

Randall Care Homes Limited

Ascog House

Inspection report

19 Wrotesley Road
London
NW10 5UY

Tel: 02089617366

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14 March 2019

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24 April 2019

Ratings

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

Overall summary

About the service: Ascog House is a care home for people living with mental health needs. There were five people living in the home at the time of the inspection.

People's experience of using this service:

People spoke in a positive way about their experience of living in the home. They told us that staff were kind to them, they were supported to make choices and their independence promoted.

Staff respected people's privacy and dignity.

People's care was planned with their involvement. People were included in all decisions about their care and support. The service was personalised and responsive to changes in people's needs.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage risks effectively to remain safe.

People received the support that they needed to take their medicines safely.

The provider recruited staff safely to ensure they were suitable for their role.

The registered manager and other management provided staff with the support, training and guidance they needed to carry out their roles and responsibilities.

People knew how to make a complaint and were confident that management would take appropriate action to resolve any complaints or concerns that they raised.

Systems were in place to assess and monitor the quality and delivery of care to people. Development and improvements to the service were made when needed.

Rating at last inspection: Good. The last inspection report was published on 9 May 2016.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ascog House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Ascog House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides personal care and accommodation for up to 5 people. There were 5 people using the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in March 2018. Due to a change in the date of this inspection the provider had received another PIR shortly before this inspection, which they were in the process of completing within the timescale that we had set. The PIR 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. We used all this information and the previous inspection report to plan our inspection.

During the inspection we spoke with the assistant manager, one care worker, and five people using the

service. We reviewed a variety of records which related to people's individual care and the management and running of the service. These records included care files of four people using the service and a range of other records to with the service provided to people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living in the home. One person said, "I feel safe here." They told us that they would speak with a member of staff if they had a concern about their safety.
- The provider had policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the host local authority, safeguarding team, police and CQC.
- Systems were in place to ensure people received the support that they needed with the management of their finances. The assistant manager told us that checks of the handling of people's monies by staff were carried out. However, records did not show when these checks had occurred. Following the inspection, the assistant manager told us that they had carried out a comprehensive audit of the management of people's finances to minimise the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as safe and independent as possible. Examples included risks associated with symptoms of people's mental health conditions and self-neglect. Least restrictive risk management plans to minimise the risk of people and staff being harmed were documented. Staff were knowledgeable about the risks to people's safety and about the guidance they needed to follow to keep people safe.
- Regular service checks of the fire, electrical and gas systems were carried out. These included routine checks of fire and food safety. The assistant manager told us that due to the frequent usage of all water outlets there was minimal risk of water bacterial infection. Following the inspection, they told us that they were in the process of completing a risk assessment with risk management plans regarding this matter.

Staffing and recruitment

- Arrangements were in place to ensure that there were always enough staff to provide people with the care and support that they needed.
- People told us staff were available to provide the care they needed.
- Staff told us that the on-call system ensured that they could always obtain advice and support from management staff.
- During this inspection we did not check the staff recruitment records which were stored in the provider's office at another location. We had recently checked these records when carrying out an inspection of another of the provider's services and found appropriate recruitment and selection processes had been carried out to ensure that only suitable staff were employed by the service. Staff we spoke with during the

inspection confirmed that appropriate recruitment practices had been carried out, which included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.

Using medicines safely

- There were policies in place to ensure that staff provided the support people needed with their medicines. Staff received training about safe handling and administration of medicines. They also received an assessment of their competency to administer medicines to people safely.
- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. People were provided with the support they needed to manage and administer their own medicines.
- Medicines administration records had been fully completed, which indicated that people received the medicines that they were prescribed.
- Staff followed safe practice when supporting people with their medicines.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to minimise the risk of people being harmed from infection by unsafe practices.
- The home was clean. However, we noted some food cupboards contained food spillages and were not very clean. We raised this and a care worker addressed the issue promptly. The assistant manager told us that she would ensure that the cleanliness of cupboards was monitored more closely.
- Staff had access to protective equipment in the home, such as disposable gloves.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to record all incidents and report them to management. Management staff reviewed all accidents and incidents and were responsive in taking action to minimise the risk of similar events recurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care records showed that people's needs had been assessed by the service. The assessments considered all aspects of people's needs including detailed assessment of people's mental health and behaviour needs.
- People told us that they made choices about their care and were fully involved in the way it was delivered. People's needs were regularly reviewed with their involvement, to ensure the service continued to be suitable by meeting their needs and choices.

Staff support: induction, training, skills and experience

- People spoke highly about the care and support they received from staff. They told us that regular staff were on duty who knew them well. One person told us that they felt well supported by all the staff and they spoke particularly highly about the support that they received from one member of staff.
- Staff received a range of training relevant to their role and responsibilities so that they were able to effectively provide people with the care and support that they needed and wanted. One care worker spoke positively about recent mental health training that they had received and how it had helped them to understand people's mental health needs.
- Staff met regularly with management staff to review their performance and development needs. Staff told us that management staff were approachable and that they felt supported and able to discuss any concerns, share ideas and request further training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's support plans contained information about their dietary needs and preferences.
- People told us they chose what they wanted to eat and drink and went to local shops to buy food items. One person was very knowledgeable about healthy eating. They spoke about the nutritious foods they enjoyed and of their particular dietary needs and preferences that were supported by the service.
- People had their own fridge and other storage areas to store their personal food items. They prepared their own meals and were provided with support from staff when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies including social care and healthcare professionals to ensure people received effective care that met their individual needs and preferences. The service provided

people's care coordinators with regular updates of their progress. These included details of any changes in people's needs.

- Information was shared with appropriate agencies when people needed to access other services such as hospitals.

- People received effective and coordinated care when they were referred to or moved between services.

The assistant manager told us that when a person recently moved into the home they had remained registered with their GP, which suited the person's needs and preferences.

Adapting service, design, decoration to meet people's needs

- The layout of the home supported people's needs, accommodation was provided on two floors. People told us they liked the home and had personalised their bedrooms. During the inspection people freely accessed the communal areas of the home including the garden.

- The home was located close to community amenities and facilities. People spoke about enjoying spending time out in the local area.

Supporting people to live healthier lives, access healthcare services and support

- People's care records provided a clear overview of the health care appointments people attended and showed that staff were responsive in arranging appointments with community healthcare and social care professionals when needed. For example, regular blood tests were organised for people who were prescribed a certain medicine. People spoke of the appointments with their GP and community nurses that they had attended.

- One person spoke of being supported by the service to exercise regularly and to choose healthy food options.

Ensuring consent to care and treatment in line with law 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed that staff always consulted with them before they provided any assistance and that they were fully involved with all decisions to do with their care.

- People were supported by staff that had received appropriate training so that they understood their responsibilities around consent and mental capacity. Staff knew that healthcare and social care professionals and staff would be involved in making decisions to do with people's care and treatment in the person's best interest when needed. A care worker told us that due to one person's mental health needs they sometimes needed support with making decisions about wearing suitable clothing in cold weather.

- Management staff knew their responsibilities in relation to restrictions to people's liberty. No-one was

deprived of their liberty at the time of our inspection. People had keys to the front door and went out when they wished to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service told us that they were well treated by staff. Staff engaged with people in a friendly manner. They were respectful and attentive, they listened to what people had to say with patience and interest.
- Staff knew people well. They consulted with people and knew their needs and preferences. Staff shared detailed information with other staff about people's current care and support needs and ensured this was reflected in people's care plans.
- Information about people's individual equality and diversity needs was included in their care and support plans. Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights.

Supporting people to express their views and be involved in making decisions about their care

- People told us about their participation in reviews of their care and of making choices about their lives. People told us that they were fully supported by staff to express their views and be involved in making decisions about their care.
- Resident's meetings took place regularly. People also took part in one to one meetings where they were able to talk with staff about particular issues to do with their care and support. People participated in a resident's meeting during the inspection. A member of staff asked how each person was feeling. Then, they encouraged people to decide and plan what they wanted to do and eat during that day and provided them with the opportunity feedback about the service that they received.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. Staff knocked on people's doors. They did not enter anyone's bedroom until they had agreement from the person. One person told us that they had a key to their bedroom. Another person informed us that they had recently asked staff for a replacement key. A care worker told the person that they would ensure that a key was obtained for them.
- People's care records were stored securely so only staff could access them. Staff respected people's confidentiality and knew not to speak about people to anyone other than those involved in their care.
- People's independence was supported by the service. Care records included guidance about supporting and promoting people's independence. One person told us that he was being supported by their care coordinator and staff to move to a more independent living service. They also told us, and records showed that the service had supported the person's independence by supporting them to manage their own

medicines.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records included information and guidance about their preferences and guidance for staff to follow to provide each person with personalised care and support. People's needs were reviewed every month or sooner if necessary and their care plans updated when their needs changed. One person spoke positively about the care and support that they received from staff following their discharge from a hospital admission. They told us, "They [staff] cared for me so well."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. At the time of the inspection people using the service did not have significant communication needs and written information was accessible to them. Staff knew that if these needs changed arrangements would need to be in place to ensure that information was accessible as possible to them.
- People were supported by a staff team who knew them and their individual needs well. The provider recognised people's diversity and supported their individual needs. People's personal relationships, beliefs, likes and wishes were recorded in their care records. One person spoke about their religious needs, which they told us were understood and supported by the service.
- People were supported by the service to engage in social activities and within the local community. People were encouraged to participate in household tasks to retain or develop essential life skills including, cooking, management of their finances and personal care. We saw people prepare their own meals during the inspection. Two people spoke about doing their own laundry and shopping for food.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Two people told us that they felt comfortable about raising any concern. One person spoke of being confident that any issues that they raised would be appropriately addressed by management.
- Records of complaints indicated that the service had been responsive in managing them in a suitable way.

End of life care and support

- There were no current or recent examples of people receiving end of life support. Management had previously told us they would ensure that people's care needs, and wishes were supported by the service with assistance from community healthcare professionals when they neared the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke in a positive way about the way the service was managed and run. They told us that they received the care and support they needed and wanted.
- People and staff told us that the registered manager and other management staff were approachable and supportive. One person told us, "[Registered manager and another manager] were very good, approachable and visited the home."
- Management knew the importance of being open, honest and transparent with relevant persons in relation to people's care and support. They understood their responsibilities in ensuring they notified CQC of all incidents and safeguarding issues that they were required to tell us about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staffing structure. Staff told us they enjoyed their jobs and were clear about their roles and responsibilities.
- A care worker told us that there was good communication with other care staff and management. They told us they were kept well informed about issues to do with the service. They said that management were responsive and always available for advice and support and informed us that management had recently addressed a complaint promptly and effectively.
- There were quality assurance systems in place to assess and monitor the quality and safety of the service. These were undertaken by management and care staff. Management used learning from these to make improvements in the service. For example, ensuring maintenance issues were addressed promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that staff engaged with them in a positive way and they felt involved in their care and the service. Regular meetings and surveys enabled people to share their views. Records showed that the service had been responsive to people's feedback. For example, following a request from a person staff had arranged for them to attend a particular healthcare appointment.
- Staff understood and respected people's equality needs including age, race, religion or beliefs, which included observing religious festivals. One person told us that they practised their faith within the home.

Continuous learning and improving care

- A range of policies and procedures were in place to ensure the service was run appropriately and safely. These were regularly reviewed and accessible to staff.
- The provider had effective communication systems in place. Staff told us they were kept up to date with any changes to people's care, best practice guidance and matters to do with the service.
- The assistant manager told us that as part of learning and development the quality assurance systems and checks were being reviewed and improved. Following the inspection, the assistant manager told us they had updated and improved the format of the environmental quality audit of the service. They also informed us that in response to deficiencies found in record keeping they had addressed the issue by speaking with staff and improving relevant guidance.

Working in partnership with others

- People told us that they had contact with a range of healthcare and social care services. Records showed that the service communicated frequently with people's care coordinators and other community professionals. Staff ensured that changes in people's needs were reported to those who commissioned their care.