

Ashley Healthcare Limited

Ashleigh 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 ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 30 January 2018.

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

Ashleigh House accommodates up to 10 people with mental health needs in one adapted building. At the time of our inspection, nine people were using the service.

At the last inspection on 1 December 2015, the service was rated Good.

At this inspection, we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received care appropriate to the identified risks to their health and well-being. People's care delivery was planned and reviewed to ensure staff met their needs. The provider ensured people had access to information to access the services they required.

People were supported to manage and take their medicines. Staff managed medicines safely in line with best practice.

People were cared for by staff who were supported in their roles. Staff learnt from incidents and accidents. People experienced high standards of care and support. The quality of care underwent checks and improvements were made when needed.

Staff had the knowledge and skills to perform effectively in their roles. People received care from staff who had attended training and refresher courses to keep their knowledge up to date.

Staff delivered people's care in a manner which promoted their freedom.

There were enough members of staff to meet people's needs. People enjoyed positive working relationships with staff who provided their care.

Staff provided people with the support they required.

People had access to healthcare services when needed and their dietary needs were met. Care delivery was in line with the requirements of the Mental Capacity Act 2005.

People were involved in making decisions about their care. People consented to care and treatment which staff provided in line with their wishes and preferences. Best interests meetings were held to support people who were unable to make decisions about their care.

People had opportunities to share their views about the service. The provider acted on people's feedback to improve service delivery. People knew how to make a complaint.

The registered manager maintained a visible presence at the service. People and staff knew the registered manager and were highly positive about the manner in which they managed the service. Staff enjoyed good teamwork and felt supported by their colleagues. Staff had access to guidance when needed and were confident the registered manager took their concerns about people's well-being seriously.

People's quality of life was improved because of the close working partnership between the registered manager and other agencies.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ashleigh 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive took place on 30 January 2018 and was unannounced.

One inspector undertook the inspection.

The last inspection of the service was carried out on 1 December 2015.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, the registered manager informed us they were completing the Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the registered manager and provider to provide us with any information relevant to the inspection. We received the PIR after our inspection visit.

During our inspection, we spoke with four people using the service, two members of care staff, one director and the registered manager.

We looked at five people's care records, their risk assessments and medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records, complaints and policies and procedures.

We reviewed four staff files that included recruitment, training, supervisions and appraisals. We reviewed feedback the service had received from people using the service and their families.

After the inspection, we received feedback from three health and social care professionals.

Is the service safe?

Our findings

People continued to receive support which protected them against the risk of abuse. Staff had attended safeguarding training and knew how to identify and report potential abuse. The registered manager reported safeguarding incidents to the local authority for investigation to ensure people's safety.

People received care that minimised the risk of harm. Staff involved health and social care professionals in identifying and developing plans to manage risks to people's health, such as accessing the community and managing their finances. Staff carried out regular reviews of risk assessments to identify people's changing needs. Staff said they had information about triggers to behaviours that challenge and had sufficient guidance to minimise the risk to people's health and welfare. Records showed staff identified and managed risks to people's health while promoting their independence.

There were enough staff deployed to meet people's needs. People were happy with the amount of staff who were available to support them. Staffing level adjustments made reflected people's changing needs, such as undertaking activities or attending medical appointments. Staff told us and duty rosters confirmed shifts were covered by permanent staff and additional staff provided when required.

The provider's recruitment processes remained appropriate and used consistently for checking the suitability of staff to provide care. This included carrying out interviews and checks on applicant's employment history, references, identity and right to work, and criminal record checks. Staff told us and records confirmed they had undergone all the checks before they started to provide care.

People had their medicines administered and managed in a safe and secure manner. People received their prescribed medicines and administration records confirmed this. Staff were trained and competent to manage people's medicines. Staff consistently followed the provider's policy on safe medicines management. Healthcare professionals were involved in reviewing people's medicines to ensure these remained appropriate for their needs. The medicines administration policy was up to date and accessible to staff for guidance.

People consistently lived in a well-maintained and clean environment. Staff understood how to minimise the risk of infection and followed good hygiene practices. Personal protective equipment such as gloves, aprons and liquid soap were available and used when carrying out personal care tasks and during the handling of dirty linen and clothes. There was safe disposal of waste to reduce the risk of infection spreading.

People continued to receive care from staff who minimised the risk of avoidable harm. Staff followed the procedures on recording and reporting accidents and incidents which detailed the actions they had taken to support the person. The registered manager monitored and reviewed accidents and ensured staff had learnt from these to reduce the risk of a recurrence.

Is the service effective?

Our findings

People received care in line with best practice and legislation. The registered manager worked closely with health and social care professionals to assess and develop care plans to meet people's needs before they moved into the service. This ensured each person had a support plan that included guidance from professionals. Records showed staff followed the advice provided to support people.

People were supported by staff who had the knowledge and skills required to undertake their role. Staff were happy with the training opportunities available to develop their practice. Staff attended the provider's mandatory training and refresher courses that included safeguarding adults, medicines management, the Mental Capacity Act 2005, infection control and food safety. This ensured they kept their knowledge up to date in line with best practice guidance.

People were supported by staff who had their practice monitored. Staff told us they benefitted from having regular supervision to discuss their work. Supervision records showed staff had received feedback about their performance. Staff had appraisals of their performance and discussed the support they required in their roles. The registered manager put in place a learning and development plan to ensure staff received the support they required. Staff told us the registered manager and senior management were available for advice. New staff underwent an induction process before an assessment of their competence to provide care unsupervised.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. Staff understood and supported people's care in line with the requirements of the MCA and DoLS. People told us staff sought their consent to care and treatment. Records showed staff respected people's decisions on how they preferred to have their care. Staff had involved health and social care professionals when they had concerns about a person's ability to make decisions about their care. People received their care in a manner which did not restrict their freedoms. The registered manager understood their responsibility to apply for an authorisation to restrict a person's freedom when needed. No person had a DoLS authorisation at the time of the inspection.

People received sufficient amounts to eat and drink. One person told us, "The meals are good." Another person said, "We get choices. I am happy with the portion sizes." Staff involved people in menu planning and provided meals which met each person's individual preferences, cultural and dietary needs. People told us they enjoyed the food provided and that staff encouraged them to eat healthily. Menus included a variety of healthy meals. People had snacks, refreshments and teas throughout the day.

People had access to healthcare services. Staff monitored people's health and supported them to attend

appointments, visits to the GP and specialist appointments. Healthcare professionals commended staff for involving them in a timely manner when they had concerns about a person's health. They said this enabled them to provide timely interventions when a person's mental health declined. Records showed staff worked closely with people to support them to maintain good health.

People had access to all parts of the accommodation. People told us they enjoyed spending time in the garden where they sat on benches.

Is the service caring?

Our findings

People were happy with the caring manner in which staff delivered care. One person told us, "The staff are very good. I couldn't manage without their help." Another person said, "[Staff] are friendly, polite and very supportive." People enjoyed positive relationships with the staff who provided their care. One person told us, "I talk to [staff] and they know how I like things done." Another person said, "Staff know me very well." People received care from regular staff which enabled them to get to know each other. This enabled staff to understand how people wished to be cared for.

People were involved in making decisions about their care. People told us they planned how they spent their time at the service for example going to college, accessing the community and shopping. Records showed staff asked people's preferences about when they wanted to receive personal care, what time they woke up and went to bed and when and where they had their meals. Staff told us and records confirmed they took into account people's preferences and cultural needs about how they wanted their care delivered. There was a member of staff assigned to coordinate a person's care through a keyworker system. Records showed keyworkers obtained people's views about their care delivery, discussed their mental and physical health and supported them to develop and work towards their goals.

People received care in a manner which respected their privacy and dignity. One person told us, "Staff knock on my door before they come in. They are polite and very respectful." Another person said, "Staff talk to us with respect. We also respect and look out for each other." Staff told us they understood their responsibility to deliver care that respected people's rights to be treated equally respectfully and with dignity.

People had access to information about the resources available to them at the service and in the community in a format they understood. This enabled them to make informed decisions about their day-to-day living. Staff understood how people communicated, for example when they were anxious or unhappy. Staff knew when to give a person space or time to allow them to express how they wanted to receive their care.

Is the service responsive?

Our findings

People continued to receive care that responded to their individual needs. One person told us, "Staff provide the help I need." Another person said, "I'm happy with my care." People had up to date care plans which confirmed their assessed needs and the support they required. Staff involved each person and health and social care professionals to review people's needs. Support plans were up to date and contained detailed guidance to staff about people's changing needs. Daily observations records showed people received care appropriate to their needs and in line with their preferences. Health and social care professionals were positive about the way staff provided care that responded to people's needs.

People were supported to be independent. One person told us, "I keep my room tidy and take down my laundry." Another person said, "Staff help me when I prepare a meal." Staff had information about the tasks each person could do and the areas in which they needed to develop daily independent skills in regards to their personal care, accessing the community, managing finances and meal preparation. Staff told us they encouraged and supported people to be as independent as possible. One member of staff told us, "We encourage a person to lead in carrying out a task and help when asked or when it's not safe." One person attended a college to gain a vocational qualification which would help them to look for gainful employment. Another person volunteered their services which enabled them to develop their confidence.

People took part in activities in a range of activities. One person told us, "I like going out to the cinema, bus rides and visiting places of interest." Another person said, "I choose how I like to spend my time." Care records showed people were independent and chose activities they enjoyed doing such as going out, spending time at the service, watching television and spending time on their own. Staff encouraged interactions between people to reduce the risk of isolation and loneliness. People told us they had made friendships at the service and played board games and had chats. People told us they were introduced to a person when they moved in the service. People told us this made the person feel welcome at the service.

People knew how to make a complaint about the service. One person told us, "The manager and staff are always around. We talk over things if there is any issue." Another person said, "I would talk to the staff. However, I have never had reason to complain. The staff are very good." The provider's complaints procedure remained appropriate in providing people with an opportunity to raise concerns about the service. The registered manager maintained a log of complaints and compliments received and described how they would resolve any concerns raised. There had been no complaints made about the service since our last inspection. We read positive comments about the care provided made by people using the service, their relatives and health and social care professionals.

People received coordinated care when they moved between services. The registered manager told us they had good communication and coordination with other agencies which helped with transition. For example, one person had moved to another service to enable them to receive end of life care.

People's wishes and preferences about their end of life care were known. Staff asked and recorded people's preferences about how they wished to be cared for at the end of their lives. This included their wishes for

where they preferred to be cared for, the treatment they wished to receive and who they wanted to be involved. At the time of our inspection, there was no one receiving end of life care.

Is the service well-led?

Our findings

People were happy with the care that they said focussed on their individual needs. One person told us, "The manager and her team want what's best for everyone in this home." Another person said, "[Staff] work with us and do not force anything on us. I am asked about issues before changes are made." The registered manager ensured staff involved people in making decisions about their care.

People commended the registered manager and staff for providing care appropriate to their individual needs. One person told us, "[Registered manager] is around quite often. She comes around and has her door open for us." Another person said, "I can talk to the [registered manager] at any time. She listens and is friendly." Health and social care professionals commended the registered manager and said the service was managed well. People and staff told us the registered manager was approachable and hands on. We observed people sitting in the registered manager's office discussing their plans for the day in a manner which showed this was something they did regularly.

People continued to receive care that underwent monitoring and checks. The provider maintained the quality assurance systems to review care delivery. The registered manager carried out regular audits of care plans, record keeping, medicine management, complaints, incidents and accidents. They monitored staff practice and provided feedback to improve care provision. The provider had an oversight of the quality assurance checks and ensured the registered manager had the resources and support they required. A service development was put in place when needed and any actions required were done in a timely manner.

People shared their views about the service. One person told us, "[Registered manager] wants to know how things are. She will do anything possible to make you happy." People had residents' meetings where one of them chaired the discussions. Staff maintained detailed records of the discussion and ensured issues raised were addressed, for example a reminder was sent to people to keep the front door shut and not to open the door to unknown visitors. The 2017 people's survey showed people were satisfied with the management of the home, staff's support and the meals provided. Staff and health and social care professionals completed surveys about the service. Their 2017 feedback was very positive about the registered manager and how the home was managed. Staff told us the registered manager and senior managers spoke to them and asked their views about people using the service. Records of meetings showed staff had opportunities to discuss service provision. The provider acted on the feedback provided by people and staff to make improvements to the service.

People received care that was well-coordinated. The registered manager had developed close working partnerships with other agencies and received information and guidance on how to improve the quality of care. The provider supported the registered manager to attend external meetings and training which they shared with staff to develop their practice.

People received their care in line with the Care Quality Commission (CQC) registration requirements. The registered manager understood their obligations and ensured notifications were submitted to CQC. Staff told us the registered manager encouraged them to be open about how they provided care and to learn

from their mistakes. This was in line with the duty of candour to promote openness and transparency about care delivery.

Staff told us they enjoyed good team work. There was effective information sharing about people's needs through handover, communication books and daily interactions between staff and the registered manager. Staff said they were happy with the support they received and had access to the registered manager or senior manager when needed.