Ashness Care Limited

# Ashness Two

**Inspection report**

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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? | Good |

## Overall summary

This inspection took place on 12 and 26 November 2015 and was unannounced.

The previous inspection was in November 2014. At that inspection we found three legal requirements were not being met. These related to the safety of the premises, record keeping and the training and supervision of staff. We found at this inspection that the provider had made some improvements in these areas. The communal rooms were in good repair and much cleaner, some improvements had been made in the quality of records and the provider had arranged an improved training programme for staff to help them understand the needs of people living in the home.

Ashness Two is a care home registered to provide care and accommodation to five people with mental health needs. There were four men living in the home at the time of our inspection. Each person had a single room with an en suite bathroom and shared a kitchen, small dining room and lounge. This home only accommodates men with mental health needs.

# Summary of findings

The previous registered manager left after the last inspection and one of the company directors who is the registered manager for another Ashness service became the registered manager for Ashness Two and appointed a senior support worker to assist with the day to day management of the home.

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.

This home aims to increase people's independence skills. Since the last inspection one person had progressed on to less supported accommodation and one of the people living in the home also planned to move to a supported living project.

People told us that there were sufficient staff to meet their needs. Staff had training and were aware of how to protect people from the various types of abuse.

People were supported to make decisions about their care and lifestyles and attend health care appointments with support when needed. Staff received support and supervision in their role.

People were offered the opportunity to undertake a range of activities of their choice, but their decisions were respected if they chose not to. They were aware of how to make a complaint if they were unhappy about their care.

There were quality assurance systems in place for the service, and people felt supported by the home's management.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safe management of medicines and fire risk for bedrooms. We have also made one recommendation regarding monitoring of people's nutritional needs. You can see what action we told the provider to take at the back of the full version of this report

# 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?**

Requires improvement

Some aspects of the service were not safe. Medicines were not consistently managed safely.

Staff had training in safeguarding people from abuse and knew the risks to people's health and safety and there were plans in place to manage risks.

Communal areas were clean but people's bedrooms were not all clean and safe from risk of fire, though improvements had been made and were ongoing.

There was only one staff at night and for part of the day but they had an effective system where they could call senior staff for advice and support and people thought there were enough staff. The provider took out appropriate checks when recruiting new staff.

**Is the service effective?**

Requires improvement

Some aspects of the service were not effective. Although most people were independent in meeting their own nutritional needs, the service did not have an effective system for identifying when they needed further support in this area.

Over the last year staff completed training in a variety of relevant topics to help them effectively meet people's assessed needs. Staff had support and individual formal supervision to discuss their work.

People said they received support from staff with their mental and physical health needs. Staff supported people to attend health appointments if people wished them to. Two healthcare professionals thought the home was good.

Staff respected people's right to make their own decisions and sought their consent before providing care or sharing information about them.

**Is the service caring?**

Good

The service was caring. Staff respected people's privacy and independence and senior staff had formed good relationships with people who did not always find it easy to engage with professionals. Staff encouraged people to be as independent as possible.

**Is the service responsive?**

Good

The service was responsive in that staff worked to support people in their goals to become more independent and move on to less supported accommodation. People did not have good understanding of their care plans although they had been involved in the initial care plan. Some people were socially isolated and it was a challenge for staff to address this to improve their quality of life. The provider offered people the opportunity to go on organised visits to new places and to go on holiday.

# Summary of findings

People knew how to complain. No complaints had been received in the last year.

**Is the service well-led?**

Good

The service was well led. The registered manager was managing the service along with a senior support worker with experience working with this client group.

There was an open culture in the home and the manager worked hard to develop relationships with professionals involved with people living in the home.

Staff felt supported by the provider's management team. Two health and social care professionals gave positive feedback about the home.

Staff held regular meetings with people living in the home to seek their views on the service provided to them. The provider carried out quality assurance audits, though these did not always pick up areas for improvement and were being reviewed to become more detailed.

# Ashness Two

**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.

The inspection took place over two days; 12 and 26 November 2015, and was unannounced.

The inspection team consisted of one inspector, one pharmacist inspector and one 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. This person's area of expertise was mental health services.

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. We also reviewed all the information we held about this provider including notifications of events since the last inspection.

We talked to all four men living in the home individually and interviewed three support workers, the senior support worker and talked to the registered manager who is a director of the company. We carried out pathway tracking which is where we read the risk assessments and care plans for people and then check whether their assessed needs are being met. We observed interaction between staff and people in the home over the course of a day and we inspected the building. We reviewed the following records as part of the inspection; staff recruitment files for four staff, supervision and training records for four staff, health and safety records, audits of medicines and of the premises, four people's care plans, risk assessments, medicines records and daily records and all available quality assurance records. We contacted health and social care professionals involved with people living at the home to ask for their views on the service provided and received feedback from two of them.

Requires improvement

# Is the service safe?

## Our findings

The provider had updated the home's fire risk assessment since the last inspection when this was found to be unsatisfactory. We did not see fire risk assessments for people's bedrooms during the inspection visits but the provider sent these to us after the inspection. Staff had recorded in people's risk assessment that they should be reminded not to smoke in their rooms but some people did smoke in their rooms and one person's risk assessment said they did not smoke in their room but they said they did. The registered manager knew the specific fire risks for each person and told us the action taken to reduce risk but two bedrooms had excess belongings that were not stored in cupboards and two people had cigarette ends and/or ash on their bedroom floor. There was a risk of staff not knowing and acting on these risks.

We looked at the storage, medicines records, medicines risk assessments and medicines care plans for the 3 people who were prescribed medicines. The senior support worker told us that all medicines were available at the home, but we could not check what had been ordered or received, or carry out any stock checks, as the records of the quantities of medicines ordered and received into the home were kept at another of the provider's homes and the medicines then brought to this home.

According to people's self-administration risk assessments, staff were responsible for administering medicines to one person. Their self-administration risk assessment, dated September 2015 said that the person's clinical care team recommended staff administer this person's medicines. Staff were administering this person's oral medicines, and records were kept of this. Staff told us that this person was responsible for self-administering inhalers, although their risk assessment said that staff should administer all of their medicines. So their medicines risk assessment was not up to date. There was no record that staff were checking that he was using a preventative inhaler as prescribed and he told us he was not. Another medicine, which was labelled to be dispersed in water before administration was being given without water. Staff did not know the reason this person was prescribed this medicine or the risks of giving it without water. Therefore we were not assured that this person's medicines were being managed safely.

The staff team were supporting two people to keep and self-administer their medicines. One person was being supported to do this in preparation for leaving the home, and moving into supported accommodation. Their care and support plan said that staff needed to check weekly that the person was able to self-administer correctly. Their medicines risk assessment said that staff should check this monthly. Their medicines records said the person was self-administering fully from 02 November 2015. On the day of the inspection, we observed staff checking that this person was self-administering correctly, but it was unclear from records how often staff should be carrying out this check and whether they were expected to observe the person taking the medicines or just check he had done so.

For the second person self-administering their medicines, their care and support plan said that staff should check weekly that they were doing this correctly. Their medicines risk assessment said that staff should check this monthly. Their keyworker records dated 30 September 2015 said that staff needed to conduct random checks to make sure that they were taking their medicines as prescribedcompliant with their medicines. The keyworker records dated 31 October 2015 said that staff needed to monitor their medicines closely. This was conflicting information. In practice there had been no recent monitoring by staff in the home. We didn't see any recent records of any checks or monitoring. However staff told us that this person wouldn't allow staff to check their medicines. The registered manager had notified the community mental health team about this and told us they had verbally agreed staff did not need to monitor this medicine. We were not able to confirm that this person was taking their medicines regularly which may have placed them at avoidable risk.

There were two useful documents in place relating to medicines, one to be taken with the person if they were transferred to another setting e.g. for hospital admissions, and the other to be completed when medicines were supplied to people who were going away from the home overnight. This document had been completed in August 2015, but not in October 2015 when a person went away overnight.

Medicines audits were carried out every week. These audits were not detailed, so did not pick up recording gaps, inconsistencies with medicines care plans and risk assessments, or where the home's medicines policy was not being followed e.g. recording receipts of medicines and carrying out balance checks of medicines.

Requires improvement

# Is the service safe?

Staff told us that they had received medicines training, and that their medicines competencies had been assessed by the home manager at another of the provider's services. Staff were not able to tell us what every medicine was for and were giving dispersible aspirin incorrectly.

The above issues amount to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an understanding of whistleblowing and safeguarding procedures and the manager had a good understanding of appropriate procedures to follow to prevent and to report any suspected abuse. The provider has a good history of reporting any incidents or abuse promptly to the relevant authorities.

The risks to each person's safety and wellbeing were recorded in their individual risk assessments along with indicators of a mental health relapse where the person would need professional support. This helped staff to understand risks to people and to seek professional assistance promptly.

The four men living in the home gave mixed feedback about their safety. Two said they felt safe in the home and with the staff, saying; '"Yes, I feel safe" and "I've not been scared here, yes I feel safe here." Two men said they did not feel safe with staff and told us; "I don't want them in there" and "Don't trust none of them." For both these people their views on their safety in the home may have been affected by symptoms of their mental illness.

The provider took action to minimise the risk of financial abuse of people living in the home. One person who was unable to have their own bank account, had their benefits looked after by the provider in a sub account to the company account which only one director had access to. Staff kept records of money given to this person daily which he and they signed for and which was checked every day.

There was a lone working policy for staff. There was no risk assessment detailing what the risks might be for a staff member working alone in this home. However, staff told us they felt safe as there was always a manager on call for advice and support. They said a manager from Ashness Care Ltd would always answer the phone 24 hours a day and attend the home if needed. There were written emergency procedures in place. The senior support worker said staff stayed in the lounge all night where they could hear people more easily than in the office and checked on people regularly. There was a policy that female staff did not work at night for safety reasons.

One person's bedroom had no window restrictor on the first day of the inspection but the registered manager had fitted one by the second day of the inspection.

The provider had ensured the gas and electrical appliances and fire equipment were checked for safety regularly. Staff carried out weekly health and safety checks and the building was in satisfactory repair at the time of the inspection. The health and safety weekly checklist showed that people received limited support with cleaning and organising their bedrooms. Whilst some people were reluctant to clean or let staff clean their rooms, we saw that none were in a good condition of safety and cleanliness.

The communal rooms were clean and in satisfactory repair.

On the second day of the inspection the provider had given more support to people with their rooms and there were some improvements. The manager agreed that staff would be supporting people more to make their rooms safer and cleaner and a new checklist had been devised after the first day of the inspection to record the help they gave. One person was very pleased that staff had done some cleaning for him and another said he was happy that staff had cleaned his toilet for him which had needed a deep clean. The provider had supplied new bedding as one person requested this and provided more furniture for one person.

The staffing level in the home was two staff between 11am and 5pm and one staff at other times including at night. People in the home said they thought this staffing level was adequate to meet their needs. They said if somebody had an appointment an extra member of staff would be asked to work during those hours to support them. The provider has other services locally where staff could also call on each other for advice and support when needed.

Staff recruitment files contained the checks carried out by the provider to see if the person was suitable to work in a care home. These contained checks of any criminal records and barring from working in health and social care (called DBS checks), proof of identity and references from their previous jobs. Three files showed evidence of a thorough recruitment process. The letter the provider sent to previous employers gave information about the job to help them comment on the person's suitability for the role. One

Requires improvement

# Is the service safe?

file did not evidence a thorough recruitment process as there was no written record available during the inspection to show that the provider had addressed discrepancies in information provided by the applicant before employing them. The manager said that they had addressed this but the written evidence was not available at the time of the inspection. The manager confirmed they had no concerns about the staff member's conduct.

The provider took appropriate disciplinary action against staff when needed and had a clear disciplinary policy.

Requires improvement

# Is the service effective?

## Our findings

One person told us that staff supported them effectively and said, "it's a good service" and, "staff helped me." One person had made good progress since living at the home and was able to move on to less supported living, having become more confident at shopping, cooking and looking after his own medicines.

The provider had improved the training for staff since the last inspection. Staff had been provided with a variety of training relevant to the needs of people living in the home, including mental illness, epilepsy awareness, nutrition, challenging behaviour, forensic mental health and personality disorders, as well as food safety and first aid training and infection prevention. Staff studied for diplomas in health and social care with a local college and those who needed it had extra support with literacy from the college.

Staff were receiving individual supervision. Appraisals were not up to date which was due to changes in the manager for the home. The manager assured us that all staff would have an appraisal within the next few weeks.

Staff said they felt supported in their work and the registered manager was always available to support and advise them.

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 and hospitals 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.

The registered manager understood the MCA and the requirements of the DoLS and had this year trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS .

At the time of our inspection the registered manager told us there were no DoLS authorisations in place and no applications had been submitted for people currently using the service. One person had some restrictions imposed under the Mental Health Act. Those who were not subject to restrictions could leave when they liked.

Two people told us they wanted a key to the front door (and had done so at the last inspection) but the manager explained that although people could go out whenever they wished, staff had to open the door for them to come back in as this was an attempt to assist staff in imposing the rule of no alcohol or no non-prescribed drugs in the home. Three people wanted to be able to smoke and drink alcohol in the home and were not happy with that restriction but appreciated their independence in other areas. Staff assumed people had capacity to make their own decisions in most areas of their day to day life and people gave some examples of how they supported people even when they did not always agree with their decisions.

In this home people were encouraged to be independent with their nutrition. Staff gave them money each week to buy food, or go with them and help them to choose and buy their food. Each person had a cupboard in the kitchen and their own fridge in their room. Staff would support people with cooking if needed.

Staff had not been monitoring people's weight for them regularly even though they had charts for recording weights monthly and two people said they had lost weight recently. Staff told us people had refused to be weighed but there was no record that they had asked people if they would be weighed for several months previously. There had been concerns about some people's weight which is why staff had been monitoring their weight previously. We brought this to the registered manager's attention who said they would ensure staff encouraged these people to be weighed regularly.

We were concerned that one person was not getting sufficient nutrition to sustain their health as they were not cooking meals and there was no evidence that staff were supporting this person by monitoring their eating or

Requires improvement

# Is the service effective?

preparing meals for them. We brought this to the registered manager's attention and by the second day of the inspection staff had begun monitoring this person's food intake and started cooking for him.

Staff supported people to attend medical appointments for their physical and mental health if they wanted support and kept records of the appointments for people. We noted that one person with diabetes did not have his blood sugar levels monitored. Staff told us the GP had said this was not necessary but they supported the person to eat healthy meals.

Staff did not record any attempts to encourage people to seek medical advice for those reluctant to see their GP. Two people told us they had medical conditions and experienced regular pain but were reluctant to see a doctor and one said he had lost a significant amount of weight. The manager said they would try to encourage these people to see a professional about their health issues.

At the time of this inspection there was nobody needing adaptations to their environment due to disability but there was a ground floor en suite bedroom available if someone was unable to climb stairs.

**We recommend that the provider seeks professional advice on how best to support people to meet their health and nutrition needs.**

Good

# Is the service caring?

## Our findings

Two people said they had formed supportive positive relationships with staff. We saw that the manager and senior support worker interacted positively with people and listened to them with respect.

One person said, “There are no rules, and the staff are ok” and another said of staff, “They are good – they’re different.”

One person said they felt isolated and didn’t want to engage with staff.

Nobody knew who their current keyworker was so we brought this to the manager’s attention who said they would ensure everybody knew who their keyworker was following staff changes. The keyworker wrote a monthly report about the person they were keyworker for, after meeting and talking with them. They also helped people make plans and goals.

The senior support worker had a good knowledge of people’s needs and wishes and a calm respectful approach to people. This was a good role model for other staff who possibly found it challenging finding ways of spending time with people who did not want to engage with them. We did not see much interaction between other staff and people living in the home although one staff member did go out with a person to support them at an appointment.

The philosophy of the home was to encourage people to become as independent as possible. Staff encouraged people to do their own shopping and cooking and clearing as far as they were able. One person had recently moved to more independent accommodation after a few years in this home and another was due to move on soon after the inspection. Both people had gained skills whilst living in the care home. Staff supported people to make their own decisions and respected them.

Staff respected people’s wishes and right to privacy. They also respected their decisions to stop engaging in their interests and social lives when people decided they did not want to continue their chosen activities. Two people said staff allowed them to be independent and make their own decisions.

At the time of the inspection nobody in the home had an advocate but the manager informed us that he was planning to refer people to a local advocacy service so that they had support from somebody independent..

One person said he did not feel staff supported their relationships with people outside the home but was aware that any restrictions were to minimise risk of alcohol and drugs being brought into the home. Staff supported people to maintain relationships with their family if they needed support. They also kept in touch with a person’s family to let them know about their wellbeing, if the person consented to them doing so.

Good

# Is the service responsive?

## Our findings

Regular review meetings were held with people's mental health professionals. We noted that actions agreed at these meetings were undertaken by staff at the home, including

supporting people to further develop independence skills.

Three people did not know much about the content of their care plans and said, "I think I have one," "No, not read it but I signed it" and "I have one – no one showed me but I have them." Some people had contributed comments to their care plan but did not remember. One person said they didn't have one or know what it was. The manager said staff were working on making plans person centred so people were more involved.

People told us they were not doing much with their time. One person said they usually enjoyed fitness, voluntary work and other interests but due to ill health had stopped all activities for a few months. Two other people who had previously had some interests were not engaging with any interests at the time of the inspection. The other person said, "I haven't got anything to do."

We discussed this feedback with the manager who told us of attempts made to support people to have new experiences and pursue interests outside the home. People told us they had taken part in activities such as playing pool and visiting places of interest but at the time of the inspection three of the four people were not engaging in any interests outside the home and were socially isolated. Staff respected their choice. One person said he felt well supported by staff who were not pressuring him while he was feeling unable to follow his usual activities.

The provider had organised a holiday in Dorset this year for people living in their care homes which included learning how to ride and look after horses. Those who went said they enjoyed it. There was a monthly programme of trips but two people said they did not like group trips out. In October people had the opportunity to go to the Science Museum and one person from this home went. The provider had offered to pay for people to go horse-riding but people hadn't taken this opportunity so far. People had opportunities but three did not wish to engage at the time of this inspection even though they said they had enjoyed a variety of interests previously. The provider had bought a bike for one person and was willing to support people if they had an interest. Staff had supported one person to attend creative writing classes and recently to join a library.

One person told us that the staff at this home had supported him to learn the skills needed to live more independently and he was hoping to move to accommodation with less support. Another person said that staff had been responsive to his needs and said, "staff helped me" and that the home was a "good service."

There was a rehabilitation focus and the organisation also operates supported living services where people in this home could move on to gain more independence whilst being supported by staff they already know.

There had been no complaints since the last inspection and the two people we asked about complaints said they knew how to complain and thought that the manager would listen to them and try to resolve their concerns. There was a complaints procedure available to people. The manager talked to people regularly to see if they had any requests or concerns and had a good knowledge of each person.

Good

# Is the service well-led?

## Our findings

The registered manager was not working in the home full time as he also managed another of the provider's services. Staff said the registered manager was at the home every other day. A senior support worker was appointed this year who had some management duties, including supervising staff and was in day to day charge of the home.

There was an open culture in the home where staff and people living there felt able to discuss issues openly. The senior support worker who managed the service on a day to day basis had a good knowledge of each person's mental health and their needs and preferences.

Audits were carried out at the home by the registered manager and by another director of the company to check the quality of the service being provided. Audits of the building indicated that people were supported to clean their rooms weekly. This was not evident as there were no checklists for bedrooms and most were in need of a deep clean. The audits had not picked up the issues with people's rooms and medicines that we found. The audits were highlighting some areas for improvement but there was no written action plan to follow in order to ensure the improvements were made. The registered manager was in the process of reviewing and improving audit tools.

The provider had recently been given an employer excellence award by the training provider they used. They were awarded 2015 employer of the year for supporting their staff in attending and achieving training for their roles.

The manager had relevant qualifications and the senior support worker in day to day charge of the home had good experience with this client group and was studying for a management qualification.

Managers from the provider's three registered services met regularly to discuss and reflect on care practice. Two health and social care professionals who worked with people living in the home told us that overall they thought the service was good and that the provider was good at communicating with them about people's welfare and wrote detailed reports when there were concerns about a person's wellbeing. The provider and manager worked hard at maintaining good relationships with other professionals involved with people at the home for their benefit. One health and social care professional who works with the people living at the home said they were "doing a good job."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment<br><br>How the regulation was not being met:<br><br>People were not protected against the risks associated with unsafe management of their medicines because staff were not clear and consistent on how to support each person due to unclear written guidance. Regulation 12 (1) (2)(g)<br><br>There was insufficient action taken to address the risk of fire in people's bedrooms.<br><br>Regulation 12 (1)(2) (a)(b) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.