

Stockport Metropolitan Borough Council

Ashlea House

Inspection report

28 Manchester Road
Cheadle
Cheshire
SK8 2NP

Date of inspection visit:
05 October 2016
31 October 2016
01 November 2016

Date of publication:
08 December 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 comprehensive rating inspection took place on 5 October 2016 and was announced. It was the first inspection of the service since it registered in April 2014.

Ashlea House provides personal care to people living in their own homes. The service offers a short term assessment and re-ablement service to support people to regain their independence after an accident, illness or disability. In addition to this the service offers end of life care to people remaining in their own home. The service currently supports older people, people living with dementia, mental health problems and a physical or sensory impairment. Support is provided to approximately 200 people.

The service had a registered manager. 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 received safe care. Staff understood how to protect people from avoidable harm and there were robust systems in place for reporting allegations of abuse. Risk assessments and risk management plans ensured staff knew how to support people as safely as possible.

Medicines were safely managed. Staff had received up to date training and the registered provider ensured medicines were audited on a regular basis which meant that they could rectify any issues in a timely manner.

There were sufficient staff available to meet people's needs and the registered provider operated safe systems to recruit staff.

Staff were well trained and supported which meant people were provided with effective care. Supervision and appraisals took place in line with the registered provider's policy and staff described a supportive culture.

The principles of the Mental Capacity Act (MCA) 2005 were adhered to and staff sought consent from people before they provided care and support.

People's nutritional needs were met. Staff worked closely with health and social care professionals to ensure people received effective care.

People described a caring staff team who respected their privacy and dignity. Staff supported people to be as independent as possible. People's emotional needs were considered alongside their physical care needs.

Care planning involved the person and their relatives and staff ensure people were involved in the

monitoring of their progress.

No complaints had been made to the registered manager or provider. People we spoke with knew how to raise concerns and told us they would be confident to do so.

We found the registered provider and registered manager were running a well-led service. They had good systems in place to review and monitor the quality of the support being provided to people. The registered manager sought the views of people who used the service and ensured that staff were given the opportunity to contribute to the running of the service at regular staff meetings.

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.

Risks to people were appropriately assessed and managed. Staff knew how to safeguard people from avoidable harm and the registered provider had clear systems in place for staff to follow if they suspected abuse.

There were sufficient staff to meet people's needs and medicines were safely managed.

On-call arrangements meant that people and staff could access support in the event of an emergency at any time.

Is the service effective?

Good ●

The service was effective.

The registered provider and manager ensured staff received a comprehensive induction programme, ongoing supervision and annual appraisals. Additional ongoing training was provided which ensured a high calibre of staff.

The principles of the Mental Capacity Act 2005 were being followed.

The service worked closely with relevant health and social care professionals.

Is the service caring?

Good ●

The service was caring.

All of the people we spoke with were positive about the care they received from staff and relatives also spoke positively about the service.

People told us the care they received was dignified and their privacy was respected.

Staff supported people to be as independent as possible and focused on supporting people's emotional well-being as well as

their physical care needs.

The registered provider had received a number of compliments about the end of life care they provided to people.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided guidance to staff about the support people needed to meet their needs. People and their relatives were involved in the development and review of their care.

People's changing needs were identified and responded to which ensured people received the support they required.

The registered provider had an up to date complaints policy. People knew how to raise concerns and make complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered provider and manager had robust systems in place to monitor the quality and effectiveness of the support they provided to people.

The views of people who used the service were sought and analysed by the registered manager.

Staff described a supportive and open culture. Staff meetings took place on a regular basis and staff contributed to the development of the service. The registered provider recognised excellence within the staff team.

Ashlea House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 5 October and was announced. The registered provider was given 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure staff would be available to meet with us. The visit was completed by two adult social care inspectors.

Telephone calls were made to people and their relatives and the staff team to gather their views. These telephone calls took place on 31 October and 1 November 2016.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed in August 2016. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, two team managers, three resource managers and three members of care staff. Following the inspection we spoke with a further eight members of care staff and a resource manager on the telephone.

We spoke, on the telephone, with six people who used the service and five relatives.

We reviewed six people's care plans and associated records. We looked at medicine administration records. We reviewed records associated with the running of the service such as policies, staff files, audits, rota's and staff meeting minutes.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe receiving support from care staff. Comments included; "Oh yes very safe with staff. They are very pleasant and take care of you," "We absolutely feel safe, staff always introduce themselves, say why they are coming and what they will be doing, you get to know them" and "Safe, absolutely we have nothing but good words about the service." Relatives echoed these comments. One relative said, "Yes, Mum is safe, I know and I feel confident."

Staff demonstrated a good understanding of how to safeguard people who received support, they were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the management team. They were confident concerns would be taken seriously and the action required to keep people safe would be taken.

Since our last inspection the service had notified the CQC of one safeguarding incident. This had been appropriately referred to the relevant safeguarding bodies for investigation. In addition to this the registered manager explained they kept a 'harm log'. This was a tool which had been developed by Stockport Metropolitan Borough Council (SMBC) to record incidents and to give providers direction about the seriousness of the incident and whether a safeguarding referral was required. The registered manager explained this information was reviewed on a monthly basis with the safeguarding team and commissioners from SMBC. Only one incident which had taken place within the service met the threshold for a safeguarding referral. This meant people who used the service could be assured that the registered manager was committed to ensuring people were protected from the risk of abuse.

Risk assessments and risk management plans were completed to ensure staff had the necessary information to keep people safe. One member of staff said, "I risk assess each time I go to a person's home, I check my phone because we get warnings if anything is untoward. I look around, read the risk assessments. If there are changes to safety I alert the managers and on-call is used in an emergency. I have had first aid training and when there is an accident or incident I go to the office to do the reports."

Accidents and incidents were recorded and analysed by the registered manager and were also reviewed by a central health and safety team within SMDC. No one using the service had sustained a serious injury but measures were in place to ensure incidents were reviewed and action taken to reduce the risk of them reoccurring.

Medicines were safely managed. Staff completed a detailed medicine assessment which identified the level of support people required. We reviewed medication administration records (MARs) and found these were completed correctly. The registered provider had an up to date policy in place for the safe management of medicines and staff had received the training they required to safely administer people's medicines. Audits of MARs were completed by the management team on a regular basis. Where errors were identified appropriate action was taken to prevent these occurring again. For example, staff were provided with refresher training and their competency to administer medicines was re-assessed. This meant people could be assured they would be supported safely.

There were sufficient staff to meet people's needs. All of the staff we spoke with confirmed this was the case. One member of staff said, "Yes we have enough staff, we have recently recruited new staff and missed calls are very rare, late calls now and again but not often." Another member of staff said, "People are not rushed we can be flexible and provide the support they need." A resource manager told us the service had enough staff and systems in place to recognise when the service was working at full capacity.

The registered provider had effective systems in place to ensure staff were recruited safely. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who require care and support.

There was an on-call system which provided support outside of office working hours. This meant staff and people could contact the service for advice or help. People we spoke with knew about the on-call contact numbers.

Is the service effective?

Our findings

People told us they received effective care. Comments included, "They do have training and then I go through my needs with them as well," "I think they have had enough training they are very good" and "The staff seem to know what they are doing." Relatives echoed these views, one person said, "The carers are confident and helpful. If there is a problem they try to help." Another relative told us, "They definitely know what they are doing, I am learning also."

Staff were supported to undertake a comprehensive and structured induction programme which included essential on-line and classroom based training. Training which the registered provider considered essential included moving and handling techniques (both theory and practical training), medicines, first aid, safeguarding adults and health and safety. In addition to this new staff completed the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

New staff completed at least two weeks of shadowing more experienced support staff to learn how to provide effective care and develop their confidence. A member of the management team told us, "New care staff would not start delivering care until they have completed the care certificate and we are confident in their abilities."

Staff told us they felt well supported by the management team. Staff had access to ongoing training which included more specialist subjects such as; falls prevention, diabetes, coronary heart disease and HIV awareness. One member of staff told us, "You never feel like you are on your own, if you are stuck you can phone and ask for advice. Whenever I have contacted managers I have felt very much supported."

In addition to this, 80 per cent of the staff team had completed a health and social care foundation degree run and accredited by Bolton University. This meant that staff had been provided with a comprehensive training programme and had been trained to assistant practitioner level.

Staff had access to regular supervision with their line manager. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. We saw supervision discussions were recorded on a standard document which included the following points; do you have any concerns regarding the team or team members, are you up to date with current policies and procedures and are there any issues with the people you are supporting? This meant the registered provider had ensured staff received a consistent approach to supervision. Staff were given the opportunity to discuss any concerns they had.

In addition to supervision, the service completed direct observations of staff whilst they were delivering care to people in their homes. The registered manager explained the direct observations took place at least twice a year and they were looking to increase this to four times a year in line with national good practice guidelines. Records we reviewed showed managers recorded evidence of good practice and also identified areas for ongoing improvement.

The registered provider ensured staff had an annual performance development review (PDR) or appraisal. This involved the member of staff and their line manager reviewing their practice over the last 12 months and identifying areas for development. All of the staff we spoke with told us they felt well supported via regular supervision and an annual appraisal. One member of staff said, "My supervision is very regular and useful but I also speak to my manager every day and they go through everything. I have also had my PDR." Another said, "I have plenty of support and it is useful. We have a form to complete where we assess our competence levels and we score ourselves out of four. My manager has always scored me higher than myself. This makes me feel confident and I know I am doing a good job."

This meant the registered provider had developed robust systems to ensure staff received the support and training they required. People could be assured that staff had the skills and competency to deliver effective care.

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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. At the time of our inspection there were no Deprivation of Liberty Safeguards in place.

We checked whether the service was working within the principles of the MCA. Staff we spoke with understood the principles of the legislation. They told us they sought consent before delivering care and would contact the registered manager should they have any concerns about people's ability to consent to care.

Staff supported people to ensure their nutrition and hydration needs were met. One member of staff said, "We support people for up to six weeks, we record in the notes what people have eaten and if they tell us they have already eaten we look for signs of food preparation etc. and record everything we see." Another member of staff told us, "We write in the care plan what people have had to eat and work as a team so we all know, we check the notes when we next visit, if people are not eating we investigate the cause, we'd telephone the GP and family. We have been known to take fish and chips for people so they eat something different."

The service had set up innovative ways to support people in the community to avoid hospital admission wherever possible. For example, they provided a service to people who had fallen in their own homes, this was available throughout the day and night seven days a week. They had access to equipment to support people safely from the floor and could offer reassurance to people who may be worried at home overnight. In addition to this, they operated an intermediate care service which worked closely with community nursing and therapy staff to support people to achieve their goals. The service was part of a weekly multi-disciplinary team meeting to review and monitor people's progress.

Is the service caring?

Our findings

All of the people we spoke with described the service as caring and told us they were treated with dignity and respect. Comments included, "They are respectful of course; they draw the curtains, and maybe go out of the room so I have privacy," "They treat me well and talk to me with respect. The good thing about the service is they are all friendly people" and "Yes I am always treated with dignity and respect." Relatives we spoke with echoed these comments. One relative told us, "Everyone I have dealt with has been really nice and they speak to mum and dad well, they introduce themselves which is important and respectful" and another said, "The carers are very respectful and provide dignity, very much so, they cover him up when washing him, and they are very good. Their approach is caring; they appreciate my husband's illness and are very attentive to his needs."

Staff we spoke with understood the importance of providing dignified care. One member of staff said, "I ask people what is needed and what they can manage themselves. If we are in their own room I close the curtains, I also ask family to leave the room for privacy, this is very important."

People told us they were supported to be as independent as possible. Relatives told us, "My husband does as much for himself as he can, and the carers respect this" and "The staff help with exercises the physiotherapist has given and the physiotherapist comes to assess progress." Staff explained to us one of their key roles was supporting people to be as independent as possible. They recognised the need to support people's emotional well-being as well as their physical care needs. One member of staff said, "It is devastating for people when they lose their skills, it is upsetting for us, but we do not give up. We work with families and we motivate people who have had an emotional knock back by telling them how well they are doing, mentioning the progress all the time. There is no such word as we cannot. We will achieve something together. We only support where needed, we let people do it themselves."

The service respected people's religious needs. A member of staff told us, "We support a person who requires only halal meat and we ensure everything is arranged so they can eat at certain times they need for their religion and culture."

Staff confirmed they would be happy with a member of their family receiving support from the service, if they needed this kind of care. One member of staff said, "Without a doubt." Another member of staff said, "People have the time they need. It is amazing to see the progress people make. You couldn't ask for a nicer staff team, everyone is lovely."

The service had received a number of compliments about the care and support provided. One relative had written, 'A wonderful team. Exceptional dedication and care to my mother. The team went the 'extra mile' to ensure she was supported, happy and confident with her recovery.'

The service provided end of life care to support people to remain at home and worked under the direction and guidance of the community nursing team. The service mission statement read, 'The enhanced support team aims to support people at the end of life to die in a place of their choice. This will be achieved by

supporting people and those who care for them with dignity, respect and compassion through a holistic health and social care approach.' The registered manager explained the aim of the service is to be able to provide care quickly, usually within the day of contact from the community nursing team. One relative had written the following compliment, 'My mother was treated with love and respect at all times, she became very fond of the carers and their support enabled me and my sisters to support our mother right up until she passed away peacefully in her sleep.'

Is the service responsive?

Our findings

People told us they received care which was responsive to their needs and that they were involved in the planning and review of their care. One person said, "There is a care plan and I have read part of it. My daughters told them all about me when I started the service. The care I get is how I want it." Another told us, "My review meeting was at home with all the professionals involved in supporting me." Relatives we spoke with shared these views. One relative told us, "I was there when they did the assessment and it is working out alright, they do a good job."

Care plans we reviewed were detailed and provided staff with the guidance required to provide person centred care. Person centred care ensures people receive care and support tailored to their individual need. This care plan provided information about the person's family background, likes and dislikes and referred to maintaining their independence and dignity.

Staff worked with people to understand what was important to them. One relative said, "We were told what the care plan would be and carers have sort of got to know him by asking what do you want/like and they encourage him to do things for himself." Another relative told us, "Staff always ask how dad likes things and if there was anything else they could do at the time."

Staff responded to people's changing needs. Daily records provided detailed information about the support people required and the progress they were making. These records identified any concerns staff had about people and the action they had taken to address these. For example, one person's records referred to concerns about weight loss. We saw staff had recorded the need to monitor what the person was eating and had then made a referral to the doctor for a nutritional assessment. Relatives told us staff were proactive. One relative said, "They have always responded well and even in an emergency."

As the service provided short term support to people they had developed a handover sheet which contained key information about the person. This was given to the new care provider who would offer longer term support to people. This demonstrated a commitment to sharing key information to ensure a smooth transition for people from one care provider to the next.

The registered provider had an up to date complaints policy which was provided to people and their families. The registered provider had not received any complaints in the last two years. People told us they knew how to raise any concerns or complaints they had with the service. Staff explained the complaints process to people at the start of the service. In addition to this written information was provided for people. One person said, "We have the complaints process in the book and it has been pointed out to us, but we have never had cause to." Another told us, "Where I have had a clash of personalities with staff I have spoken up and requested they do not come any longer or difficulties have been resolved. I have met the manager and they seemed approachable."

Is the service well-led?

Our findings

The registered manager was supported by three team managers, five resource managers and seven customer lead advisory workers with 85 home support workers delivering support to people in their own homes.

The registered provider and manager had robust systems in place to monitor the quality and effectiveness of the service they provided. Resource managers were responsible for completing monthly quality checks. These included auditing care files and medication records which had been returned from people's homes once they had moved on from the service. Team managers and the registered manager held a monthly quality assurance meeting which reviewed the following information; monthly quality checks, harm logs, rota's, complaints and compliments, incidents and accidents and staffing issues. In addition to this, the registered manager and team managers had a 'daily catch up' to monitor operational issues such as staff sickness or concerns about people they were supporting. This meant they could take action to resolve any concerns in a timely manner and the management team had a good grasp of the strengths of the service and the key challenges they faced.

The registered manager told us the service had a number of strengths which included; a well-established staff team, a flexible approach to providing support, staff focus on people's emotional well-being as well as their physical care needs.

People's views about the care they received were sought at the end of the period of support. These were sought via questionnaires which contained eight standard questions along with space for people to make individual comments. Questions included; have you been involved in reviewing your personal support plan [care plan] and have staff called you by your preferred name? The information was analysed and reviewed by the registered manager on a regular basis. From July to September 2016 positive feedback had been provided, figures showed satisfaction rates of between 87 and 99 per cent of each question asked.

The registered manager monitored the outcomes people achieved following a period of support. The registered manager explained that last year 579 people received re-ablement support, 40 per cent of people were discharged from the service without the need for ongoing formal care services and 35 per cent of people received ongoing care from an alternative provider. They also monitored the support provided by the end of life service and last year 76 per cent of the people they supported achieved their preferred place of death, so far this year that has risen to 78 per cent. This demonstrated the registered manager was providing a well-led service which supported people to achieve their outcomes.

We found staff morale was good and staff described a supportive management team with an open culture. One member of staff said, "The managers are approachable and they do sort things out, it is an open culture" and "We are open and transparent, yes we are busy, but we all get on. I like my job." Staff meetings took place on a regular basis. This meant the staff team had an opportunity to contribute to the running of the service and were kept up to date with developments.

Staff recognition awards had been developed. The registered manager explained that staff were nominated and received a certificate and ROSE (Recognising Our Staffs Excellence) badge. They said, "We have given seven ROSE badges and certificates to our staff members and we are planning our next ROSE Award presentation." This demonstrated that the registered provider and manager recognised excellence within the staff team and valued this.

Policies were up to date and based on good practice guidance and up to date legislation. The registered manager explained staff had access to the intranet page which contained information on training and development, amendments to policies, e learning and updates on the direction of the organisation. This meant the registered provider had taken the necessary steps to ensure the care team had access to clear guidance which was up to date and based on good practice guidance.

The management team were aware of notification requirements. From the records we reviewed we were confident the registered manager was making the required notifications to the CQC. A notification is information about important events which the service is required to send to the CQC by law.