People told us that there were enough staff to meet their needs during the day and night.

Staff were trained in safeguarding people. Each person had a risk assessment and risk management plan. People were supported to make decisions about their care and lifestyles and to attend health care appointments when needed. Staff received support and supervision in their role. They were able to provide personalised support to three people who had very different needs.

People were offered the opportunity to undertake a range of activities of their choice, but their decisions were respected if they chose not to. Two people were going out regularly with staff support to go shopping, walking and to exercise classes. All three people said they were very happy with the service provided at the home and liked all the staff. People knew how to make a complaint and felt comfortable raising any concerns with staff if they were unhappy.

There were quality assurance systems in place for the service, and people felt supported by the home's management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had training in safeguarding people from abuse and knew the risks to people's health and safety and there were plans in place to manage these risks.

The building was adequately maintained. There was an effective system where the staff could call senior staff for advice and support. People thought there were enough staff on duty to meet their needs. The provider took out appropriate checks when recruiting staff.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. The staff team supported people with their nutritional needs by going food shopping with them and helping them to cook.

Over the last year staff completed training in a variety of relevant topics to help them effectively meet people's needs. Staff had regular individual formal supervision to discuss their work.

People said they received support from staff with their mental and physical health needs. Staff supported people to attend health appointments and helped them with their health goals such as weight loss and physiotherapy. Three healthcare professionals told us that the home was effective in providing a good service to people.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and independence and formed good relationships with people. Staff had good knowledge of people's individual backgrounds and religion. People told us that they were happy with all the staff .Staff spent time talking to people and engaging with them in the lounge to reduce their social isolation.

Is the service responsive?

Good

The service was responsive. Staff supported people in their goals to become more independent and move on to less supported accommodation. Others needed a higher level of support and staff were responsive to each individual's different needs.

People did not have much knowledge of the content of their care plan but had been involved in developing them. The provider offered people the opportunity to go on organised visits to new places and to go on holiday.

People knew how to complain and felt comfortable raising concerns.

Is the service well-led?

Good

The service was well led. The registered manager was experienced and well qualified for the role. He was supportive to people living in the home and the staff team.

There was an open culture in the home and the registered manager had good relationships with health and social care professionals involved with people living in the home.

Summary of findings

Health and social care professionals gave positive feedback about the home.

The provider carried out quality assurance audits, and there was evidence of learning and continuous improvement.

Ashness 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 over two days; 30 December 2015 and 14 January 2016, and was unannounced. Medicines were inspected on 30 December 2015 by a pharmacist inspector.

The inspection team consisted of one inspector and the pharmacist inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about this provider including notifications of events and safeguarding alerts since the last inspection.

We talked to all three men living in the home privately and a senior support worker and talked to the registered manager and a visiting healthcare professional.

We carried out pathway tracking which is where we read the risk assessments and care plans for people and then check whether their assessed needs are being met. We observed interaction between staff and people in the home and we inspected the building. We reviewed the following records as part of the inspection; staff recruitment files for one staff, supervision records for one staff and training records for all staff, health and safety records, medicines records, health and safety records, two people's care plans, risk assessments, daily records of care and support provided and quality assurance records. We contacted health and social care professionals involved with people living at the home to ask for their views on the service provided and received feedback from three of them.

Good

Is the service safe?

Our findings

People said they felt safe in this home. One person said, "It's good here, there's no bullying here," and another said, "I feel extremely safe here."

The risks to each person's safety and wellbeing were recorded in their individual risk assessments along with indicators of a mental health relapse where the person would need professional support. This included relevant telephone numbers which helped staff to understand risks to people and to seek professional assistance promptly.

The registered manager said that, where people were at risk of self-harm, there were steps in place to reduce this risk by removing items which could be used to self-harm.

The provider took action to minimise the risk of financial abuse of people living in the home. Staff looked after money for one person who was unable to do this themselves. Staff kept records of money given to this person daily which he and they signed for and which was checked every day. Staff helped to keep people safe from specific risks relating to them having access to money, and went food shopping with them so that staff could pay for their food to ensure the food money was spent on food.

Staff had an understanding of whistleblowing and safeguarding procedures and the registered manager had a good understanding of appropriate procedures to follow to prevent and to report any suspected abuse. The provider has a good history of reporting any incidents or abuse promptly to the relevant authorities.

At this inspection, we checked medicines storage, medicines administration records and care plans, and supplies of medicines for all three people living at the home. All prescribed medicines were available at the service and were stored securely. No controlled drugs were stored on site. We saw evidence that all three people were receiving their medicines safely, and as prescribed. We saw that allergy statuses were not always clearly documented for each person and the registered manager agreed to rectify this immediately.

For one person we found that the dose of one of their medicines did not match the letter from the hospital in the care plan, however we were told that the dose had been recently changed by the psychiatrist so they were receiving the correct dose. The registered manager agreed to take steps to get confirmation of the current dose in writing.

There was a system in place to record medicines received from the local pharmacy. Medicines stocks for items that were not dispensed into blister packs were checked three times a day. Records of medicines administered were clearly completed, and were up to date with no gaps. The staff at the home dealt with unwanted medicines by returning them to the local community pharmacy for disposal.

The temperature of the medicines storage area was monitored once a day. From looking at temperature records we were assured that the medicines were kept at the correct temperatures in order for them to remain effective. All previous readings that were reviewed were satisfactory.

Members of staff were responsible for administering medicines to people. Nobody was currently able to look after their own medicines.

Medicines were supplied in blister packs from the local pharmacy. Staff from the pharmacy had recently visited the home to deliver some medicines training.

There was a list of common medicines (both for treatment of mental health conditions and physical health conditions). This list included an explanation of the indication and common side effects of each medicine and was made available to staff.

We saw evidence that people's views were taken into consideration during their medicines reviews which were completed by the doctor.

There was a process in place to learn from medicine error incidents. We were notified that a medicines error had occurred. Appropriate action was taken following the error to seek advice from the doctor and ensure that the person was safe and suffered no adverse effects. The member of staff who had made the error had been supported in a constructive way and received further medicines training before being allowed to give medicines again.

There were two staff on duty most of the time as people needed this support. Between 8 and 11am and after 9pm at night there was one staff member in the building but somebody on call to come and assist if needed. There was

Good

Is the service safe?

a lone working policy for staff. There was no risk assessment detailing what the risks might be for a staff member working alone in this home. However there was always a manager on call for advice and support. A manager from Ashness Care Ltd would always answer the phone and attend the home if needed. There were written emergency procedures in place.

The provider had ensured the electrical appliances and fire equipment were checked for safety regularly but gas and electrical installations checks were overdue**.** The registered manager said they would arrange this to be completed immediately once we brought this to their attention. Staff carried out weekly health and safety checks and the building was in satisfactory repair at the time of the inspection. A kitchen cupboard needed replacing and the manager told us this had been ordered. The staff helped people to organise their rooms and clean regularly. The communal rooms were in satisfactory repair.

We looked at one staff's file which contained the checks carried out by the provider to see if the person was suitable to work in a care home. These contained checks of any criminal records and barring from working in health and social care (called DBS checks), proof of identity and references from their previous jobs.

The provider took appropriate disciplinary action against staff when needed and had a clear disciplinary policy.

Good

Is the service effective?

Our findings

One person told us that staff supported them effectively and said, “it’s a good service” and, “staff helped me.”

The provider had arranged training for staff since the last inspection. Staff had been provided with a variety of training relevant to the needs of people living in the home, including mental illness, nutrition, challenging behaviour, forensic mental health and personality disorders, as well as food safety and first aid training and infection prevention. Staff studied for diplomas in health and social care with a local college and those who needed it had extra support with literacy from the college.

Staff were receiving individual supervision and appraisals from the registered manager. There was a stable staff team of four men working fulltime with other staff employed by the provider working as needed.

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). 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.

The registered manager understood the MCA and the requirements of the DoLS and staff had attended training on the MCA in general, and the specific requirements of the DoLS.

At the time of our inspection the registered manager told us there were no DoLS authorisations in place and no applications had been submitted for people currently using the service. One person had a professional capacity assessment recorded about their ability to make decisions about their finances which was good practice as this protected the person from financial abuse.

People told us they could go out whenever they wanted though two people needed support to do so. These people said that staff did support them to go out regularly when they wanted.

Staff encouraged people to be as independent as they were able. Staff gave them money to buy food, and went with people to help them to choose and buy their food. Each person had a cupboard in the kitchen and their own fridge in their room. Staff cooked meals for one person and supported the others with cooking.

The GP surgery was within walking distance from the home and staff supported people by going to their appointments with them.

The registered manager had requested physical health checks from the GP. Blood pressure was monitored for each person in the home on a monthly basis. The clinical team provided guidance on whether blood pressure readings needed to be taken more regularly than that for specific people.

Staff supported people to attend medical appointments for their physical and mental health if they wanted support and kept records of the appointments for people. Staff were aware of people’s health needs and people said they felt well supported with their health.

People said that staff arranged their health appointments and went with them to support them. One person said, “they always support me to go to the doctor” and another said that staff tried to encourage him to use local drug and alcohol support services. Another said, “they support me with my health extremely well,” and said staff always arranged his medical appointments for him and went with him to provide support.

Staff requested professional support to help people with their individual health needs, including substance misuse workers, a physiotherapist and a psychologist.

One person said staff had supported him to lose weight which had improved his health.

A sheet was in place with a summary of health information, medical history, allergies and diagnosis ready to take to hospital if a person was hospitalised in an emergency.

Good

Is the service caring?

Our findings

People gave positive feedback about the staff. One person said, "I like them, they treat me well," and another said, "They are alright, they are good people". We saw staff sitting in the lounge with people talking and playing dominoes which made a homely atmosphere. People said they got on well with staff and with each other and all three men said they would like to stay in the home as they felt cared for.

The philosophy of the home was to encourage people to become as independent as possible. Staff encouraged people to do their own shopping and cooking as far as they were able. Where people were not able to cook proper meals or keep their room clean, staff helped them or did it for them, depending on the person's individual needs. Staff supported people to make their own decisions and respected them. Staff had offered one person support with budgeting and to have a daily allowance for spending but respected the person's choice to look after their own money even though they did not always make decisions which were good for them.

Staff respected people's wishes and right to privacy. One exception was searching of bedrooms where this was to reduce risk of harm to people. Staff said they always knocked on people's doors and waited for permission to go into their room.

The registered manager gave an example of where staff provided extra care and support for one person when they were at risk of harm. This was good practice and the person said they felt cared for.

At the time of the inspection nobody in the home had an advocate but the provider had recently informed us that they were planning to refer people to a local advocacy service.

Staff were aware of people's religious and cultural backgrounds. One person attended a place of worship when they wished to and staff supported them to do this.

Staff supported people to maintain relationships with their family and friends if they needed support. They also kept in touch with a person's family to let them know about their wellbeing, if the person consented to them doing so.

One person's care plan recorded that they should have opportunity for daily one to one talks with staff which staff had noted had a positive effect on their mental state. It was not recorded whether this was taking place. We raised this with the registered manager who said they would ensure staff recorded when they had spent this one to one time so that the registered manager could monitor whether this was taking place daily.

Good

Is the service responsive?

Our findings

People told us, "It's a pleasant home," "I'm extremely happy here" and "It's a good place, they look after me." The staff team were responsive to people's individual differing needs. Each person had very different needs and staff were able to adapt to meet the needs of people who had higher needs. Staff had started supporting people with personal care since our last inspection due to changed needs. The registered manager told us they were proud of the way staff had been able to provide personal care and change their way of working to suit each person's needs. Some people had high support needs and told us the staff were able to give them all the support they wanted.

Regular review meetings were held with people's mental health professionals.

People did not know much about the content of their care plans and although they had signed the plan and added comments to some sections, the plans were not written in a person centred way and the language used in some comments was not necessarily how they would speak or write. The registered manager said staff were working on making plans person centred so people were able to develop their care plans with staff supporting them.

We met one person's care coordinator who told us their client was happy in this home, their needs were met and they were supported to go out regularly. One person said they would like to go out to more places and the other two said they were happy with their lifestyle. Staff supported one person to use dial-a-ride transport to help them get out as they had reduced mobility.

People had the opportunity to have new experiences and pursue interests outside the home by going on organised trips to places such as Epping Forest and museums. In addition they had their individual interests which staff helped with, including attending a gym and going for walks in a local park.

The provider had organised a holiday this year for people living in their care homes which included learning how to ride and look after horses. People had the choice to go on a group holiday every year but were able to decline as enough staff stayed behind to support them at home. There was a monthly programme of trips but one person said they did not like group trips. In October people had the opportunity to go to the Science Museum.

All three people said they would like to remain at this home and received the right support to meet their wishes and needs.

There was a rehabilitation focus and the organisation also operated supported living services where people in this home could move on to gain more independence whilst being supported by staff they already knew. Four people had moved from this home in the last year to supported accommodation.

There had been no complaints since the last inspection and the two people we asked about complaints said they knew how to complain and thought that the manager would listen to them and try to resolve their concerns. There was a complaints procedure available to people. The registered manager talked to people regularly to see if they had any requests or concerns and had a good knowledge of each person.

People said they would feel comfortable making a complaint and they felt the registered manager was always responsive if they had any request or concern. Two complaints had been recorded in the complaints file and dealt with appropriately. However there had been complaints from a local shops and neighbours about antisocial behaviour. These were recorded in the relevant person's file but not in the complaints record. There was no record of what action was taken to address the complaints or written responses to the complainants. The registered manager told us he would ensure these and all future complaints, plus the action taken and responses to the complainants, would be stored in the home's complaints file. He was able to tell us what steps had been taken in response to the complaints.

Good

Is the service well-led?

Our findings

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There was an open culture in the home where staff and people living there felt able to discuss issues openly. The registered manager was qualified and experienced for the job. People living in the home said he was “a good bloke” and “he does his best to help me, he’s alright” and “he is extremely good.”

Audits were carried out at the home by the registered manager and by another director of the company to check the quality of the service being provided. There were no quality monitoring reports but the registered manager showed us emails where the auditor had written to the managers to give feedback. There was no written action plan with dates for action included in these emails so that staff knew who was to complete the action and when by. We found that the auditor was finding areas for improvement. The provider had recently told us they were planning to make the audits more structured so that action could be more easily delegated and checked.

The provider had recently been given an employer excellence award by the training provider they used. They were awarded 2015 employer of the year for supporting their staff in attending and achieving training for their roles.

Managers from the provider’s three registered services met regularly to discuss and reflect on care practice. Three health and social care professionals who worked with people living in the home told us they thought the service was good and the provider was good at communicating with them about people’s welfare and wrote detailed reports when there were concerns about a person’s wellbeing. The provider and registered manager worked hard at maintaining good relationships with other professionals involved with people at the home for their benefit. One health and social care professional who worked with the people living at the home said they were “doing a good job.” The registered manager kept the clinical team up to date about people’s mental health and wellbeing and alerted them to any concerns promptly.

There was regular consultation with professionals involved with the home as well as people living there to seek their views on the service provided and how they could improve.