

Shine Partnerships Ltd

Ashford 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

We undertook an announced inspection on 8 January 2015 of Ashford House. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection was carried out by one inspector. Ashford House is a supported living service. At this inspection the service was providing care and support for 6 people with mental healthcare needs.

On the day of the inspection staff were welcoming and people in the supported living accommodation appeared

relaxed and well cared for. We saw staff talking with people in a friendly and respectful manner. People we spoke with informed us that they were well cared for and staff were competent and capable.

Throughout the inspection we saw that staff were responsive towards people and available to talk with them when they wanted to. Staff respected people's privacy and knocked on bedroom doors to ask for permission before they went in.

People had been carefully assessed and appropriate care plans were prepared with the involvement of people and their representatives. Their physical and mental healthcare needs were closely monitored. There were

Summary of findings

regular reviews of people's health and the service responded promptly to changes in people's needs. Staff were aware of signs to look for which may indicate that people were deteriorating mentally. People told us they attend appointments with health and social care professionals. This ensured they received treatment and support for their specific needs.

Staff had been carefully recruited and provided with induction and training they needed to enable them to care effectively for people. Staff we spoke with had a good understanding of the specific needs of people. People and professionals informed us that staff understood the care needs of people and provided people with the supervision and care they needed. Meetings and one to one sessions had been held to ensure that people could express their views and their suggestions were addressed. The registered manager was able to provide us with examples of how they were able to assist people achieve goals they set for themselves and work towards independent living.

The service had a safeguarding policy together with the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". Staff had received training and knew how to recognise and report any concerns or allegation of abuse.

The registered manager and the staff team worked well with other professionals to ensure people were well cared for and able to make progress towards independent living. Professionals informed us that staff kept them informed and maintained close liaison with them. The last satisfaction survey indicated that people were satisfied with the quality of care provided.

We found the premises had been well maintained and clean and tidy with the help of staff. People said they cleaned the premises with the help of staff. There was a record of essential inspections and maintenance carried out.

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?

The service was safe. Three people who used the service informed us that they were well treated and they felt safe with staff. Staff we spoke with were aware that they should treat all people with respect and dignity. They were aware of safeguarding procedures and knew how to report any concerns or allegation of abuse.

Risk assessments had been prepared. These contained action for minimising potential risks to people. Staff were aware of signs to look for if people were at risk of deterioration in their mental health.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staffing arrangements were adequate. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work.

The service had a record of maintenance carried out and the premises were clean and comfortable with the help of staff.

Good



Is the service effective?

The service was effective. People told us they were well cared for and supported by capable and friendly staff. Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were up to date and the physical and mental health needs of people were closely monitored and reviewed regularly with professionals involved.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who used the service had complex mental health needs. They had been supported to make progress and achieve goals set and this included finding jobs and assisting with household duties. This was confirmed by people we spoke with. The healthcare and nutritional needs of people were closely monitored by staff. Professionals were very satisfied with the service and commended staff for providing effective care for people.

Good



Is the service caring?

The service was caring. People who used the service spoke positively of staff and said staff listened to them. They said their suggestions and choices had been responded to and this included simplifying care documentation and concerns regarding the behaviour of other people.

People told us staff were kind and respected their privacy and dignity. They told us that staff provided them with the assistance they needed.

We noted that staff spoke with people and supported them in a respectful and friendly manner. People were involved in decisions about their care and support. They informed us that staff consulted with them and provided one to one sessions so that they could express their views.

Good



Summary of findings

Is the service responsive?

The service was responsive. People informed us that staff were helpful and responsive to their needs. The care plans were person centred and took account of their preferences and choices. It also contained information regarding people's achievements and goals they have.

Staff encouraged people to take part in community activities and training programmes. People confirmed that they had access to training and recreational facilities.

The service had a complaints procedure and people were aware of who to talk to if they had concerns. Complaints made had been promptly responded to. This was confirmed by people we spoke with and in the records we looked at.

Good



Is the service well-led?

People, professionals and staff informed us that the registered manager and managing director were approachable and they were satisfied with the management of the service.

The quality of the service was carefully monitored. Regular audits and visits had been carried out by the registered manager. In addition, the managing director visited the service regularly to speak with people, staff and check on the premises to ensure that the service was well managed.

There was an annual satisfaction survey. The results had been analysed and an action was in place in response to suggestions and concerns raised. The home had a record of compliments received. Professionals informed us that they found the service to be well managed and there was good liaison with staff. Staff who recently left the service made positive remarks regarding the management of the service and indicated that they had been happy working with the organisation.

Good



Ashford 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.

The inspection took place on 8 January 2015 and it was announced. The inspection was conducted by one inspector.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

We spoke with three people living at the sheltered housing accommodation, two staff, the registered manager and the managing director. We observed support provided and interaction between staff and people who used the service. We reviewed a range of records. These included the care plans for three people, three recruitment records of recently recruited staff, staff training and induction records for staff. We checked four people's medication records and the quality assurance checks and audits completed.

The provider completed a Provider Information Return (PIR) and sent it to us soon after our visit. 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 reviewed the information included in the PIR along with information we held about the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

Is the service safe?

Our findings

The home had suitable arrangements in place to ensure that people were safe and protected from abuse. People informed us that they were well treated by staff. One person said, “I feel safe with staff. They are helpful. They help me keep the place clean.” Another person stated, “There are enough staff around. They give me my medication promptly. I take it in front of them.”

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The home had the London guidance document “Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse”. This ensured that staff were fully informed regarding action to take if a person were at risk of abuse. The service had a safeguarding policy and details of the local safeguarding team were available in the home. The policy mentioned the need to report all allegations of abuse to the Care Quality Commission. It included guidance on the role of the DBS (Disclosure and Barring Service). All staff we spoke with were aware of the provider’s whistleblowing policy and they said they would report any concerns they may have.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with drug and alcohol misuse and refusal to take medication. All people were closely monitored by staff to ensure that they were well cared for and any signs of deterioration in their health were noted and appropriate action taken to help them.

Medicines were managed safely. They were stored in a locked cupboard. The temperature of the room where medicines were stored had been monitored and was within the recommended range. Unused medicines were disposed of correctly. The manager stated that no controlled drugs (CD) were stored.

The service had a system for auditing medicines. This was carried out by the manager and care staff and indicated that people had been given their medicines as prescribed. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records seen by us indicated that staff had received training on the administration of medicines. People said that they received their medicines promptly each day. There were no gaps in the medicines administration charts we saw. This ensured that people received their medication.

The staffing arrangements were satisfactory. People we spoke with informed us that the service had sufficient staff to attend to their needs. In addition to the registered manager, there were a minimum of two care staff during the day and nights shifts. The manager stated that additional staff would be on duty if required. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check to ensure that staff were suitable to care for people. Gaps in employment had been discussed with applicants.

The bathrooms, kitchen and other areas were clean and tidy. There was a contract for maintenance of fire safety equipment to ensure the safety of people. A minimum of four fire drills for staff and people had been carried out within the past year. The fire alarm tests were checked weekly and recorded. Closed Circuit Television (CCTV) was in use in communal areas of the premises. The service displayed a notice regarding this. There was a policy for the use of CCTV together with the CCTV code of conduct. The managing director stated that recordings were erased after seven days. This ensured the confidentiality of people.

The home had an infection control policy. However, the policy was not sufficiently comprehensive as it did not include guidance on infectious diseases such as Aids, Hepatitis and MRSA. Contact details of the Health Protection Agency and the local Environmental Health Department had not been included. The registered manager told us that the policy would be updated.

We examined the record of accidents. Only one minor accident was recorded. This contained adequate details and was signed by the staff member involved. No guidance for preventing a re-occurrence was documented. The manager explained that it was a random incident.

Is the service effective?

Our findings

People we spoke with informed us that they were well cared for and staff were competent and capable. One person stated, "I have one to one sessions with my key worker. We discussed my care plan and my goals. There are reviews every few months." Another person said, "I am happy with the care here. I have made progress." A third person stated, "I do my own shopping and cooking. The staff keep an eye on me. I feel confident about my future."

People who used the service received effective care and support from staff who were well supported and had received appropriate training. Professionals who were contacted by us stated that the care provided for their clients was good and people had benefitted from the care and supervision provided. Health and social care professionals informed us that care staff were able to manage people's care effectively.

People were supported in their independence and to maintain a good diet. We saw people going into the kitchen to prepare their meals and drinks. People told us that they did their own shopping and could decide what meals they wanted to cook. We saw the kitchen had been kept clean. The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures.

The service had a service user handbook with information about the services provided, the complaints procedure and details of the registered manager. This ensured that people were provided with information about the service.

The registered manager and her staff were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). There was guidance on MCA and DoLS. These policies were needed so that people were protected and staff were fully informed about their responsibilities. The registered manager informed us that all people they were caring for had capacity to make decisions for themselves. We noted that all people in this supported living accommodation could go out unaccompanied when they chose to.

Regular staff supervision had been provided and staff meetings had been held. This was evidenced in the staff records we looked at. Annual appraisals had been carried out. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and

knowledge to effectively meet people's needs. Staff were well trained and most of them had higher academic qualifications such as degrees in psychology and mental health which were relevant to their area of work. We discussed with two staff how they would manage people if problems were experienced when they were accompanying people to events in the community. They were able to tell us how they would try to settle people and who to contact for advice.

Care plans had been prepared and these were of a high standard, up to date and had been regularly reviewed with people and professionals involved. One to one sessions had been organised weekly for people and the views of people regarding their care had been recorded.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's psychiatrist and social worker. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation.

The care records contained information on signs to look for if people were deteriorating mentally. We discussed the care of a person who had not co-operated with staff and not followed what was in their care agreement. Staff informed us of action taken and this included promptly informing professionals involved, having an emergency review and discussing the possibility of hospital admission if needed. We discussed the management of another person who exhibited antisocial behaviour and posed a significant risk to others. We noted that prompt and appropriate action had been taken. The CQC had also been informed of this incident. The care of this person had been closely monitored and reviews had been carried out with professional involved.

Professional who provided us with feedback stated that the service provided care which people needed and they had no concerns. We noted that people who used the service had complex mental health needs. Records we examined indicated that they had been able to make progress and achieve goals set. These goals achieved included finding jobs, adhering to agreed routines, treatment plans and assisting with household duties. This was confirmed by people we spoke with and in the minutes of reviews.

We noted that there was evidence that people had been able to achieve goals they set. This was also confirmed by

Is the service effective?

professionals who provided us with feedback. One person was able to obtain an academic qualification with the help

of staff who assisted him obtain a placement locally. Another person stated that they had a job locally. One professional commented that staff showed a genuine desire to help people.

Is the service caring?

Our findings

People told us staff were caring and supportive. One person said, “I am happy with the care. They definitely treat me with respect and dignity. They knock on my door before coming in.” Another person told us, “The staff are friendly and helpful.”

We observed that people were dressed appropriately and appeared to be managing well with the help provided by the service. People were given choices. We saw that people could stay in their bedrooms or go out on their own. We saw staff greeting people and checking how they were getting on. Staff were discreet and pleasant and interacted well with people. People seemed comfortable and at ease with staff. The registered manager and care staff demonstrated a good understanding of the needs of people and their daily routines and were able to tell us where people were and what they were engaged in. They were also able to tell us about people’s interests and their likes and dislikes and what they had done to encourage people to pursue activities they liked such as computing, visiting places of interest and doing academic courses.

The service had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. The manager informed us that people were mobile and could go out to attend religious services if they pleased or buy food which met their cultural needs.

We looked at three care records of people. The care plans were up to date, comprehensive and addressed the individual needs of people. One person’s care record included information regarding their intention to complete a course while another included information on social activities they enjoyed. People told us that they received support and supervision that was appropriate. People had signed their care plans. The care plans set out people’s goals, routines, preferences and activities they liked to engage in. Regular reviews of care had been carried out with staff and social and healthcare professionals involved. The feedback received from people and professionals indicated that staff provided care that was centred around people and met the needs of people.

Is the service responsive?

Our findings

People told us that they could express their views, make suggestions regarding the running of the service and activities they wanted organised for them at regular meetings with staff. They stated that staff responded to their suggestions and choices. The minutes of meetings had been recorded and there was evidence that staff had responded to issues raised and this included outings and holidays organised. Staff told us that a trip to Disneyworld in Paris was organised in response to suggestions made. This was confirmed by a person we spoke with.

Regular meetings had been held where people could make suggestions regarding the running of the service and activities they wanted organised for them. The minutes of meetings had been recorded. We noted that several outings including trips to the continent had been organised in response to suggestions made. This was confirmed by people we spoke with.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The care records of people contained details of their daily routine and activities programme.

Assessments of people's care needs had been carried out with their help. These assessments contained details of people's background, care preferences, choices and daily routines. People who used the service had a care plan that was personal to them.

The registered manager informed us that one to one sessions took place and these were organised by the key workers to enable people to express their views and discuss any concerns. We saw documented evidence of these one to one sessions.

The provider had a complaints procedure. People knew who to complain to if they were dissatisfied with any aspect of their care. They said they would approach care staff or the registered manager. However, people we spoke with said they were satisfied with the care provided and they had no complaints. We examined the last five complaints recorded. We noted that they had been responded to promptly and in accordance with the complaints procedure.

Is the service well-led?

Our findings

People who used the service and health and social care professionals who provided us with feedback stated that they were happy with the quality of care provided. One person stated, "I am happy with the care. I have completed their survey form." Professional who communicated with us stated that they found the home was well managed and they were satisfied with the quality of care provided to their clients.

During the inspection information requested was readily available. The service had essential policies and procedures to ensure that the home was well managed.

The registered manager informed us that there was a good staff team and they worked well together. This was confirmed by staff we spoke with. They informed us that the managing director and manager were approachable and they felt supported in their roles. The registered manager informed us that care staff provided her with daily reports on the progress of people and she provided feedback to them on the same day. This ensured that staff received prompt guidance from management and staff were knowledgeable about what action to take if problems occurred. There was a clear management structure in the organisation and staff were aware of their roles and responsibilities.

Audits and checks of the service had been carried out. These included checks on areas such as medication, the environment and care documentation. The managing director stated that he visited the service every two months and always talked with people to ensure they were well cared for. This was evidenced in his report which we saw. Meetings had been held where people could express their

views about the service. These meetings were minuted. People informed us that they could make suggestions and staff listened and were responsive towards them. The registered manager explained that quality assurance surveys were done annually. We were provided with the results of the last survey. The report indicated that people who used the service and their representatives were mostly satisfied with the services provided. Action plans had been prepared following the survey and this included simplifying care plans so that they can be easily understood by people and responding to a person who felt dissatisfied with the conduct of another person.

The service kept a record of compliments received. Three professionals who wrote to the home indicated that the service worked closely with them and kept professionals informed of the progress of their clients. Professionals stated that the home was well managed, there was good liaison with the service and the needs of people had been attended to.

We also viewed three letters written by staff who had recently left the service. All three made positive remarks regarding the management of the service and indicated that they had been happy working with the organisation. One staff stated, "It's been a pleasure working with you all and I've built up a good friendship with all of you individually. I feel I was able to develop and grow with the company." Another staff wrote, "This has been a very difficult decision to make as I have been very happy throughout my employment."

To encourage people to contribute towards the community, the service organised a fund raising coffee morning with the help of people and staff. Money was raised for a charity helping people suffering from cancer.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.