Ashtead House Limited

Ashtead 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

Ashtead House provides care and support for up to ten people who have a learning or physical disability. At the time of our visit there were six people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during the inspection.

People were treated in a kind and caring manner by staff. People were encouraged by staff to have daily involvement in the running of the home and to be independent as much as they could.

People were safe living at Ashtead House. Staff assessed any risks in relation to people and put suitable plans in place to enable people to continue with their daily life in a safe way.

Staff had followed legal requirements to make sure any restrictions that were in place were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of their responsibilities to safeguard people from abuse and could tell us what they would do if they had any concerns. In the event of an emergency or the need to evacuate the house, people's care would not be interrupted as there was guidance in place for staff.

Summary of findings

It was evident all staff had a good understanding of the individual needs and characteristics of people. Staff were able to communicate with people effectively. This was confirmed by relatives and our observations on the day.

There were enough suitably trained staff deployed in the home and there were enough staff to enable people to go out each day. Staff were supported in their training and professional development.

People were encouraged to eat a healthy and varied diet and were involved in choosing the food they ate. People received their medicines when they needed them and staff followed proper guidelines in relation to medicines management.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Professional involvement was sought for people when appropriate and staff responded to people's changing needs.

Staff supported people in an individualised way as they planned activities that meant something to people. Relatives were involved in developing the care and support needs of their family member.

People were encouraged and supported to try different things to give them a varied and stimulating life.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

The provider and staff carried out a number of quality assurance checks to make sure the home was safe and people received a good quality of care.

Staff felt supported by the registered manager and felt they worked together well as a team.

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?
The service was safe.

Individual risks for people had been identified and suitable guidance was in place for staff.

There were a sufficient number of staff deployed in the home.

People received their medicines in a safe way.

Only suitable staff were employed to work in the home and staff understood their responsibility in relation to safeguarding people.

Good

Is the service effective?
The service was effective.

People were involved in decisions about what they ate.

Staff were sufficiently trained to be able to carry out their duties independently.

Where people were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals to support them to remain healthy.

Good

Is the service caring?
The service was caring.

Staff provided care to people in a kind and caring manner.

People were encouraged to be independent and to be involved in the running of the home.

Relatives and visitors were able to visit Ashtead House at any time.

Good

Is the service responsive?
The service was responsive

Professionals felt staff responded well to people's needs.

Where people's needs changed staff ensured they received appropriate support.

People were able to go out and participate in activities that interested them.

People were provided with information on how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Staff felt supported by the registered manager. The registered manager knew the people living in the home well.

Staff carried out quality assurance checks to ensure the home was safe and good quality care was being provided.

Good

Ashtead 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 was an unannounced inspection that took place on the 26 May 2015.The inspection was carried out by two inspectors.

As some people who lived at Ashtead house were unable to tell us about their experiences, we observed the care and support being provided. After the inspection we talked to relatives and health and social care professionals.

As part of the inspection we spoke with two people, two staff, two relatives and the registered manager. We spoke with three health and social care professionals and looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, two staff files, medication administration records, accident and incident records, complaints records and internal audits that had been completed.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). A 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. The PIR was submitted by the registered manager following our inspection so we did not use information from this on the day.

We last inspected Ashtead House in November 2013 when we had no concerns.

Good

Is the service safe?

Our findings

People were cared for by a consistent staff group. We were told that most staff had worked at the home for a long time and people were introduced to new staff on a gradual basis. This reduced any anxiety people may have about meeting new staff.

Staff learnt from accidents and incidents and took action to reduce reoccurrence. We read the accident and incident log which included the details of the incident, how it had been dealt with by staff and what actions had been taken. We read examples where staff had changed things to reduce the chances of the accident happening again. For example in relation to one person's wheelchair.

People's care plans contained specific guidance for staff on keeping people safe. For example, we read one person had a risk assessment in relation to them going out into the community. Another person chose to smoke and risk assessments were in place to allow them to do this in a safe way, but without restriction. We saw communal areas in the home were designed in such a way that people with mobility problems had freedom and full access in a safe way.

Staff understood their responsibilities in relation to safeguarding people. Staff were able to describe to us the different types of abuse that may occur. Staff told us who they would report to if they had any concerns. Staff knew about the local authority and their role in safeguarding people. One person had a safeguarding plan in place which described the risks to staff of the person making inappropriate comments or allegations. Staff had clear directives on how and who to report any issues to should they arise.

There was a sufficient number of staff deployed to meet the needs of people. People were able to go out each day as there was staff able to accompany them as well as staff able to remain in the home. The registered manager told us they did not use a dependency tool to determine staffing levels, but based it on their knowledge and understanding of people's needs at the time. For example, one person had recently moved into the home and the registered manager had increased staffing numbers until this person was settled. Staff we spoke with told us, "There is enough staff." This was evident to us during the inspection.

Appropriate checks were carried out to help ensure only suitable people were employed to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People's care and support would not be compromised in the event of an emergency. Guidelines were in place for staff and there was a contingency plan in place should the home have to close for a period of time.

People's medicines were managed and dispensed to people safely. Medicines Administration Records (MAR) contained a photograph of the person to ensure the medicine was given to the right person. They also included details of any allergies a person may have. MARs were signed by staff once people had received their medicines. PRN (as required) medicines were used and staff were provided with guidance on the reason the person may require PRN and what types of behaviour a person may display to indicate they required it. We read guidance to staff on how people preferred to take their medicines. Homely remedy (medicines which can be purchased over the counter without a prescription) policies were in place and signed in agreement with the GP.

Staff were competent to administer medicines. Staff had received medication training and we read a chart which showed which staff were able to administer and sign for prescribed medicines.

People's behaviour was not controlled by excessive medicines. A member of staff told us how some people's medicines had been stopped after being reviewed by a health care professional.

Good

Is the service effective?

Our findings

People's freedom was not restricted. We saw the front door to the home was not locked and staff told us people could go out unaccompanied if they wished, however most chose not to do so.

Decisions were made in people's best interest and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people may not be able to make certain decisions for themselves the registered manager followed the requirements of the MCA. Capacity assessments had been undertaken and best interest meetings held appropriately for each decision. The assumption from staff was that people had capacity. One care plan read, "I have capacity, if not I seek advice from my family."

People's communication needs were understood by staff which meant people were communicated with in an appropriate way. We saw staff using Makaton (signs and symbols to help people communicate) as well as individual communication methods preferred by people.

People were supported by staff who had a good knowledge of them. One member of staff was able to describe people to us and their individual characteristics. They told us the registered manager knew people, "With her eyes closed."

We asked people if they enjoyed their food and we were told they did. We saw people choose what they wished to eat for their lunch and staff respected this. People were involved in developing the menus which were then sent to the dietician to help ensure they offered a good balanced diet. We saw fresh fruit available for people. There was a good supply of drinks on offer during the day and people were supported by staff to make their own drinks when they wished them. We saw people were able to sit where they wanted to to eat their meal. For example, one person chose to have breakfast in bed. They told us this was their choice. Menus were available in pictorial format to help people understand what food was available to them each day.

People were supported to keep healthy. For example, one person preferred a less healthy diet and staff had developed a support plan to encourage this person to choose and eat a range of foods and snacks they liked, but less frequently than they may choose themselves.

People had support from staff who had received appropriate training in order to carry out their role effectively. This was confirmed by staff who told us about their induction and training programme. One member of staff told us they were, "Straight in to the training" when they started and this was followed by a period of shadowing a more experienced member of staff.

Staff told us they had supervisions and we read staff appraisals were held each year. This meant staff had the opportunity to meet with their line manager on a one to one basis to discuss progress, training requirements or aspirations.

Staff received specific guidance and training related to the people they cared for which helped them to develop effective and particular skills. For example, promoting positive behaviour, epilepsy and Makaton.

Staff provided effective care and support which had a positive impact. For example, one person had previously not liked to go out, but with staff encouragement they now left the home for short periods of time. Another person had suffered some ill health and staff had taken appropriate action to ensure their return to health. A relative told us, "It's the best home he's been in. He's so much better." A healthcare professional said staff were very thoughtful in how they can provide care for individuals.

People had access to health care professionals, for example the GP, optician, dentist, district nurse or dietician. We read people were referred to health care professionals when appropriate, for example we read one person had been referred to the Speech and Language Therapy team for advice in relation to their eating.

Good

Is the service caring?

Our findings

One person told us they liked living at Ashtead House.. One said staff, “Are kind.” A relative told us they had, "A lot of respect for the staff. They are very kind and caring."

People were treated with respect and dignity. We heard staff speak to people in an appropriate manner and provide them with privacy when they received personal care. Staff knew people’s preferred names and addressed them in this way.

People were cared for in a kind way. We heard staff speak to people in a friendly and relaxed manner and it was evident that good relationships had been developed between staff and people. It was obvious everyone was content living in the home, as they were relaxed in each others company, smiling at each other and communicating. This was reiterated by the comments we received from the professionals we spoke with.

Staff treated people in a considerate and compassionate way. One person, who had recently moved into the home had shown some signs of anxiety as they settled in and got to know staff. Staff had worked together as a group to develop a programme to support this person in a positive way in order to reduce their anxiousness.

People were emotionally supported. One person was heard displaying some behavioural needs and we heard staff speak with them in a calm gentle manner to help calm them down.

People’s individuality and privacy was recognised by staff. We saw people could personalise their own rooms in a way that reflected their interests. For example one person liked music and another computers. One person did not like staff going into a particular part of their room and this was respected by staff. People’s individual bedrooms were free from activity planners or notices which gave their rooms a homely feel. There was a second lounge on the first floor which gave people a choice of where they could sit.

People could make their own decisions. One person liked to go out in the evening and staff supported them to do this in an independent way. Another person preferred to sit at the same table for their meals and a further person preferred to spend a lot of time in their room. One person described to us how they did their own shopping and cooked for themselves. They showed us where they stored their food in the kitchen and the menus they had planned.

People were supported to access advocacy services should they need them. Where people needed someone else to speak on their behalf this was provided for them. We read two people had advocates or befrienders.

People were supported to be independent and be involved in the daily running of the home. We saw one person cleaning their room and another helping out in the kitchen. We heard how one person in particular got involved in cooking. A relative told us (in relation to their family member), "He loves emptying and filling the dishwasher and staff let him. If he sees something that's not in the right place he tidies it up." Another person helped out in the office.

Relatives were able to visit when they wanted and were made to feel welcome. One relative told us staff were very kind to them and they could stay in the home whenever they wished.

Good

Is the service responsive?

Our findings

Daily activities were organised for people and people were encouraged to access the local community. During the morning we saw people going out to various activities or lunch. We heard staff suggest to people who hadn't gone out in the morning, an outing for the afternoon. Some people attended a local college and one person had attended different courses of their choice. One person liked going to the local pub or the local shops. People had a varied activities programme for each week. One relative told us they felt their family member had enough to do and staff had introduced different things they might like to try. One person told us they liked going to college and another said they enjoyed going into town at night or to music festivals. Staff had a good understanding of supporting people in the community and trips were planned and assessed to reduce the risk of negative events happening.

Care plans reflected what care people needed. People's support needs and important information about their lives were recorded in their care plans. Care plans were person-centred and included guidance for staff on how to care for the person. We read ABC (behavioural) charts had been implemented for some people. Staff used these to help identify why particular behaviours may happen and to help minimise the reoccurrence of that behaviour. Relatives told us they were involved in developing care plans with staff and they were involved in the reviews of the care plans. One person said they had seen their care plan and explained to us how they had signed it.

Staff were informed of any changes to people's needs. Morning and afternoon shifts overlapped by one hour to enable staff to be fully aware of anything that may have changed in relation to people. Staff held a communications book in which they recorded important information about people they all needed to be aware of. We read how one person had been prescribed some fluoride toothpaste and saw in the communications book staff had been requested to update the care plan. This had been done.

Where people's needs changed, staff responded appropriately. For example, external professionals were involved to make sure people received the best possible help. Professionals told us staff were very good at using positive behaviour support and were keen to take guidance on new ways in which to support someone in the most appropriate way.

People and relatives knew how to raise a concern or make a complaint. There was a complaint policy available in the home. It was provided in pictorial format for people to ensure they understood what to do. We read there had been five formal complaints in the last 12 months and the registered manager had responded to all of them. A relative told us they had never felt the need to complain, but were comfortable they would be supported by staff should they ever need to do so.

Good

Is the service well-led?

Our findings

People, relatives and staff were encouraged to give feedback about the home. We read from the responses from the recent survey everyone was happy with the care and support they received or that was provided.

Staff said they felt supported. One member of staff told us as soon as they walked through the door the home had a, "Nice feel." Another member of staff said they had a good rapport with the registered manager and they felt supported.

Staff and people were involved in the decisions about the home. We read there were regular meetings which involved discussion on all aspects of the home.

The registered manager told us the aim of the home was to provide people with a, "Good quality life." She encouraged staff to uphold this by providing, "Active support" to people. For example, they (people) ran the home. She added this was their (people's) home and staff were the guests. This was evident during our inspection when we heard one person answer the telephone when it rang, saw others involved in daily chores and saw one person collect the post.

There was good leadership and management within the home. The registered manager had delegated duties to individual staff. For example, one member of staff was responsible for overseeing medicines. We spoke with this member of staff who clearly had a good knowledge and understanding of their duties and medicines procedures.

The registered manager checked staff competency and best practice. She told us she undertook bi-yearly competency reviews on all staff who administered medicines to check they were following latest guidance and best practice.

There was a positive culture within the home. Staff greeted us when we entered the home and introduced us to people living there. The conversations we heard between staff, the registered manager and people were spontaneous and natural. People were telling staff about their day and positive things that had happened to them.

Policies and procedures were in place to support staff. We saw the registered manager held a file which contained policies useful for staff. For example, this included the provider whistleblowing policy, safeguarding information, the fire procedure, MCA and DoLS guidance. Staff had signed to say they had read policies.

The registered manager understood their responsibilities. We checked records we held about the home prior to our inspection and saw the registered manager had submitted notifications to us when appropriate. This is a requirement of any service which is registered with us.

Quality assurance checks were carried out to ensure a good quality of care was being provided to people. The provider and registered manager carried out regular audits. We read the most recent audits covered finance, fire precautions, training and medicines. Actions were set on areas that required improvements and we read these had been completed. A medicines audit in 2014 had shown no actions required of staff.