Ashgate House Limited

Ashgate House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 8 and 11 May 2015.

Ashgate House is a ten bed service providing support and accommodation to people with a learning disability. At the time of the inspection ten people were living there. It is a large house in a residential area close to public transport and other services. The house has special adaptations to the bath and shower rooms. There is a lift to all the floors. The home is therefore accessible for people with physical disabilities or mobility problems. People live in a clean and safe environment that is suitable for their needs.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People were safe at the service. They were supported by kind, caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

Summary of findings

Staff were attentive and supportive. They engaged with people and chatted and laughed with them throughout the day.

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

People were supported to make choices about what they did and what happened to them. They took part in activities of their choice in the community and in the service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe.

People were supported to eat and drink enough to meet their needs. They told us that they liked the food.

Staff received the support and training they needed to carry out their role and provide a safe and appropriate service that met people's needs.

The provider and the management team monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People were cared for in a safe environment.

Systems were in place to support people to receive their medicines appropriately and safely.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible.

Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Before staff provided care and support they took time to explain to people what was going to happen. Staff were attentive to people's needs and spent time chatting to them and doing activities with them.

Is the service responsive?

Good

The service provided was responsive. People were encouraged to make choices and to have as much control as possible about what they did.

People were confident that any concerns would be listened to and addressed.

People were supported to be involved in activities of their choice in the community and in the service.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans were in place and gave clear information about how people liked and needed to be supported.

Is the service well-led?

Good

The service provided was well-led. People were happy with the way the service was managed and with the quality of service.

The manager monitored the quality of the service provided to ensure that people were receiving a safe and effective service.

Summary of findings

The manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

The provider monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

Ashgate 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 unannounced inspection took place on 8 and 11 May 2015 and was unannounced on 8 May 2015. The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

At the last inspection on 8 August 2013 the service met the regulations we inspected.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with all of the people who used the service and observed the care and support provided by the staff. We spoke with eight members of staff, the manager and the deputy manager. We also telephoned three people's relatives and spoke with a visiting healthcare professional. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

Good

Is the service safe?

Our findings

Care provided was safe. People told us that this was a safe place to be. One person said, "I feel very safe and I would speak to the manager if I did not feel safe." A relative told us, "[My relative] is safe and well."

The service had procedures in place to make sure any concerns about people's safety were appropriately reported. Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. Staff and people who used the service were confident that any concerns would be listened to and dealt with quickly by the manager. One person said, "I would speak to the manager if I was not happy or felt worried." A member of staff told us, "I would be happy to raise any concerns and they [management] would definitely take them seriously." People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. A member of staff confirmed that they had not started work until the necessary checks had been obtained. People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person's individual needs. The provider had appropriate systems in the event of an emergency. For example, there was a file containing details of action to be taken and who to contact in the event of an emergency. A copy of important information was securely stored at another of the provider's services a short distance away for use if needed. A fire risk assessment had been completed and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

Medicines were stored in appropriate metal cabinets in a designated room. There were also appropriate storage facilities for controlled drugs. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. Keys for medicines were kept securely by the senior staff to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

All staff received medicines training to give them an understanding of the medicines administration process. In addition staff had received separate training to enable them to safely administer a specific emergency medicine for a person with epilepsy. Medicines were ordered, stored and administered by senior staff. Senior staff's competency to administer medicines was assessed and monitored by the deputy manager to ensure that medicines were being administered safely and appropriately. Seniors also carried out medicines audits and checked that medicines records tallied with the amounts in stock.

We saw that the medicines administration records (MARS) were detailed, had been appropriately completed and were up to date. Records included information on any allergies people had. They also included some protocols to guide staff as to when to administer medicines that were prescribed on a 'when required' basis. We discussed this with the manager and they stated that they will ensure that these are in place for all 'when required' medicines.

The above systems ensured that people received their prescribed medicines safely and appropriately.

Staff told us that they felt staffing levels were right to assist and support people safely. One member of staff said, "Yes there are enough staff to look after people. Shifts are always covered." From our observations and from looking

Good

Is the service safe?

at staff rotas we found that staffing levels were sufficient to meet people's needs and to support them with what they chose to do. For example, we saw staff playing scrabble with one person.

The service premises were in a good state of repair and decoration and a part time maintenance person was employed to ensure that standards were maintained and minor repairs were carried out as soon as possible.

Specialised equipment such as hoists and accessible baths and showers were available. Records showed that these and other equipment such as fire safety equipment were serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. People were therefore cared for in a safe environment.

Good

Is the service effective?

Our findings

Care provided was effective. One relative told us, "The care is excellent."

People were supported by a staff team who knew them well and were able to tell us about their individual needs and preferences. Staff told us that they received the training they needed to support people and that training was up to date. One member of staff said, "The training is really beneficial and is updated. It's definitely the right training." We saw that staff had received a variety of training including safeguarding, moving and handling, fire safety, food hygiene and health and safety. Staff also received training to meet people's specific needs. For example, swallowing difficulties and tunnel vision. Most of the staff team had either already obtained or were studying for a qualification in health and social care. A senior member of staff told us that when they were first promoted to this post they received a 'senior's induction' and had also worked on shift with another senior until they were familiar with routines and tasks. People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). A member of staff told us, "I get good support from other staff and from the management team." They told us that during supervision they could bring up any issues, give and receive feedback and discuss their training and development needs. Systems were in place to share information with staff including a communication book and handovers between shifts. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit one person had DoLS in place. Relevant applications had been made to supervisory bodies in relation to other people and the manager was awaiting their responses. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staff told us and records confirmed that people had differing nutritional needs. We saw that people were offered drinks and snacks during the course of the day. When there had been concerns about a person's weight or appetite advice had been sought from the relevant healthcare professional. A member of staff told us that one person had not been eating properly when they started to use the service. They had gradually encouraged the person to try different foods and drinks and now the person was eating meals and having a variety of drinks. People's care plans included information about the types of food they liked and needed and how they needed to be supported to eat. People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and drink. One person told us, "I get lovely food here, they ask me every day what I would like to eat." Another said, "I have lovely food." Some people ate independently but others needed assistance from staff. We saw that staff were attentive and supportive through the lunch period and ensured that everyone had drinks.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. Each person had a 'health action' plan and a 'hospital passport' in place. The health plans gave details of the person's health needs and how these needed to be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Care plans were reviewed three monthly or sooner if needed. As far as possible people were involved in developing their care plan. They included information about people's physical and emotional needs. The care

Good

Is the service effective?

plans we looked at were up to date, detailed and gave a clear picture of what was needed and how this was to be provided by the staff who cared for them. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

Good

Is the service caring?

Our findings

The service was caring. People were happy with the way in which staff treated them. One person said, "Everybody is nice in here and they are caring." Another added, "I like it here and the staff are lovely and look after me well, [a member of staff] is beautiful and very caring." A healthcare professional told us, "It's a lovely home and I enjoy coming here. The staff are great and I have no concerns." We saw that people were treated with dignity and respect and that staff were attentive to their needs.

Relatives told us that staff were caring. One relative said, "Staff are really nice and helpful and [my relative] looks really happy and tells me they really like it there." Throughout the inspection we saw that staff spent a lot of time with people. There were positive interactions between the staff and people who used the service with lots of chatting and laughing. We saw that staff were patient and considerate. They took time to explain things so that people knew what was happening. When people needed support with their personal care this was done discreetly.

People were treated with respect and dignity. We saw that staff wiped people's faces when needed and that one person's top was changed as there was food on it after lunch. Their privacy was maintained and we saw that staff closed doors when supporting people. One person told us, "Staff are helpful and nice. They close the door to give me dignity when doing personal care."

People received support from staff who knew and understood them. Staff told us about people's individual needs, likes, dislikes and interests. They knew people's individuals patterns, routines and methods of communication and described how those who could not speak expressed themselves. For example, one person cried when in pain and if they did not like something turned their face away.

People's different cultural and support needs were identified and met. For example, one person liked to go to church and another sometimes chose to join them. Another person was Jewish but was not practicing. However, they had a funeral plan in place and information on what was needed in the event of their death.

Good

Is the service responsive?

Our findings

The service provided was responsive. One person told us, “Staff are great here and they always respond to me when I ask.”

People received individualised care and support. Prior to people using the service information was obtained from relevant health and social care professionals and relatives. From this information, personalised care plans and risk assessments were developed. We found that when people had transferred from other services transition logs had been in place to monitor the process and ensure that it went as smoothly as possible

People’s care plans were personalised, comprehensive and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person’s wishes. For example one plan stated, “I would like staff to offer me a drink if I appear unsettled or unable to sleep.”

We found that care plans were reviewed every three to four months and updated when needed. Relatives were invited to attend reviews. Relatives told us that staff kept in contact with them. Staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any change in people’s needs and were then able to respond appropriately. This meant that staff had current information about people’s needs and how best to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. Care plans included information about how best to support people to make choices. For example, one plan stated, “I can make choices by using my eyes.” One person told us, “Yes I get up when I want and go to bed when I want .I like to watch TV late.”

We saw that people chose what and when to eat and how they spent their time. For example, one person said that they did not want to go to a music activity and chose to stay at home and play scrabble with staff. A member of staff told us, “People choose their clothes, their drinks and their activities.”

People chose what they wanted to do each day and also planned for things they wished to do in the future. There was an activity coordinator who organised activities and along with other staff provided support for people to go to these. One person told us, “I go to social clubs and shopping.” The activities people went to included social clubs, indoor bowls, pottery and music and movement. People were encouraged and supported to do a wide range of activities and trips that they liked.

People were supported and encouraged to raise any issues that they were not happy about. We saw that the service’s complaints procedure was displayed on a notice board in a communal area. There was also a version with pictures and symbols to make it easier for people to understand. Contact numbers for the local authority were also displayed. This included the numbers for customer care and complaints, safeguarding and quality assurance. People said they knew how to complain and who to complain to. One person told us, “I’d speak to [the manager] if I had any concerns and he is always so nice.” Senior staff told us that if there were minor complaints they would sort things out but any major or serious complaints would be passed straight to the manager. There had not been any recent complaints. We saw that when a serious complaint had been made this was taken seriously and the necessary action taken to address the issue. People benefitted from a service that listened to and addressed complaints and concerns.

Good

Is the service well-led?

Our findings

The service was well-led. People had confidence in the manager. One person told us, "[The manager] is a lovely man and for the people." Another said, "I tell [the manager] he does a good job."

There was a registered manager in post and a clear management structure. Staff were clear about their roles and responsibilities. In addition to the manager there was a deputy manager and senior staff. Senior staff were responsible for the daily running of the shift and there was always a senior on duty during the day time. At night the on call system was used if staff needed any support or guidance. A member of staff told us that they got good support from the management team and were free to seek advice.

Staff told us that the manager and deputy were accessible and approachable. They were confident that any issues raised would be dealt with. One member of staff said, "[The manager] makes it clear how to treat people." Another said, "[The management team] are clear about what they expect."

People were involved in the development of the service. They were asked for their opinions and ideas through 'residents' meetings, at their reviews, at meetings with their keyworker and informally during the course of the day. We saw that one person had been involved in recent staff interviews. People were listened to and their views were taken into account when changes to the service were being considered.

The manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finances. People were provided with a service that was monitored by the manager to ensure that it was safe and met their needs.

The provider had a number of different ways in which they monitored the quality of service provided. There was a separate quality team who visited the service four times a year unannounced to check the quality of the service provided. A report of their findings was then sent to the manager and area manager for any issues to be addressed. The quality team followed this up at their next visit. There was also a programme of monthly unannounced visits by the area manager. Different topics such as medicines, records or the environment were checked on each occasion and any issues identified were passed to the manager to action. Reports of these visits showed that they spoke to people who used the service and to staff, checked the environment and also records. Staff told us that the provider and the area manager visited and that they asked people "how they were".

The provider also sought feedback from people who used the service and stakeholders (relatives and other professionals) by quality assurance surveys. Therefore, people were provided with a service that was monitored by the provider to ensure that it was safe and met their needs.