Aston Transitional Care Limited

Ash House

Inspection report

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Tel: 01902672692

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 09 June 2017 and was unannounced. We previously inspected the service in July 2016 and found that the service required improvement in some areas. At this inspection, we identified positive developments at the home although we found that some systems required further improvement in order to sustain the quality and safety of the service provided.

Ash House is a residential home which provides support to people who have learning disabilities, autistic spectrum disorders and mental health issues. The service offers support for up to six young adults who are in transition from children's services. At the time of our inspection, there were six male young adults living at the home.

There was a registered manager in place who was present throughout our inspection. 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.

People showed that they were at ease around staff and one another, and relatives we spoke with told us they felt that people were safe living at the home. Staff we spoke with were aware of how to recognise and report safeguarding concerns. People were supported by staff who had access to clear guidance about how to manage their risks.

People were supported by enough staff. Recruitment processes had been followed appropriately to help ensure that people were supported by staff who were suitable. People's medicines were stored safely and records relating to this support were clear.

We saw that staff understood people's needs, relatives we spoke with confirmed this. Staff received support and guidance to aid their development in the role. Staff understood the principles of the Mental Capacity Act (2005), however the processes at the home had not been developed in line with these principles.

People enjoyed their meals at the home and staff were aware of the need to promote a healthy, balanced diet. People were supported to access further healthcare support when needed.

People were treated with respect and dignity by staff who were kind and caring. Our discussions with staff and relatives confirmed this. People and their relatives were involved in care planning. People's care records provided guidance about how to meet and respect people's needs.

People were supported to participate in activities of interest to them at home and in the community. Relatives told us that they felt able to raise concerns, although the registered manager had not always provided clarity to ensure that people and staff understood how to raise concerns, and how their concerns

would be addressed.

Relatives and staff spoke positively about the home. Staff were engaged and motivated in their roles. Records were not always robust and did not always demonstrate the quality and safety of the service. The registered manager had not always fully addressed feedback to provide confidence in the leadership and to ensure that people and relatives were involved in the running of the home as far as possible. Areas of improvements that had been identified through ongoing quality assurance processes were being addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were managed by staff who had access to guidance about their needs.

There were enough staff to meet people's needs.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff demonstrated an understanding of people's needs and wishes, relatives we spoke with confirmed this.

People were supported to make their own choices by staff, although further improvement was required in respect of adherence to the principles of the MCA.

People enjoyed their meals at the home and had access to healthcare support as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring, relatives we spoke with confirmed this.

People were treated with respect and dignity.

People and relatives were involved in care planning.

Is the service responsive?

Good

The service was responsive.

People received care and support that reflected their needs and choices.

People were supported to engage in activities of interest to them.

There was a complaints process in place, although further progress was required to ensure that this process was clear and accessible to everybody.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Records and processes were not always robust to demonstrate and support the safety and quality of the service provided. Quality assurance checks had recently been introduced to help monitor and improve the quality of the service provided.

We received positive feedback about the home which reflected that improvements were ongoing. Feedback was not always collated, used and followed up on however to help drive improvements.

There was a registered manager in place. Some improvements at the home had been recognised although communication was not always effective.

Ash 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 inspection took place on 09 June 2017 and was unannounced. The inspection was conducted by one inspector.

As part of our inspection, we looked at the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding incidents. These help us to plan our inspection. We sought feedback from Healthwatch and commissioners of the service for any information or feedback they held about the service.

People living at the home were not able to speak with us. As part of our inspection, we observed the care and support provided and spoke with four relatives of people living at the home. We also spoke with the registered manager, the deputy manager, five staff members and three professionals with involvement in some people's health and educational support needs. During our inspection visit, we sampled records relating to five people's care and support records maintained at the home relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

We observed that people were at ease and comfortable around one another and staff. Relatives we spoke with told us that they felt that people were safe living at the home. Staff we spoke with were able to describe the types of abuse that people could experience and how they would appropriately report any such concerns. Staff had received safeguarding training and staff we spoke with showed awareness of who to inform if they identified any safeguarding concerns.

People's risk assessments had been developed with the involvement and input of community healthcare professionals and relatives. Risk assessments we sampled related to people's daily routines, the specific levels of risk associated with their needs and health conditions, and how to safely manage risks. Staff we spoke with were aware of people's risks and the steps they needed to follow in order to help keep people safe. One staff member we spoke with confirmed that people were monitored for their safety during the night and steps had been taken to ensure that this did not disturb people from sleeping. Support equipment and guidance was in place to help staff to support two people to manage the risks associated with a specific healthcare condition.

The registered manager told us that a key risk at the home related to people displaying behaviours that may challenge. People's care plans provided details of how to identify and respond to this risk. Some people had been subject to restraint on occasions where they had presented a risk to themselves or others. Staff we spoke with understood that this was a last resort to keeping people safe. Such incidents were recorded and monitored by the registered manager. A relative we spoke with told us that this method of supporting people was occasionally used and they had no concerns about this staff practice. The relative commented, "They are so competent at calming young people down, more than anywhere I've been to. They handle it so well and diffuse it." Incidents were analysed and monitored to identify potential patterns and themes to help reduce their reoccurrence. The registered manager told us that they had plans to conduct further analysis of incidents to help ensure that this practice was always appropriate, proportionate and safe.

An incident had occurred in recent months where one person had sustained injuries and experienced harm. Healthcare professionals we spoke with told us that learning had been taken from this incident. Our discussions with the registered manager confirmed this. One healthcare professional told us that the home had quickly followed recommendations to secure the home's safety. Records we sampled showed that repair issues were addressed within planned timescales. An external audit had been conducted which had identified some issues and further ways to ensure the safety and cleanliness of the home environment. This was being addressed by the registered manager, who had commenced routine internal checks to monitor these aspects of the building.

The majority of people living at the home received support from one or two members of staff at all times in order to ensure their safety. We saw that staff monitored people and on one occasion, a staff member reacted in a timely and appropriate way when they anticipated a possible risk relating to one person. We observed that staff were available and nearby to offer and provide support to people as necessary. Feedback we received from relatives and staff reflected that they found that there were enough staff

available to meet people's needs. We sampled two staff files to check that the registered provider's recruitment processes were followed as planned. This would help ensure that people were supported by staff who were suitable. Records we sampled showed that staff had received reference checks and checks through the Disclosure and Barring Service.

A relative we spoke with told us that they were satisfied with the support they had observed their relative receiving with their medicines. Staff we spoke with told us that they were confident supporting people with this aspect of their care. People's medicines were stored securely and each person's medicines were stored individually to reduce the risk of medicines errors. We found that records relating to the support people required with their prescribed medicines and creams were clear. We conducted a stock count of a sample of some people's medicines and found that these correlated with their records. This supported our judgement that medicines had been given and recorded as prescribed. Some people required 'as and when' medicines for specific symptoms. Protocols in place helped to inform staff of when these medicines were required and we saw that staff had specified how and when such medicines had been used. The registered manager confirmed, and records we sampled, showed that medicines reviews were undertaken regularly. A monthly internal audit had recently been introduced at the time of our inspection; recent findings had identified a recording error which had been rectified. An external audit in April 2017 had led to improvements with the support of a pharmacist as to how people's medicines were managed in the community. Medicines management systems in place at the home supported safe practice in this area.

Good

Is the service effective?

Our findings

Our observations and discussions with staff showed that they understood people's individual needs and routines and how people expressed their wishes. Relatives we spoke with confirmed this. One relative told us, "Staff know how to support [my relative]. Staff are brilliant at their job, every one of them." Another relative told us about their experience of working with staff and commented, "I quickly realised how well [staff] know my [relative] and his needs." This relative spoke positively about how well staff had grasped this person's communication needs. A healthcare professional we spoke with told us that staff knew people well. Another healthcare professional told us that some staff were, 'Excellent,' at the home, although others needed some more time and experience in their roles to aid their development.

Staff that we observed demonstrated an understanding of people's wishes and the individual ways that people expressed themselves. Information was presented in ways that enabled people to understand their choices and routines, for example relating to meals and plans for the day. A staff member we spoke with provided examples of ways in which one person used body language and gestured to express their needs and wishes. We asked another staff member how they understood how people wanted to be supported and they explained the communication techniques which assisted them. The staff member also told us that people's care plans, handovers and staff meetings helped inform them of people's changing needs. The staff member had recently joined the service and confirmed that they had received guidance and an induction in line with the Care Certificate. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process.

People's care plans provided accessible and person-centred details about their support needs and had been developed with some input from relatives and healthcare professionals. Records provided by the registered manager showed that the majority of staff training was up-to-date. Training had been provided to develop staff understanding of people's specific needs, including training relating to epilepsy, autism and learning disabilities. Staff training had also been provided in core areas including First Aid, medicines management, moving and handling, infection control and fire safety. Two staff members we spoke with told us that they had not yet received the registered provider's training relating to safe restraint use and that this had been delayed. Staff training needs were monitored by the registered provider, and staff also attended regular supervision sessions and team meetings to routinely receive reminders and guidance for their roles.

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.

We observed that the close monitoring people required did not infringe on their right to move freely around the home. We observed, and our discussions with staff showed that people's choices and wishes were respected. Relatives we spoke with confirmed this. One staff member told us, "Everything we do here, we've got to give people choices, respect their refusals and give [people] time." Staff we spoke with demonstrated

an understanding of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. As appropriate DoLS applications for people living at the home had been made and some had been authorised. We were advised that CCTV had recently been installed in communal areas including the home lounge, dining room and hallways. The registered manager told us that people's relatives, staff and healthcare professionals had been directly consulted with in relation to the use of CCTV, although documentation was not always accessible to reflect this. This process had not however involved people living at the home where possible and failed to ensure that the decision to use CCTV, and this decision made on behalf of people living at the home, was in line with the requirements of the MCA. The registered manager told us that this issue would be revisited.

We observed positive interactions between people and staff during a mealtime and saw that people enjoyed their meals. People showed that they were comfortable receiving support as needed from staff, and were familiar with the routine of eating together. One person was asked by a staff member about their meal. The staff member said, "Nice?" to which the person nodded and smiled. Some people used aids, or had their food cut to more manageable sizes for support to eat independently. We saw that people were respectfully reassured and encouraged by staff during their meal, for example, a staff member whispered, "Slow down," and "Well done," to the individual person they supported. Another person expressed that they wanted more food and we saw that this was provided to them.

Feedback we received suggested that some people had put on weight during their time at the home and needed encouragement to ensure they maintained a healthy weight. A healthcare professional we spoke with told us that they had commented to the home that people's food portions were in excess. People's weights were monitored and we saw that one person's weight had been discussed with them. We observed that some food preparation instructions were on display in the kitchen in respect of one person's dietary requirements. A staff member we spoke with told us that they often prepared fresh homemade meals and described the healthy options that this included. We also saw that people had access to takeaway meals and ready meals. A relative told us that staff encouraged a healthy diet although people had takeaways and "Treat nights." A staff member we spoke with told us that they respected people's choices to have occasional unhealthy foods and it was important to balance this out with exercise. People were supported to enjoy meals at the home.

People were supported to access healthcare support as needed. Relatives we spoke with confirmed that people were supported to access healthcare support when they were unwell. Records we sampled showed that such support was monitored and routinely sought during regular care review meetings to help promote people's health. People had health passports prepared in the event that they needed healthcare treatment in the community. Whilst records we sampled showed that health passports included key information such as people's risks and recent healthcare appointments, some information had not been updated as planned to provide correct information about the medicines that people were currently using and specific information relating to healthcare conditions. The registered manager recognised that record keeping had not always supported positive practice in this area.

Good

Is the service caring?

Our findings

We observed that staff adopted a calm, relaxed approach when supporting people. People responded positively to this and appeared at ease in the company of staff and one another. Healthcare professionals we spoke with praised this approach. One staff member told us, "If [people living at the home are] happy, we're happy. This is what we're here for." A relative we spoke with told us, "Staff are very laidback, calm, [this is] good for [my relative], he responds really well."

Prior to moving to the home, two people had been invited for meals and for overnight stays to help them to gradually become more familiar with the home over a number of weeks. One relative described the admissions process and reviews as "Thorough," and commented that the transitions process to the home had been at a suitable pace. Our discussions with the deputy manager reflected their understanding of the value of this in ensuring that people and their relatives were supported as far as possible with transitions through services.

People and their relatives were involved in care decisions and reviews. A relative we spoke with told us that care review meetings took place every four to six weeks. Monthly residents' meetings were held where people received updates about the house and talked about aspects of their care, support and activities. Records we sampled showed that staff had checked that people were happy and safe at the home.

People had designated keyworkers; one person had been approached by their keyworker about maintaining a healthy weight. Records showed that the person had responded positively to the keyworker when they discussed ways to achieve a healthy, active lifestyle in order to promote the person's health.

We observed, and staff provided us with examples of how they promoted people's privacy and dignity. A staff member commented to us, "A requirement of this role is you have to treat people how you want to be treated." Relatives we spoke with told us that staff were kind and caring. One relative told us, "They speak to [my relative] with respect and dignity, in their body language and nature towards him."

People were encouraged to be independent wherever possible. We saw that people were encouraged to help clear the dining table when they had finished their meals. A staff member we spoke with told us that they encouraged a person to make their own payments at restaurants and shops and commented, "We encourage [people] to be courteous and to do tasks." Another staff member referred to adult life and a person's participation at discos and encouraging additional social relationships, and commented, "We come here to help [people] to be independent."

Good

Is the service responsive?

Our findings

A relative we spoke with told us, "Since [my relative] has been there, he seems to have settled in really well, he seems to be happy... Staff are always thinking of the right care for the person they're looking after. It's a happy home, it's [my relative's] home." The home had received other positive feedback including a compliment in May 2017. This described the service as, 'Such a lovely happy home.'

When we arrived at the home, everyone was out for a number of hours either at college or spending time in the community. On their return to the home, we observed that people spent time how they wished to with the support of staff. We observed that some people and staff spent time in the garden playing with a ball and sitting on garden furniture. We saw that staff were animated and engaged in their approach and people were relaxed and responded positively to this. At this time, we could smell that dinner was being prepared, which we saw that people later enjoyed. There was a pleasant atmosphere at the home in which people often showed that they were at ease.

Our discussions with staff showed that they gave consideration of the support they provided to people to ensure that this reflected people's needs and wishes. For example, a staff member we spoke with described how they paid attention to the home environment to ensure that people were supported to remain calm and relaxed and we observed some examples of this. The staff member commented, "We try as far as possible to modify the environment to work for them." A relative we spoke with praised a practice in use at the home which had benefitted their relative in becoming familiar and clear with routines.

Some staff we spoke with described progress they had observed in people living at the home over time. One staff member commented that a person had become more settled at the home and that another person had shown an increased interest in activities which staff continued to encourage. The deputy manager told us that it was particularly important for one person to feel smart and well presented in their clothing and we observed that people were dressed individually and in well suited clothing.

People's care plans we sampled provided person-centred guidance about people's needs and wishes, and promoted positive outcomes for their care and support. People's support needs were reviewed during regular multidisciplinary team meetings held at the home. People's care plans were signed by staff to reflect that staff had read and understood this guidance. Our discussions with staff showed that they recognised people's rights to privacy and choice.

Most relatives told us that they found that there were enough activities that were suitable and available to people at the home. We saw that one person played the drums whilst another person relaxed on a settee. Staff told us that people had enjoyed a range of trips and events during their time at the home. A compliment we read described staff as, 'Willing to go the extra mile to help my [relative] do things that make him happy.'

A relative told us, "All staff are very approachable. I would feel comfortable complaining." The relative had previously raised an issue with the home which they confirmed had been addressed appropriately. Our

findings indicated that records did not always reflect the action taken to resolve and respond to concerns and complaints. This did not always demonstrate that the registered manager had dealt with issues openly and effectively.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we had identified an area of improvement in respect of ensuring that people were supported in line with the MCA. During this inspection, we found that the registered manager's amendments made in light of this feedback did not demonstrate their clear understanding in this area and the registered manager had not ensured that improvements made were robust and fully explored. Improvement was required in respect of the home's understanding of and adherence to the MCA Code of Practice including approaches to the use of CCTV. Best interests meetings had not been correctly implemented into practice nor considered as necessary in respect of the recent decision to use CCTV at the home. Sufficient learning and improvement in this area had not been taken following the findings of our last inspection, nor applied to these ongoing developments at the home by the registered provider and registered manager.

Systems to monitor and improve the quality and safety of the home had recently been introduced and identified areas of ongoing improvement. Actions to address these were underway. New internal monthly audits had been introduced in May 2017 to support the running of the home. The plans for these quality assurance checks to be undertaken routinely would support the registered manager to drive and reflect further improvements made at the home.

We saw that the majority of training was up-to-date although some staff we spoke with told us that they had not received training in relation to the safe use of restraint at the home. Although staff we spoke with demonstrated confidence in this area, one staff member told us that they had found that some staff were not consistently confident in managing people's behaviours that may challenge and managing incidents that may necessitate specific responses. The registered manager reviewed incidents at the home and had upcoming plans to review such incidents more closely. Although staff practice was discussed during supervisions, training and debriefing sessions were not routinely and consistently provided to ensure that all staff shared a consistent understanding and confidence in this area.

Feedback from professionals we spoke showed that they had not always received the assistance required from the home in terms of communication about people's needs, although they had noted some recent improvements in this area. A professional told us, "If there is an issue, I can ring up the home and talk [about it], this has recently been received positively, [however it has been a] struggle previously." Some relatives told us that they had experienced some communication issues with the home, although this feedback was not consistent.

A relative told us that they felt able to express their views about the home with the management team and told us that they had received a feedback survey from the home which would allow them to share additional feedback. Our findings indicated however that care was not always taken to provide updates and outcomes in light of feedback that was provided to the home. We saw that the home had received feedback through completed surveys over a number of months from staff, relatives and visiting professionals. It was welcoming to note that the majority of responses we sampled were positive, with references to improvements that had been recognised and praise of the support provided to people. We found however that this information had not been collated and analysed. This did not allow the registered manager to

recognise areas of strength at the home to build upon, and to address potential areas of improvement. One comment we sampled reflected dissatisfaction in respect of how responsive staff were to people's needs. No action had been taken to address this feedback. Action that had been taken to address and resolve issues were not always recorded and shared with people, relatives and visitors. This did not help to create a sense of involvement in the home or further confidence in leadership and ongoing planned improvements.

Records and auditing processes were not always consistent and robust to demonstrate the quality and safety of the home. For example, although incident forms were often reviewed and overseen by the registered manager, one incident record had identified that a person had sustained bruising. This had not been recorded clearly and the circumstances leading to this had not been investigated at the time, although an explanation had been available from the registered manager. The registered manager described plans they had made to analyse incidents in further depth and monitor staff practice in this area more closely. In another example, one person had detailed guidance in their care plan about how to manage a health condition and how their symptoms relating to this should be monitored over time. On the small number of occasions that the person had experienced specific symptoms relating to this condition, these had not been recorded as planned. This had not been picked up through auditing processes. The clear and informative detail within this person's care plan about this health condition had not been transferred into their health passport as planned to refer to, within other health and support settings when needed.

People and their relatives were involved in care planning and we saw that people were supported in a positive home environment by staff who demonstrated respect and care for them. A relative commented, "[My relative] is happy there, they do love and care for him." Another relative told us, "I think there's a really excellent atmosphere and I'm happy that my relative is in there."
A professional told us, "[The registered manager] has been involved, [the home] is getting better, he is trying to improve things." The registered manager described the improvements they had made to people's care planning and more recently to quality assurance processes, following our last inspection. We saw that people's care records had been developed to provide person-centred detail and guidance around meeting their needs. Medicines management processes were clear and records in place for staff had been developed with input from a community healthcare professional. We saw that the ratings of our last inspection were clearly displayed in addition to guidance about how visitors could raise concerns.

There was a clear management structure at the home. Staff attended monthly team meetings during which they received reminders about their roles and updates about the support needs and any changes relating to each person living at the home. Staff we spoke with were engaged and passionate about the support they provided, and demonstrated respect and an understanding of people's support needs and wishes. The registered manager and deputy manager provided examples of their intentions to promote people's independence and transition into adulthood overtime. The deputy manager commented, "If we're not doing that, we're not delivering person-centred care." We found during our inspection visit that some staff occasionally referred to people living at the home in ways that did not suitably reflect their age. The management team told us that they had discussed this with staff during team meetings and that this was an ongoing area of development to ensure that people were supported appropriately.