Ashdown Care Homes Ltd

Denmark Street

Inspection report

32 Denmark Street
Gateshead
Tyne And Wear
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Tel: 01913405287

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11 January 2017
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03 February 2017
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10 February 2017

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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

We carried out an inspection of Denmark Street on 11 and 24 January 2017. We carried out a telephone interviews with staff on 3, 9 and 10 February 2017. The first day of the inspection was unannounced. This was the first inspection of Denmark Street.

Denmark Street provides accommodation and personal care for up to five people with a learning disability and / or mental health needs. There are also two supported living services, where people receive personal care within their own home. There were eight people using these services on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People using the service told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The accommodation provided was suitably adapted for the people who lived there. The building was safe, clean and well maintained. Minor maintenance items were highlighted to the registered manager to resolve. Risks associated with the building and in people's own home's, along with working practices were assessed and steps taken to reduce the likelihood of harm occurring.

We observed staff acted in a courteous, professional and safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a system to ensure new staff were subject to thorough recruitment checks.

Medicines, including topical medicines (creams applied to the skin) were safely managed.

Arrangements were in place to assess people's mental capacity and identify if decisions needed to be taken on their behalf in their best interests. People's mental capacity was considered through relevant areas of care, such as with decisions about finances, medicines and supervision when outside the home. Staff sought people's consent before providing care.

Staff had completed safety and care related training relevant to their roles and the needs of people using the service. Further training was planned to ensure their skills and knowledge were up to date. Staff said they were well supported by the registered manager. Staff performance was supervised and assessed.

People's nutritional and hydration (eating and drinking) status was assessed and plans of care put in place where support was needed. People's health needs were identified and external professionals involved if

necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Staff displayed an attentive, caring and supportive attitude. We observed staff interacted positively with people. We saw that staff treated people with respect and explained clearly to us how privacy, dignity and confidentiality were maintained. Staff were able to communicate effectively with the people using the Denmark Street services.

Activities were offered on a group and one to one basis. Staff worked collaboratively with local day care services or accessed alternative funding to offer additional activities. Staff understood the needs of people and care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the registered manager and their leadership. Systems were in place to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from the care provider. Several incidents had not been notified to the Care Quality Commission (CQC) in line with legal requirements. Where incidents are not notified to CQC the rating for that key question is limited to inadequate or requires improvement. We wrote to the registered manager about this.

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 using the service said they were safe and were well cared for. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being. People's needs relating to eating and drinking were assessed and met.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. Staff were able to communicate with people effectively. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities and day care services.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People using the service and their relatives were aware of how to make a complaint should they need to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had a registered manager in post. People's relatives and staff made positive comments about the manager.

Several incidents had not been notified to the Care Quality Commission in line with legal requirements.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their representatives and staff. Action had been taken to address identified shortfalls and areas of development.

Denmark Street

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 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 inspection took place on 11 and 24 January 2017. We carried out telephone interviews with staff on 3, 9 and 10 February 2017. The first day of the inspection was unannounced. The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioning team for their views on the service as well as the local safeguarding adults team and Health Watch.

During the inspection, we used a number of different methods to help us understand people's experiences, including observations, speaking with people, interviewing staff and reviewing records. We spoke with six people who used the service, five at the care home and one at a supported living service which formed part of the provider's registration and is managed from this location. We spoke with the registered manager, a senior carer at the supported living service and a deputy manager and support worker on duty at the care home during the inspection. We spoke with a further three staff by telephone.

We looked at a sample of records including three people's care plans and other associated documentation, medicine records, three staff files, which included staff recruitment, training and supervision records, accident and incident records, meeting notes, risk assessments and audit documents.

Good

Is the service safe?

Our findings

People using the service said they felt safe at the service and with the staff. One such comment made to us was, "Yes I feel safe here." The provider's own quality checking system included asking people if they felt safe. Responses included the written remark, "I feel good here and safe."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. One staff member said, "I would tell [manager or deputy]. If I wasn't getting anywhere I would use the whistle blowing procedure." All the staff we spoke with expressed confidence that allegations and concerns would be handled appropriately by the registered manager. Records confirmed staff had undertaken relevant training on identifying and reporting abuse. Procedures were also available to guide staff on handling safeguarding concerns and reporting poor practice (whistle blowing). The registered manager was aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies, such as the police. We reviewed records of incidents and saw where allegations were made steps were taken to safeguard people.

People's financial purchases were documented. People's cash balances were limited to small amounts of money. Checks on cash balances were carried out on each handover, with a designated staff member holding responsibility for people's monies. Staff kept records of transactions, with corresponding receipts retained. Entries were accurate. One person received their income via the local council, which was paid into a bank account. Access to the account was strictly limited, however bank statements were not available at the home for audit purposes. Following the inspection the registered manager confirmed they had liaised with the council's finance department and audit arrangements had been strengthened.

Staff undertook checks to identify and deal with potential hazards, such as those relating to the premises and equipment. Some aspects of the premises and fittings were designed to reduce the risk of harm. For example, bath and shower hot water temperatures were automatically controlled to ensure they were within a safe and comfortable range. Hazards relating to the premises and furnishings which could cause injury were minimised. External contractors carried out safety checks on utility services including electricity, gas and water safety. These had been carried out within accepted timescales and contractors had confirmed the safety of the gas and electrical installations. Shared areas of the home were free from unpleasant odours and were clean.

The registered manager and senior staff took steps to identify and manage risks to people using the service, staff and visitors. For example, where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments to ensure a consistent and safe approach was taken. Staff regularly reviewed needs assessments, support plans and risk assessments to keep them up to date and to ensure they accurately reflected people's level of need, and the associated level of risk.

Staff logged accidents and incidents and these were reviewed by the registered manager to identify if any lessons needed to be learned and practice changed. Staff sought advice from or made appropriate referrals

to other professionals where necessary. For example, where a person was at risk of becoming distressed, clear guidance was in place to highlight the actions staff needed to take and where to seek additional healthcare input. This reduced the risk of unnecessary or intensive interventions being required as staff took prompt action to proactively identify and address concerns.

Should incidents occur out of daytime working hours, when manager's might not be available, an on call system was operated to help support staff respond to difficult or emergency situations. A staff member told us, "We have on-call. The details are pinned on the wall. They come straight away if needed or give advice."

Staff were present in sufficient numbers to ensure safe levels of observation and to respond to any urgent need for help and assistance. The view of the registered manager and care staff was that staffing levels were sufficient to ensure people remained safe. During the inspection we saw staff had time to prioritise one to one time and activities with the people using the service and provided support at a pace that suited each person.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Records for the most recently recruited staff member showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

Suitable arrangements were in place to support the safe administration of medicines. Staff were able to explain the ordering, administration and recording procedures. Staff also confirmed they had received appropriate training and that their competency was checked. One comment made to us was, "When I started I was apprehensive. I got the right training and was shadowed." Another member of staff said, "I did the safe handling of medicines and on-line training on social care TV." A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely in locked facilities. Medicines were well accounted for, with clear records of administration kept, corresponding to stocks held. Staff were aware of what to do should an error occur. One told us, "I would ring [manager or deputy], would ring 101 or contact the G.P.

Good

Is the service effective?

Our findings

People made positive remarks about the staff team and their ability to do their job effectively. One person told us, "The staff are alright." Another person said, "The staff? They're good." Staff made positive comments about their team working approach, the support they received and training attended. One staff member informed us, "We've a very good team." When asked about training a staff member remarked to us, "It's really good." They then listed a broad range of training they had attended. Another staff member told us, "The training's good. I'm always up for more training."

Regarding supervisions staff told us, "Yes, I get supervisions." "It's nice to get appreciation from someone and it's important to get thanked for the job." Staff said they felt the supervision they received was helpful. Records confirmed staff attended regular individual supervisions and group meetings. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles, people's needs and the staff member's general welfare.

New staff received an induction to the service and their role when they commenced employment. This included being mentored and shadowing more experienced staff. Induction training was designed to prepare them for their roles. This was aligned to the 'Care Certificate', a standardised approach to training for new staff working in health and social care. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered, including diabetes awareness, dysphagia, and diet and nutrition training. The provider had an in house trainer for non-abusive physical and psychological interventions training; needed to help respond to a person's distressed reactions. Some of this was overdue or not yet received as the trainer was not able to deliver sessions as planned. To address this, the registered manager had arranged for further training to include positive behavioural support; a current good practice approach to supporting people with these needs. Staff also had access to additional information and learning material relevant to the needs of people living at and using the service provided from Denmark Street, including supplementary information in care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the MCA and the associated DoLS with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. We

also saw people's decision making capacity and consideration of 'best interests' was considered in relevant care plans and risk assessments. Staff communicated clearly with people to describe care interventions and ensure people were happy with the intervention proposed. Staff recorded care interventions in daily notes. Most people were assessed as having capacity to make important decisions, but where this wasn't the case relevant DoLS had been applied for. A copy of each authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation. Staff worked with others to identify what each person's known beliefs and wishes in relation to any best interest decision taken, with the least restrictive options considered.

People made positive comments to us about the meals provided. They said they could help prepare meals. One person said, "Life here's good and the food." Another person told us, "The food's not bad. I sometimes help with the food." A relative commented in a quality survey, "I have often seen meals being served and they have always looked appetising." To help understand the level of support needed, staff undertook nutritional assessments and completed relevant care plans. Nobody was identified as being at risk of malnutrition. Where people had risks associated with eating, plans of care were developed. For example a staff member told us in relation to a person with diabetes, "We make meals as healthy as possible."

Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a 'hospital passport' that could easily be communicated with healthcare staff when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People living at Denmark Street said they were happy with the service and the staff. One person simply said, "I'm happy here." Comments in the provider's survey included from a person using the service, "I can make my own choices" and a relative, "Whenever I walk in the home I am given a very warm welcome by everyone and the atmosphere is very relaxed."

We saw people's privacy and dignity were promoted. People were well groomed and smartly dressed in well-fitting clothes. Staff expressed clarity on the importance of promoting people's dignity when tailoring and offering support. One said, "All they need is prompting, reminders with clothes, that sort of thing." Another member of staff stressed the importance of taking a caring approach and stated, "I think the caring side and listening is really important. The more time you give, you get loads back."

Staff acted appropriately to maintain people's privacy when prompting personal care or when helping people with their medicines. Staff we spoke with were clear about the need to maintain people's confidentiality; ensuring personal matters were not discussed openly and records were stored securely. Practical measures had been taken to preserve privacy, such as door locks fitted to toilets and bathrooms. We highlighted the need to fix difficult to lock toilet door locks, which the registered manager acknowledged and undertook to resolve.

Staff worked to promote positive, caring relationships. We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service were relaxed when in the presence of staff. We also observed staff members interacted in a caring and respectful manner, for example, greeting people on their return from work and day care placements. Staff sat with, chatted to and interacted politely with people. We observed appropriate humour and warmth from staff towards people using the service. Staff acted with professionalism, good humour and compassion. The atmosphere in the home was calm, friendly, warm and welcoming.

On a tour of the premises, we noted the home was furnished with personalised items. People had brought their own possessions and had been involved in decorating parts of the home. This personalised their space and contributed to a homely atmosphere.

Staff encouraged people to maintain and develop their personal independence and communication skills. To help with this they used good listening skills and allowed people the time to communicate. Staff supported community access and the use of local facilities, including shops and leisure facilities. This meant staff promoted community inclusion and a positive community presence for people.

People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. The registered manager was aware of local advocacy services available to support decision making for people should this be needed. Where appropriate people had accessed and had the on-going support of local advocacy services. Staff told us they were updated about people's needs at 'hand over' and team meetings to ensure decisions regarding care were implemented in

practice.

Good

Is the service responsive?

Our findings

People using the service expressed the view that staff were responsive to their needs. They were happy with the activities offered and were aware that they could complain and to whom. One person said, "I go out sometimes, I read my magazines and like making cards and painting." Another person explained how they attended a day centre, worked in supported employment and were attending the Special Olympics Great Britain National Summer Games. Comments from relatives captured in the provider's quality survey included, "I am very happy with the communication methods I have with the manager and other staff", "I am confident that any complaint would be dealt with in the correct manner" and "My son is regularly taken out on outings he enjoys."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. People's needs were periodically reassessed to ensure care was tailored to meet their changing needs.

Care plans were sufficiently detailed to guide staff care practice. Staff developed care plans with a focus on maintaining people's well-being and independence. The outcome of this approach was reflected in the active lifestyles that people maintained and increased involvement in tasks such as cooking. Care plans covered a range of areas including physical and psychological health, leisure activities, and relationships that were important to people. Care plans were evaluated regularly to ensure there were meaningful. There were updates on the progress made in achieving identified goals, such as helping people to manage distressed behaviour, stay healthy and to promote good mental well-being. If new areas of support were identified, or changes had occurred, then they were modified to address these changes. Staff also detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with sufficient details to record people's daily routine and note significant events. Such records also helped staff to monitor people's health and well-being. Additional monitoring records helped evidence the care and support provided, for example with epilepsy and leisure activities. Areas of concern were recorded and these were escalated appropriately, for example to the General Practitioner (GP), or to community healthcare professionals, such as the community health team.

Staff had a good knowledge of the people using the service and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes. Comments from staff included, "We always have handovers in the morning and at night time", "A communications book and staff meeting every month. More if it's urgent" and "We have access to care plans, they're good.

The people living at and using the services from Denmark Street accessed activities in the service, via a day service and in the community, both independently and with the support of staff. Examples included social

events, arts and craft classes and trips to places of interest. On the day of the inspection we saw a person being supported to go to Durham for the day, while others attended day services.

People using the service and their relatives were aware of to whom and how to complain. They said they would speak to a member of staff and the registered manager if they had any concerns. There were no complaints recorded within the service during 2016. People's views were proactively sought at house meetings and through quality surveys. This meant that opportunities were taken to seek people's views before they escalated into complaints.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. People using the service told us they were happy with the home and with the leadership there. One person said, "They come and see all's well." Another person said the manager was approachable before continuing, "Yes, I can speak to any of the staff."

Staff were complimentary about the leadership of the service and spoke well of the manager and their deputy. They were clear about expected standards of conduct and the ethos of the service. Their comments to us included, "It's run really well; the best I've ever worked in", "They're very approachable", "The home's run really well and the service users are well looked after", "I think they're good; always there if you need them" and "I enjoy coming to work, there's good morale."

The registered manager assisted us with the inspection and was open to working with us in a co-operative and transparent way. However, they were not fully aware of the requirements to send the Care Quality Commission (CQC) notifications for certain events and we found they had failed to submit several notifications since the time of their first registration. We wrote separately to the registered manager about this. Notifications were sent to the CQC shortly after the inspection.

The registered manager knew the people using the service and the staff well and had a visible presence within the service. Paper records we requested were produced for us promptly and we were able to access care records we required. The registered manager was able to highlight their priorities for the future of the service and the challenges they faced, including the need to access specialist training.

To ensure a continued awareness of current good practice the registered manager attended on-going training and had networked with other managers within the provider group and more widely. The registered manager sought the advice and input of relevant professionals, including in relation to people's general medical needs.

We saw the registered manager and senior staff carried out a range of checks and audits at the home. A representative from the provider organisation also visited to carry out quality checks on care and staffing issues. Staff confirmed the company directors attended the service periodically, observing the standard of care for the people living at and using the service delivered from Denmark Street. During the inspection a representative of the provider called to the home to undertake a routine quality check.

Staff said they were well informed about matters affecting the home. The registered manager told us there were staff meetings and records confirmed this was the case. A staff member said, "The meetings are good. They definitely listen." There was good attendance at the meetings and a broad range of topics discussed. Team meetings included discussions of care related policy, safety and personnel issues. The views of people using the service, their representatives and staff were also sought by questionnaires. Survey results highlighted expressions of satisfaction with the service and areas for further improvement. Comments included, "I like my friends, my room the house and the food" and "I like to chat with my friends, go out to Gateshead and Newcastle." Suggested areas for improvement from the surveys included, people being

given more time to talk when poorly. We advised the registered manager to include the suggestions for improvement in their ongoing improvement plans. The registered manager had acknowledged this feedback and undertook to improve these areas.