

Nash Care Homes Ltd

Ashleigh House

Inspection report

39 Redstone Hill
Redhill
Surrey
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Tel: 01737761904

Date of inspection visit:
21 April 2016

Date of publication:
03 June 2016

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

Ashleigh House is a large detached property located on the outskirts of Redhill Town. It is registered to provide care and accommodation for up to nine people with a learning disability, such as autism or epilepsy. On the day of our inspection six people were living in the home.

The registered manager in post is also the provider. 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 and associated Regulations about how the service is run.

People were protected from abuse because staff were able to recognise the signs of abuse and had undertaken training regarding safeguarding adults.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the provider had good management oversight of the home.

People were encouraged by staff whenever possible to be independent. Staff supported people to keep healthy by providing people with a range of nutritious foods. People who were able to were involved in the menu planning and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. We heard people chose what they wished to do on the day. For example go for a drive or play ball.

The risk of harm to people was well managed and risk assessments were in place for identified risks. The registered manager logged any accidents and incidents that occurred and staff responded to these by putting measures in place to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (Dolls).

Staff were kind and caring and respected. There were sufficient numbers of staff on duty to meet people's needs and support their activities. People and staff interaction was relaxed. Staff were aware of people's needs. They were caring to people and respected their privacy and dignity.

Staff received a good range of training to undertake their roles. This allowed them to carry out their role in

an effective and competent way.

The registered manager and deputy manager undertook quality assurance audits to ensure the care provided was of a good standard. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place to support people and keep them safe.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas regarding the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency to ensure people would be safe, and their care needs met.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with the registered manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good ●

The service was caring.

Staff respected privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be as independent as possible.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good ●

The service was responsive

People were able to take part in activities relevant to them.

Staff responded well to people's needs. People or their relatives were knowledgeable about their care plans and involved in any reviews.

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

People who were able to, their family members and the staff were encouraged to be involved in the running of the home.

Staff felt the manager/provider managed the home well and supported them when they needed it.

The registered manager submitted notifications as required.

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 was planned to check whether the provider was 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 was an unannounced inspection that took place on 21 April 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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.

Some of the people living at Ashleigh House were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to one visitor and one healthcare professional.

As part of the inspection we spoke with the registered manager, the deputy manager and three members of staff. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We last inspected the service in April 2014 and there were four standards not met. The provider sent us an action plan outlining how they were going to meet these standards. At this inspection we found these standards had been met.

Is the service safe?

Our findings

People felt safe living at Ashleigh House. One person said "Yes I am safe here." Two other people gave us the thumbs up sign when we asked them if they felt safe. A visitor said "Yes people are absolutely safe here."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to a senior member of staff or the provider. Information was available for staff on who they could contact. Safeguarding information and how to report abuse was displayed in a way people could understand. Staff told us they were aware there was a whistleblowing policy and they would use this to report any general concerns they had about the home.

People were kept safe because the risk of harm had been assessed and action was taken to minimise the risk. Assessments had been carried out in relation to community participation, using the service's transport and road safety, for example walking into the road as well nutrition and hydration, mobility, and for people living with epilepsy. Guidance had been put in place for staff to follow to reduce these risks, and an assisted bath had been provided to help reduce the risk to people who required support with their mobility to reduce the risk of falls. Staff had also been provided with training and guidance to support people during an epileptic seizure or in the event of choking, and taking people out. Staff supported people to live their life in a safe way without compromising their independence. For example supporting their choice of community activity and helping them with kitchen skills.

There were sufficient numbers of staff on duty to support people with their needs and activities both within the home and in the local community. The registered manager told us there were usually four staff which included the registered manager and the deputy manager on duty during the day but this was flexible depending on what activities or events were planned on any one day. One member of staff worked during the night. We looked at the staff duty rotas for the previous four weeks. The number and experience of staff varied across the time examined. There were days when the staff were provided by an agency and other days where permanent staff worked. The two care staff that supported people throughout the inspection were agency staff that had worked in the service for over three months. They had sufficient knowledge of people to be able to meet their needs and people did not have to wait for attention.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. It was usually the registered manager, deputy manager or a senior carer who undertook the administration of medicines in the home. Medicines were safely stored in a locked cupboard

secured to the wall. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided training updates for staff.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed by the GP. People who stayed away from the home visiting friends or family had a 'home medicines log' which supported people to maintain their medicine regime away from the home.

Each person had a PRN (as needed) medicine chart in place that detailed what the medicine was for and when to administer this. This provided guidance for staff on when a person may require PRN medicine. One person who was having a prescribed cream had a body map in place showing where the cream was to be applied. This gave guidance to staff on where to apply this safely.

People could expect staff to support them in a way that would reduce any accidents they may have. The registered manager kept a log of accidents and incidents. Action taken and measures put in place to help prevent reoccurrence had been recorded.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning. Each individual had their own personal evacuation plan (PEEP). The registered manager told us people could go home to family or use alternative accommodation if the home had to be evacuated for any length of time.

A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise. There had also been a recent visit from the fire safety officer and actions from that visit had been carried out.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for people. Examples of where decisions had been made in line with the act included one person required specific support by two staff members to access local facilities, other people required support with personal care getting dressed, self-neglect, to have a flu vaccine, and support to manage their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone and personal care. People were able to move freely around the home and no restrictions were in place.

People received care from staff who were capable and able to carry out their job in an effective way as staff received relevant training for their role. Staff received induction training when they commenced employment and worked under the mentorship of a senior member of staff until they were assessed as competent of undertaking the tasks alone. Staff were up to date with all their mandatory training. This included safeguarding, fire safety, medicines awareness, first aid and food hygiene. Two members of staff working during the inspection were from an agency. They had training files in place to show they had undertaken training specific for their roles in Ashleigh House that had been given by the service provider.

Staff were able to meet with their line manager on a one to one basis, both through supervision and appraisal. All staff were up to date with both of these. Supervision gave the registered manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff were working competently and appropriately and provided the best care possible for the people they support.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said "The food is lovely here." Another person had arranged to go out for lunch with a staff member but changed their mind and said "The food is better here." The registered manager told us the staff discuss and agree menus together with people who were able to participate. These were reviewed and updated occasionally. Menus were displayed in the kitchen which

showed people what was on the menu that day. People were able to help with food shopping, and staff supported people to be involved as much as possible in the kitchen to prepare food.

Lunch was observed to be a fun experience. It was served in the garden and staff sat with people who required support to eat their food. There was good interaction and people enjoyed the selection of food offered. People had access to snacks and drinks throughout the day and staff supported them to make hot and cold drinks.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently. This was supported in people's nutritional plans.

People were supported to have a healthy diet and there was a good supply of fresh fruit in the kitchen that people had access to. They also had a little basket of fruit, snacks and bottled water provided daily in their rooms so they could help themselves when they wished. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to. One person gave us a thumbs up sign when we asked if they were looked after well by their doctor and another person drew a syringe to indicate they were having an injection the following day at the surgery. This showed they had been kept up to date with information about their health needs. When people's health needs had changed appropriate referrals were made to specialists for support. The service also had the support of the district nurses and specialist advice to support people living with epilepsy.

There were health passports in place which included all the necessary information in the event of a person having to attend hospital in an emergency.

Is the service caring?

Our findings

People were cared for in a kind and caring way. People told us the staff were kind and looked after them well. Some people were unable to verbally communicate with us but smiled and gave us a thumbs up sign when asked if they were happy in the service.

People looked relaxed and there was a caring atmosphere in the home. A visitor said they were reassured that the care provided was "caring and professional." One staff told us they worked for an agency but looked forward to working in the home as it provided a caring and homely atmosphere for people to live.

People were well cared for and wore clean clothes, had tidy hair and were appropriately dressed for the activity they were undertaking. People were cared for by staff who knew them well. This included agency staff who worked regular shifts. Staff were able to tell us about the people they supported. This included information about their likes, dislikes, care needs and family history. People had personal daily routines and staff supported them to follow these. This provided a consistent approach to people's plans and reduced the likelihood of people living with autism from becoming anxious if regular staff were not available. One person liked to play ball and the staff supporting them was understanding of their needs and knew the person well. They communicated with each other with signs, gestures and sounds and the staff member was able to tell when they wanted to move onto another game or activity. Staff also used signs and gestures when engaging with people.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. Two people told us they were always consulted before any decisions were made about them.

People could choose where to sit and spend their time within the home. The premises were spacious and allowed people to spend time in the lounge, activities room, in the garden or on their own if they wanted to. People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. People were able with the support of staff to clean their room and change their bedding promoting independence.

At our last inspection in April 2014 we made a compliance action around the lack of privacy and dignity in relation to the premises. At this inspection people's dignity and privacy were respected. The premises had been refurbished. Appropriate furniture and curtains had been provided in people's bedrooms to maintain privacy. Staff ensured people's permission was given before going into their rooms. We also saw staff knock on people's doors before they entered. We heard staff address people appropriately and called them by their preferred name. Personal care was undertaken in the privacy of people's rooms or in bathrooms with lockable doors. A staff member gently persuaded someone who required support to have their clothing changed in the bathroom in an understanding way. They both exchanged a thumbs up sign showing the person understood and agreed.

A visitor told us they enjoyed visiting the home and could visit at any time. They said they were always made welcome.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit the home to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also.

People had been involved in their care planning and where they were unable to make decisions themselves they had been represented by their relatives in formulating a plan. People agreed to us reading their care plan which were well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans. Care plans were regularly reviewed with people and updated appropriately when needs changed. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

At our previous inspection in April 2014 we made a compliance action regarding the home not being responsive to people's changing mobility needs. At this inspection the home had made provision for this and a new assisted bathroom was now in place. Care plans had been updated accordingly.

People were supported to participate in activities which had meaning to them and were individualised. A music group took place weekly and people looked to be involved in this and were encouraged to play an instrument. The person facilitating the group told us some people had made the instruments in a group workshop. During the afternoon people were involved in a gardening group and took pride to show us what they had planted. One person liked to be taken for at least one drive daily in their car as part of their behaviour management plan. One person liked to attend a day centre 'dayspace' and they had an individual time table to help them understand the days they attended. People were busy and could choose to go for coffee or lunch to the local town. People told us they liked to visit the pub, trips to the coast and visiting places of interest. One person was a scout member and went to regular and camping trips which they told us they enjoyed. Family links were maintained and people were able to go home and spend weekends with their relatives.

Holidays were being discussed and the registered manager was in the process of facilitating a meeting with families and care managers to discuss locations and how to support people's needs. Some people had been supported to go to Butlins last year and said they would like to go again as they had such a nice time.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A visitor said they would feel confident making a complaint

as they knew this would be managed well. There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand, for example picture format. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received no written complaints about the home in the last 12 months. Staff were aware of the complaints procedure.

Is the service well-led?

Our findings

People told us they were happy with the home and the way the home was run. One person said "I like living here and I am happy." Staff were positive in their comments regarding the management of the home and said "The registered manager and the deputy manager made a good team and it is a good place to work."

To ensure people received good quality care the provider who is also the registered manager engaged the support of an external professional to make random visits for auditing purposes. These visits included talking to people, looking at records, monitoring the premises and talking to staff. A report was generated following visits to monitor improvement. One action identified was the on going recruitment of permanent staff. We saw evidence that interviews had taken place.

In order to monitor the service people received the registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas. A summary of these audits were discussed with staff to improve service provision.

The registered manager also undertook health and safety audits and infection audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

People were involved in the day to day routine of the home. House meetings did not take place due to people's capacity to participate. However staff met individually with people to talk about food and choices of activities. Notes were written using words and pictures so people and relatives could be reminded what had been talked about in a way they would understand.

Staff were involved in how the home was run. Staff had the opportunity to meet monthly to discuss general topics. Minutes showed topics discussed included accidents, health and safety, resident's holidays, annual leave, safeguarding and care certificates to ensure positive changes could be made.

Relatives were encouraged to give their feedback about the home. The registered manager showed us recent surveys that had been completed by relatives. The comments received were positive. These included "I am very happy with the standard of care provided." "I have seen such an improvement in my family member's overall wellbeing and behaviour." "The environment has vastly improved and looks very nice." "The staff are always kind and welcoming." "My relative is very well cared for."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.

