

Ashdown Care Homes Ltd

South Hill Road

Inspection report

25 South Hill Road
Gateshead
Tyne and Wear
NE8 2XZ

Tel: 01914773526
Website: www.ashdowncare.com

Date of inspection visit:
15 January 2016

Date of publication:
08 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 15 January 2016.

We last inspected South Hill Road on 5 August 2014. At that inspection we found the service was meeting all the legal requirements in force at the time.

South Hill Road provides accommodation and personal care for up to four adults with learning disabilities. Nursing care is not provided.

A registered manager was in place. '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 told us they felt safe and were well cared for. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, where decisions were made on behalf of people who were unable to make decisions themselves. Staff had completed other relevant training for their role and they were well supported by the management team. Training included care and safety related topics.

People's health needs were identified and staff worked with other professionals to ensure these were addressed. Arrangements for managing people's medicines were safe. Appropriate processes were in place for the administration of medicines. Medicines records were accurate.

Menus were designed with suggestions from people who used the service. Staff were aware of people's likes and dislikes and special diets that were required. People were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies.

Staff knew the people they were supporting well. Care was provided with kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

A complaints procedure was available and people we spoke with said they knew how to complain.

Staff said the registered manager was supportive and approachable. There were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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 were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff would be able to identify any instances of possible abuse and said they would report it if it occurred.

Policies and procedures were in place to ensure people received their medicines in a safe manner.

There were enough staff employed to provide a supportive and reliable service to each person.

Is the service effective?

Good ●

The service was effective.

Staff had access to training and the provider had a system to ensure this was up to date. Staff received regular supervision and an appraisal system was in place to support their professional development.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, if they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and were complimentary about the care and support staff provided.

People's rights to privacy and dignity were respected and staff were observed to be patient and to interact well with people.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good ●

The service was responsive.

People received support in the way they needed because staff had detailed guidance about how to deliver people's care. Support plans were in place to meet people's care and support requirements.

People were provided with opportunities to access the local community. They were supported to follow their hobbies and interests.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post. People using the service and staff told us the management team was supportive and could be approached at any time for advice and information.

There were systems in place to monitor the quality of the service, which included regular audits. Actions had been identified to address shortfalls and areas of development.

South Hill Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

This inspection took place on 15 January 2016 and was an unannounced inspection. It was carried out by an adult social care inspector.

We undertook general observations in communal areas and during a mealtime.

As part of the inspection we spoke with the four people who were supported by South Hill Road staff, three support workers, the deputy manager and registered manager. We observed care and support in communal areas and checked the kitchen, bathroom, lavatories and bedrooms after obtaining people's permission. We reviewed a range of records about people's care and checked to see how the home was managed. We looked at care records for two people, one person's medicine records, the recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits the registered manager and deputy manager completed.

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments from people included, "I feel safe here," and, "I like living here."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure. They told us they currently had no concerns and would have no problem raising these if they had any in the future. Staff told us, and records confirmed they had completed safeguarding training. Staff members comments included, "I've received local authority safeguarding training," and, "I'd inform the manager if I had any concerns."

The registered manager was aware of potential safeguarding incidents that should be reported. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. Three safeguarding incidents had been raised with the local authority safeguarding adult's team since the last inspection. They had been investigated by the home and resolved.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Medicines were given as prescribed and at the correct time.

Assessments were undertaken to assess any risks to people and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan. There was a clear link between care plans and risk assessments addressing for example, distressed behaviour, nutrition, epilepsy, mobility needs and risks.

Care plans were in place to show people's care and support requirements when they became distressed. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. Care records provided detailed and up to date information for staff to provide consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. There were four people who were living at the home. We were told by staff and staffing rosters showed staffing levels were flexible depending upon what people were doing. For example, at the time of inspection two people were receiving one to one support from staff from 8:00am to 5:00pm and other people were at work. From 5:00pm one support worker was available and overnight. Three or four staff were on duty if people were going out so people had the option to go out or stay at home.

Staff had been recruited correctly as the necessary checks to ensure people's safety had been carried out before people began work in the service. Relevant references had been obtained before staff were employed. A result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had also been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Is the service effective?

Our findings

Staff were positive about the opportunities for training. Comments from staff included, "We get lots of training," and, "Training is quite good."

Some staff told us they had worked at the service for several years. One staff member commented, "I've been here for years." All staff said when they began work they had completed an induction. They said they had the opportunity to shadow a more experienced member of staff when they began work. This ensured they had the basic knowledge needed to begin work. The registered manager told us new staff completed a twelve week induction. We discussed with the management team the new Care Certificate in health and social care and new staff having the opportunity to follow this as part of their induction training.

The staff training records showed and staff told us they were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as communication, distressed behaviour and person-centred care. Staff had obtained or were studying for a diploma in health and social care at level two or three, previously known as National Vocational Qualifications (NVQ).

Staff told us and their training records showed they received supervision from the management team, to discuss their work performance and training needs. Staff comments included, "I have supervision every two months," and, "I'm well supported." Staff told us they could also approach the management team at any time to discuss any issues. Arrangements were in place for staff to receive an annual appraisal to discuss their personal development and training needs to make sure they complemented the needs of the service and future service provision.

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 people 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 are called the Deprivation of Liberty Safeguards (DoLS). South Hill Road records showed two people were legally authorised and other applications were being considered by the local authority. Staff had received Mental Capacity and Deprivation of Liberty safeguards training. This meant people's human rights were being protected.

People using the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their

care made decisions for them in their 'best interests'.

We checked how people's nutritional needs were met and found people were assisted to access food and drink appropriately. People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People's care records included nutrition care plans and these identified requirements such as the need for a modified diet. Care plans recorded people's food likes and dislikes and any support required to help them eat. Some people accessed the kitchen to make their own drinks as they wanted and staff offered people drinks throughout the day.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so that staff were aware of the current state of health and well-being of people. There was also a communication book that provided information about people, as well as the daily care entries in people's individual records. Staff told us a handover of verbal information took place for staff between each shift. A staff member commented, "Communication is very good amongst staff."

People were supported by staff to have their healthcare needs met. Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), psychologist, behavioural team, dietician and other health professionals. One person's care plan stated, "(Name) needs one to one support to attend professional appointments." We saw the relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the service. Staff interacted well with people, joking with them and spending time with them. People spoke positively of the care provided by staff. They told us staff were kind and caring. Comments included, "The staff are kind," "The staff are alright," and, "Staff help me when I ask."

People were supported by staff who were warm, kind, caring, considerate and respectful. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. People appeared comfortable with the staff that supported them. People said they were happy with the care and support they received. People's comments included, "I like it here," and, "I've lived here a long time." During the inspection we saw staff were patient in their interactions with people and took time to listen and talk with people.

People told us they were involved and kept informed of any changes within the home and staff kept them up to date with any changes in their care and support. Everyone had a communication care plan that provided information about the person and advised staff how people communicated. For example, "(Name) requires people to explain issues in terms they will understand and give them time to take in the information. If (Name) misinterprets the information they can become distressed or anxious," and, "When (Name) is looking up to the ceiling or to the sky and looking deep in thought and rubbing their hands together, it can mean (Name) is having difficulty putting into words what they are trying to tell you."

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example, when to get up and go to bed, what to eat, what to wear and what they might like to do. Care records detailed how people could be supported to make decisions. For example, "I like to know what I'm doing and when I'm doing it, but explain about any appointments for me on the day as I get anxious." We observed staff interacted well with people and offered them choice. For example, we observed a staff member ask a person if they were warm enough before they turned the fire off. One person was asked what they wanted to do and they said, "I'm going into Gateshead this morning to do some shopping and to have a coffee."

Staff respected people's privacy and provided people with support in the way the person wanted. Care records showed how people's privacy should be respected as care was provided to them. For example, "(Name) is not left alone in the shower but staff can withdraw behind the wall by the shower until (Name) says they need support." We saw people being prompted and encouraged considerably. Staff were observed to be attentive, friendly and respectful in their approach. Staff knocked on people's doors and waited for permission before they went into their room.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us if necessary a more formal advocacy arrangement was put in place. Two people were supported by advocates. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Our findings

People were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. Peoples' comments included, "I work at McDonalds on Fridays," "I do jobs and help out, I cleared the snow yesterday at another service to make it safe for people in wheelchairs," and, "I like to do disc jockeying and I do the music for parties." People were supported to try out new activities as well as continue with previous interests. Some people attended a day service during the day. Records showed there were a wide range of activities available for people. For example, gardening, eating out, attending a club and disco, cinema, arts and crafts, music, shopping, day trips and whatever was of interest to the person.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care and activities of daily living.

People's care records were up to date and detailed and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, care plans for personal hygiene and dignity stated, "(Name) takes pride in their appearance. They like their hair cut short as (Name) says their cap fits better," "Staff will shave (Name) from the side and shave in a downwards motion, cleaning the razor after each two to three shaves when they reach the mouth area. They then start again from the other side," and, "(Name) chooses their own clothes to wear each day and they hang their clothes on the wardrobe door."

The service taught people new skills to help them become more independent in activities of daily living. There was an emphasis on developing people's confidence. For example, travelling independently, helping in meal preparation and making their own drinks. People told us they baked, helped do their laundry and were involved in carrying out some household tasks. Peoples' comments included, "I shopped for the vegetables for Sunday lunch on my way home from work today, I do it every Friday afternoon," and, "We did some baking yesterday and (Me) and (Name) made a corned beef and potato pie for today's tea." One person's care plan stated, "(Name) will put their clothing in the washing machine and they need staff support to choose the washing programme."

Care plans were detailed and provided sufficient information for staff to give care and support to people in the way they preferred. For example, a nutritional care plan stated, "(Name) is able to eat and drink independently but they need support in preparing meals and they can prepare drinks but they don't use the kettle due to the risks involved." A care plan for mobility stated, "(Name) needs staff to ask them to slow their pace at times as they have a tendency to lean forward as they quicken their pace. Staff to ask (Name) to walk slowly and straighten up as they may fall over."

Staff responded to people's needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in people's needs. For example, the behavioural team had been asked for advice with regard to the behavioural needs of two people. Staff used a discreet traffic light system to warn staff what mood a person may be in as soon as they came on duty rather than having to wait for the handover to be informed. Staff then referred to the care plans which were detailed and provided guidance for staff to support the person.

Staff completed a daily record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were usually up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. For example, a person's care plan recorded, "I like the independence of having my own home but I like to spend time with my Dad on Saturday. I also like to spend time with my sister when she comes over from Cumbria."

People had the opportunity to give their views about the service. We were told individual weekly meetings took place with people to consult with them about activities, skills planning and menus. A monthly meeting was also held with people to discuss any menu suggestions and food likes and dislikes.

People had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. The information pack and complaints procedure was available in a pictorial format for people who did not read. A record of complaints was maintained. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2010.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted.

The atmosphere in the service was friendly. Staff said they felt well-supported. Comments from staff included, "The manager is very approachable," and, "I've been here for years and I enjoy it."

We saw records that showed staff meetings were held with the manager and staff every month. Staff could give their views and contribute to the organisation's running. Areas of discussion included, health and safety, safeguarding, service issues, training, risk assessments and needs of people who used the service. Meeting minutes were made available for staff who were unable to attend meetings.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager so that appropriate action could be taken to prevent further incidents occurring.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included health and safety, infection control, training, medicines, personnel documentation and care documentation. Results of the weekly audit were given to the registered manager to analyse and to check that any appropriate action was taken. Other audits also identified actions that needed to be taken.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service and relatives. We saw surveys had been completed by relatives and people who used the service in 2015. Comments included, "Absolutely brilliant service," and, "Know (Name) is cared for and is part of the family."