Aston Transitional Care Limited

Ash House

Inspection report

7 Ash Drive
Sparkhill
Birmingham
West Midlands
B11 4EQ

Tel: 01902672692

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 17 May 2016 and was unannounced. This was the first inspection the home has had after registering with the Commission in March 2015.

Ash House is a residential home which provides support to people who have learning disabilities, autism spectrum disorders and mental health issues. They offer support to young people who are in transition from children's services. The home is registered with the Commission to provide care for up to six people. At the time of our inspection there were six people living at the home.

There was a registered manager in post who was not available on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. During the inspection we spoke with the deputy manager.

We saw that people were comfortable around staff and with the support they were receiving. People had opportunities to participate in a range of activities staff knew they enjoyed. People were supported to maintain relationships which were important to them.

Relatives told us that they were happy with the care provided at Ash House, one relative said, "It is wonderful to see such progress and to know [my relative] is in a safe and loving environment." Staff were aware of the need to keep people safe and the provider conducted checks to ensure people were supported by staff who were suitable. The storage, administration and recording of medication was good and there were systems for checking that medication had been administered in the correct way. The process for making sure people received their 'as required' or PRN medication was not robust.

People were supported to express their preferences. When the support people received risked restricting their freedom, the registered manager had supported people in line with the appropriate legislation. Some people were subject to restraint that was carried out in an appropriate manner but not well documented. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

People were supported to have their healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs as well as their personal or cultural preferences.

Staff understood the needs of the people they supported and the importance of providing care which was person centred. We saw that they were kind and considerate with people. We noted that staff

communicated well with each other about the care and support needs of people. The provider had not checked how effective their monitoring process had been in maintaining or driving up standards of 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?

Requires Improvement

The service was not consistently safe.

Safeguarding incidents were not always dealt with appropriately.

Risks around the use of restraint were not assessed.

People may not have received all of their medicines safely.

Staff were recruited appropriately and there were sufficient staff on available to care for people.

Is the service effective?

Requires Improvement

The service was not always effective.

There were no capacity assessments or best interest meetings for people for day to day matters.

Decisions about restraint had not been taken in line with legislation.

Staff had been provided with training and support to enable them to meet people's needs.

People were supported to access health care when needed.

Is the service caring?

Good

The service was caring.

Relatives we spoke with told us they felt that the care given was good.

The registered manager and care staff knew people and their support needs well.

People were involved in making decisions about their care as

much as possible, and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People received support when they needed it. Support had been reviewed so people's preferences could be accommodated.

People were supported to take part in a range of activities that enabled them to remain well and happy.

People and their relatives were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have an effective system to drive continuous improvement.

The service had an open and transparent culture, with good internal communication.

The staff and management were well liked and considered approachable.

Staff were motivated and they received on-going support.

Ash House

Detailed findings

Background to this inspection

We carried out this inspection of Ash House 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 17 May 2016 and was carried out by one 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 care service.

As part of this inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur at the service. We refer to these as notifications. We reviewed the information within these notifications and used this as part of our planning of the inspection. We also took into account some information we received from the local authority who had recently visited.

During the inspection we spent time with people at their home. We noted that people did not communicate verbally. During and after the inspection we spoke with three relatives. We talked to three healthcare professionals who regularly visited people at the service, and two educational professionals. We looked at records the service is required to maintain in relation to all aspects of care provided including complaints and safeguarding incidents.

We spoke with five members of staff, the deputy manager and the operations manager. We reviewed two people's care records and their medicines administration records (MAR) charts. We looked at two staff files including a review of the provider's recruitment processes and sampled records of staff training plans and duty rotas.

We made general observations in communal areas of the home of the care and support people received at the service. We used the Short Observational Framework for Inspection (SOFI) to observe how people were supported. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

During our inspection we saw that people were safe and comfortable within the home. All the relatives we spoke with said they felt people were safe and they made positive comments about the service keeping people safe. Staff we spoke with knew about people's individual risks and actions they would take to keep the people they supported safe. Staff we spoke with confirmed that they had received training and were able to describe different signs of abuse and their responsibilities and roles in how to protect people from abuse. Staff understood how to report concerns and told us they were confident that these were acted upon. We spoke with the deputy manager who was aware of the processes to report safeguarding concerns. However we found however that not all safeguarding alerts had been raised with the local authority as required and no action had been taken to reduce the risk of a similar incident occurring again.

Detailed risk assessments were in place for each person to help staff to support people and minimise the risks associated with their healthcare conditions. Although the risk assessments had been reviewed they did not include risk assessments around restraining people. We saw that the provider had a policy about restraining people and that staff had received training on how to restrain people safely when needed. However there were no individual restraint protocols or risk assessments in place.

The deputy manager described how they assessed and determined how many staff were required to support people living at the home. Relatives consistently told us and we saw that there were enough staff available to meet people's needs. Staff were available to respond to people's needs as required. We noted that this included giving people space and quiet time, but being available to support people very quickly when they required it.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We reviewed staff recruitment files and saw that the registered provider's recruitment process included carrying out the relevant checks before staff worked with people.

We looked at how the home supported people with their medicines. There was an effective ordering and collection process in place that ensured people always had the medicines they needed. We saw that people were supported to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. Each person had a separate lockable cupboard in a medicines room that contained all their medication. The medicines were stored safely. We found that regular prescribed medicines were given safely.

Records showed that staff who gave medicines had received regular training in administering medication, but had not been assessed for their competency by the management to make sure that staff had up to date knowledge and skills. We looked at Medicine Administration Records (MAR) for some people and noted they were accurate. We saw that the registered manager carried out regular audits of these to ensure that people had received their medicines as prescribed. We checked the balances for some people's medicines and they were accurate with the record of what medicines had been administered.

We saw that staff were signing the MAR sheet to indicate that prescribed creams had been applied, but there were no instructions for staff to tell them where the creams were to be applied on the person. Some people needed medicines on an, 'as and when' basis, [PRN], but there were no guidelines in place to direct staff on how and when to use these medicines correctly. This could result in inconsistency or medicines being used differently to the way the prescriber had intended. One health care professional who monitored the use of PRNs told us, "There are significant improvements and less use of PRN, people are more settled and happy." We noted that there were personal information profiles for people. These identified any special instructions that people may have to follow when taking medicines. We looked at non regular medication records, such as prescribed antibiotics, and saw that when they had been given the records were clear and accurate.

Requires Improvement

Is the service effective?

Our findings

All the relatives who we spoke with told us that the staff were good at meeting the needs of the people who lived at the home. One relative said, "Within a very short period of time….the staff team have helped [my relative] to settle and focus to such an extent he is now enjoying life." A health care professional told us, "It's been a massively huge improvement, it's brilliant to see [the person] now."

We spoke with three health and social care professionals who worked with people at the home about practices around the use of restraint. One professional told us, "The paperwork does not reflect the level of knowledge they have. They are all very good. They know exactly what to do when [the person] becomes agitated," Another professional said "I've no concerns about it at all," and,"" I don't think they overuse any form of restraint. They do so much before that. Take them out; go to the sensory room etc. They manage it really well." We noted that on occasion some people required a level of restraint to keep them and others safe from harm. We saw that all restraints were logged and recorded as incidents. We also saw that the registered manager monitored these incidents, but did not analyse them for trends in order to take appropriate preventative action. Staff told us that after any restraint there was a debriefing in order to support staff and make sure the restraint that had been used was proportionate. Information about such events was shared amongst the staff group at handover between the shifts.

Shortly after the inspection the deputy manager advised that they had introduced a comprehensive protocol for each person that clearly stated when and how restraint might be used. This was later confirmed by the commissioning team from the local authority.

Staff told us, and records confirmed that all staff had received a detailed induction when they first started to work in the home. We saw that staff also shadowed other colleagues and got to know the people well first before supporting them on their own. The deputy manager had a training matrix that showed when staff would need refresher training; we saw this was up to date. Staff received additional training when necessary to meet people's particular medical conditions including guidance from health professionals about people's specific conditions. All the staff we spoke with said they felt confident they had the knowledge needed to support the people in the home. Staff could explain people's specific communication styles and how people expressed their feelings and needs through gestures and sounds. For example, a member of staff told us in detail how one person indicated they were in pain and may require medication. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary.

Staff we spoke with told us that they received regular supervision and support from management. They also participated in handovers between shifts to enable staff to share important information that would enable continuity of support for the people living at the home. Staff we spoke with told us that communication was effective within the team, and that they had the opportunity to go to monthly staff meetings. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made and approved by the local supervisory body for DoLS as required and in line with the legislation. We found that the home tried to restrict people in the least restrictive manner appropriate to their support needs. From this process one person had the support of a Mental Capacity Advocate who told us that the home was operating within the conditions of the authorisation.

Records we looked at showed that decisions taken on behalf of people had involved contributions from people's families and other professionals. However staff did not have a clear understanding of capacity and there were no capacity assessments or evidence of best interest decisions being made with people. We observed staff seeking people's consent before they assisted them with their care needs, offering food or drinks or moving about the home. A member of staff told us, "When people come down we show them the breakfast choices and they point at the one they want." We found that staff obtained day to day consent well.

We observed people at dinner time and saw that people enjoyed their food. A relative told us, "When I see the food being prepared they cook it from scratch, it's a high standard." We saw that people had a pleasant and inclusive dining experience, and that they had personal space in which to eat their meal without interruption. We noted throughout the day people were offered drinks and snacks of their choice. One relative said, "[My relative] always gets fruit and veg, and if they push it away they get something else."

Records showed that advice had been sought from relevant health professionals, including speech and language practitioners, community nurses, Doctors, dentist and opticians. We saw that people were supported to access a range of health care support which included specific help from psychiatric services. Records showed that staff involved healthcare professionals promptly and people's care plans had been updated to reflect any guidance and instructions received. We saw that each person had an annual health check with their GP.

Good

Is the service caring?

Our findings

During our inspection we saw kind and considerate care and support being given to people. People chose not to speak with us, but we saw that people looked comfortable and relaxed in the company of staff. Relatives were very complimentary about the staff team and management. Relative's comments included, "They care so much, and they always ask [my relative] how they are. They show a lot of respect." Another relative said "[My relative] is happy, and it's down to the fact that the staff care." One more person said , "All the staff are really good, they are really kind there."

During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's communication in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home, and people were given the space and quiet they needed to relax. We saw that one person wanted to go into the back garden as soon as they came home. Staff knew this and in preparation had opened the back door and took a drink outside in readiness for the person coming home. We found that staff and management cared about the people they supported and a relative told us, "They threw a spectacular birthday party for [my relative.]"

Staff we spoke with had a good knowledge of people they cared for and spoke with kindness and compassion about people they supported. They could describe individual preferences of people and knew about things that mattered to them. For example, staff knew how to meet one person's preferences in eating their meals and people were supported with their personal hygiene in a timely way before meals.

Throughout the home we found that signs and pictures were used to show people what each room was. For example there was a picture of food on the kitchen door and a picture of a toilet on the bathroom door. There were also objects of reference that staff could use to help communicate with people. These items aided people's understanding of what was being suggested or offered and therefore gave choice about what they did, and where they went. A medical professional told us, "People are really well supported, what I saw was happy young people."

We found that the home had supported one person to have an independent advocate to support them to make choices about their care. The advocate told us, "The home is good, I see [the person] monthly and they know his needs well."

Staff could describe what they did in practice to protect people's privacy and dignity. During our inspection we saw care given in a dignified manner and people being supported to go to the privacy of their rooms for intimate care. An educational professional told us, "The staff are very respectful, they have good relationships with the people there. People are always clean and dressed appropriately; we work together with them really well. " There was no evidence that people were being supported to develop their independence to develop skills as young adults. We read a compliment from a relative which read, "[My relative] is helped along by the way your staff respect and treat all the young men. You have a wonderful team of caring people"

Good

Is the service responsive?

Our findings

The deputy manager told us that people and their relatives had the opportunity to visit the home prior to making a decision about moving in. One relative said, "As soon as I walked in I knew it was ideal with its free flowing set up." Records showed that initial assessments had taken place before people moved in to identify people's individual support needs. This made sure that the home knew they could provide the correct support to people.

Care records we saw were person-centred and contained information about people's preferences and daily routines. We saw that care plans identified what was important to people. We saw that staff had access to summary support plans which were available when needed. Staff we spoke with had a good understanding of people's individual preferences and knew what was important and of interest to people they supported. We found that staff had involved people as much as was reasonably practicable. A health professional told us, "They really took into account the persons support needs, they really know him and how to support him." We spoke to a social care professional who told us, "I think they are really creative with how they work with people. The progress people have made is huge."

People were supported to maintain relationships that were important to them and all the relatives we spoke with confirmed this. For example, a staff member told us that every night one person's relative called them on the telephone and the staff handed the person a cordless phone to enable the person to move to a quiet area and enjoy the call. We found that peoples cultural preferences were respected and provided as some people who chose to eat meat had the option of eating halal meat a the home.

We noted that most people attended education services during the daytime although one person chose to stay at home. We noted that this person watched TV and then went out with a member of staff. We did not see a structured activities programme for people but the deputy manager told us that people had the opportunity for support and activities based on their known preferences. We saw that activities were provided by the home and included going to the local parks and shops as well as day trips further afield. Relatives spoke about activities, and one relative said, "He is getting a good time now, and he is relaxing more," and, "He uses the computer and goes shopping." Staff told us, "We play games with people to cheer them up." We noted that some people had access to soothing lights and music in their own rooms and that a dedicated sensory room was about to be opened in the house for people to use when they wanted.

Relatives told us they knew how to complain and that they would feel confident to raise any matter of concern. All the relatives we spoke with told us they would speak to the manager if they had any concerns, and felt confident that they would have a good response. Staff were aware of the homes complaints policy which we saw. The registered provider had a system for responding to complaints so that action could be taken to resolve matters in a timely manner; however at the time of our inspection no complaints had been received. The deputy manager spoke to us about how they viewed the importance of resolving complaints and then more importantly learning lessons from them to prevent any reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the deputy manager worked openly and transparently with us throughout. After our inspection we asked for information, which was sent to us very promptly. All the professionals we spoke with commented that the home worked well with them. One professional said, "They have always been very open and transparent in their approach with me. They are very good I am impressed." Another health professional told us, "They help me and we work together well. They get on with things." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their registered manager. One member of staff said, "I think its lovely here, the people get the best treatment that I would love myself." Feedback from families and friends and health professionals described the home as consistently providing a high quality service.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to express their views and work cooperatively together. Minutes of these meetings showed staff had discussed operations of the service and best practice to use when supporting people. Communication records showed information was appropriately shared at handover meetings held at the start and end of each shift. This ensured staff had sufficient and up to date information about people's needs and how to effectively support them. We saw the deputy manager interacted with people and supported staff throughout the day in a responsive, friendly and supportive manner.

The provider had used an external company who monitored the quality of service by conducting audits. We found that the provider had not checked how effective this monitoring process had been. We found that the auditing process was not wholly robust or effective and had failed to identify some of the issues noted in the inspection. No suggestions for improvement had been made. The home did not have a system for analysing events or tracking incidents to learn from patterns or trends.

We saw that the deputy manager had carried out checks on the safety and maintenance of the building. We also noted that any maintenance issues within the home were actioned very quickly. Medicine audits were done regularly to check that medicines had been administered correctly and that staff were following all procedures. We looked at care records and saw these were appropriately completed and up to date, but the system of auditing them effectively had not taken place. When we looked at the financial records of people we saw that the home managed some finances on behalf of some people who needed that support. There were processes in place to manage this but they were not checked or monitored in a way that ensured people's money was safe. The deputy manager had ensured advice from healthcare professionals was recorded fully and staff had sufficient information to support people with their needs.

We saw surveys had been used to capture feedback from professionals and relatives. The deputy manager told us that feedback from people was most appropriately gained from keyworker meetings, as people were more relaxed and were individually supported to communicate in their preferred manner. There was no analysis of these surveys but we saw that some actions had taken place as a result of some comments.