Eight Ash Court Limited

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Inspection report

Halstead Road
Eight Ash Green
Colchester
Essex
CO6 3QJ

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18 August 2016

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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

Summary of findings

Overall summary

Eight Ash Green Ltd is a small care provider providing intensive support for up to twelve people who have a learning disability. The service is split into two bungalows, each bungalow sleep up to six people. This inspection took place on the 18 of August 2016. At the time of our inspection there were twelve people using the service.

There is a Registered Manager at this location. 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.

In some people's records, we found that accidents and incidents had not been consistently recorded. When accidents occurred, the provider did not use this as a learning point to develop practice. There were only a few minor incidents that had not been recorded. The manager confirmed they would address this to make sure people received the care and support they needed and were not harmed.

The registered manager told us that they would review this area of the service immediately and take action.

Staff were appropriately trained and skilled and provided care in a safe environment. A thorough induction was provided and staff understood their roles and responsibilities.

People lived in an environment that met their needs and people enjoyed the food provided. The premises were properly maintained with a clean, bright and inviting environment. Rooms were personalised and individually decorated.

Staff knew how to safeguard vulnerable adults and they were able to describe potential risks to people.

We saw that people had developed caring and positive relationships and they were sensitive to individual choices. Relatives told us that when they visited the home there was a calm and friendly atmosphere.

The registered provider was working within the principles of the Mental Capacity Act and was following the requirements of the Deprivation of Liberty Safeguards.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging people to care for themselves as much as possible.

People had their requests responded to promptly, and people told us there were enough staff to meet their care needs. Peoples medicines were managed safely and staff understood their responsibilities.

People who used the service, family members, and visitors were made aware of how to make a compliment,

complaint, or comment and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community. People, their family members, and staff were regularly consulted about the quality of the service they received.

The registered manager conducted regular audits and improvements were carried out when these had been identified. The manager explained that they were reviewing ways in which the service could review the quality of the service, by putting continuous improvement at the heart of this process.

Staff members understood the principles of the Mental Capacity Act 2005 (MCA) and were able to describe their responsibilities to seek the consent of the people they supported. When people were thought to lack mental capacity the provider had taken the appropriate action to make sure their care did not restrict their movement and rights under the MCA. Decisions about the care people received were made by the people who had the legal right to do so.

Health care professionals were involved in peoples care when necessary and encouraged to provide feedback about the service.

Families were encouraged to become more involved in the service by providing feedback on the service by completing an annual questionnaire.

People and their relatives told us that the service was well led and spoke positively about the registered manager. Staff spoke positively about the culture and the management of the service. There were systems in place to monitor and review the quality of the service.

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.

Staff was trained in safeguarding and could recognise the signs of abuse.

Staffing levels were appropriate to meet the needs of people who used the service.

People received their medicines at the right time and in the right way to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by sufficient staff with the right skills and knowledge.

People saw health professionals when they needed to and they were able to access health, social and medical support as soon as it was needed.

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People and staff had good relationships and people told us staff were kind, friendly, and respectful.

People were listened to and staff was attentive to people's needs.

People told us they liked their bedrooms and we saw they were highly personalised and decorated to individual taste.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a large range of social activities that they enjoyed.

There were effective systems in place to deal with any concerns and complaints appropriately.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager supported them to carry out their role to the best of their ability.

The registered provider had a system in place to monitor the quality of the service, but were looking at ways this could be improved to ensure that continuous improvement was put at the heart of this process.

People and their families told us the manager was approachable and managed the service well.

Eight Ash Court Limited

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 checked 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 inspection took place on the 18 of August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection, we looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the information we held about the service including the provider information return (PIR.) 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 also looked at information about incidents that the provider had notified us of and information from the local authority.

During our inspection, we observed how the staff interacted with people and we spent time observing the support and care provided. This helped us to understand people's experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of five people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and how they monitored the quality of the service.

A significant number of the people at the service had very complex needs and were not able to verbally communicate with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We spoke with two people who lived at the service, the registered manager, five members of staff, three relatives, and one health professional.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Eight Ash Court.
One person told us, "I feel safe here. The carers are really very nice." We spoke with family members and they told us that their loved ones were cared for in a safe way. One relative said they had. "No concerns, the staff are very methodical and good." Another family member explained, "[Name] is very happy living there, she is always happy to go home."

Accidents and incidents had been recorded but had not consistently. We noted some inconsistencies with the recording of accidents and incidents. Investigations were not always recorded and some lacked details about the circumstances surrounding the accident. For example, in some care records there were body maps that showed bruising in places of the body but no further details of how the person might have sustained the bruising as no accident or incident reports had been completed. We spoke with the registered manager about this and they told us that they would investigate what we had found during our inspection and address these points to make sure that people received the care and support they needed. People had not come to significant harm and had been receiving appropriate care despite this recording issue.

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and had received the appropriate training. Staff knew about the company's whistleblowing policy and was confident that they would be able to talk to the registered manager if they needed to. The registered manager explained that they had an open door policy and worked off the principle of encouraging openness and transparency.

People told us there was enough staff on shift for their care needs to be met. During our inspection, we saw that there was a sufficient numbers of staff on duty. The registered manager told us that they were currently recruiting for one support worker and occasionally used agency staff when this was required.

All of the staff we spoke with told us that there was enough staff on shift to enable them to carry out their role effectively. We checked records and found that there were sufficient numbers of staff on shift. We observed staff responding to people in a positive way and saw them quickly attend to people's needs. We saw that people were encouraged to do things for themselves and allowed to do this in their own time.

We found risk assessments were in place that had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of difficult behaviour by using diversionary activities.

Safety checks were in place to reduce the risk of avoidable harm to people living at the service. Hot water temperature checks had been carried out for all rooms and bathrooms and Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were up to
date.

People were kept safe from the risk of an emergency. Each individual had a personal evacuation plan in the event of a fire. People told us that they had regular fire drills and knew to evacuate the building. Evacuation information was available for staff. Fire evacuation details were displayed in Makaton format for those people who required guidance in this format. Staff told us that fire drills were held on a regular basis and everyone knew where they should meet in the event of a fire.

Medicines were managed so that people received them safely. We observed a medication round and looked at the way medicines were managed and on the day of our inspection, we found this to be safe. Medicines were securely stored in a locked treatment cupboard and only the senior member of care staff on duty held the keys. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to make sure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

We observed that staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately if any errors were identified it was quickly rectified. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff started work at the home. Disclosure and Barring Service (DBS) checks and two references were carried out on people prior to them starting their employment. Eligibility to work in the United Kingdom was also checked as part of the recruitment process. This meant the registered provider carried out the relevant checks when they employed staff.

Good

Is the service effective?

Our findings

Family members told us that the service met people's needs and they were confident it would respond appropriately if people's needs or views changed. A family member told us "The support workers know how to care for [Name,] they know all the 'ins and outs." We saw that people were supported by staff they told us they liked.

Family members told us that when they visited the home the atmosphere was calm and welcoming. On the day of our inspection, we noted that both bungalows had a relaxing atmosphere, and staff appeared to understand how to care and support the people who lived there. We observed that staff members were knowledgeable about the people who lived in the service and could explain to us their previous history and how their condition may influence on their health and behaviour. They could also tell us the most effective ways to manage people in a calm and effective way.

We saw that when staff spoke to people they knew what particular sounds and gestures meant. We observed people communicating and interacting naturally with people and exchanging positive banter. Relatives told us that they had confidence in the staff and felt that the staff knew people well. One professional who visited the provider told us, "I have no worries at all, if I make a suggestion, they contact the G.P and a plan is always put in place and it's done efficiently.

All of the staff that we spoke with told us that they had received training to enable them to be effective in their role. One staff member said, "I am always asked if I need any additional training. The training on offer here is really good." We checked records and found that staff had undertaken a wide range of training which was updated on a regular basis.

Staff told us that they had been given an induction when they started at the service and what core topics had been covered. Since the introduction of the care certificate, all members of the staff team had been enrolled to undertake this. The manager explained to us most staff had worked at the service for a number of years and by getting, everyone to work through the competencies would help to refresh and update people's knowledge. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff has a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

We found that there were good opportunities for staff to gain extra qualifications. The service provided training on conditions that affected people who lived in the service, such as epilepsy training and effective communication.

Staff told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant that staff was fully supported in their role.

We observed staff supporting people in the dining rooms at meal times. We noted there was a calm

atmosphere in the dining room. The dining tables were laid with tablecloths and condiments were on offer.

We checked records and found there were systems in place to ensure people who had been identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SLT) were involved, guidance for staff was clearly recorded within the care plan. We spoke with staff and they could explain to us who required support to eat safely and what precautions should be taken to minimise the risks.

People told us that they liked the food and were able to make choices about what they had to eat. One person showed us the menu book and another person told us about the types of food they liked and how staff made sure this was available. Fresh fruit and cold drinks including water were readily available. Family members told us that the food was good and met people's needs.

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. We found that when people may be subject to MCA that a DoLs application had been made with the best interests of the person clearly recorded. We spoke with the registered manager and staff and they were able to explain that they understood the implications of the act and when to make an application.

People told us staff helped them access the healthcare services they needed. Records showed that the provider acted quickly to involve other services when people became unwell or it was felt their condition was deteriorating. We noted a recent compliment had been received thanking the staff for the support they offered to help a person to attend a hospital appointment in central London.

Detailed information relating to people's care was shared at the staff handover meeting and records of these meetings were available for us to review. Staff was clear on what care and support would be needed and told us that these meetings allowed them to ask for additional advice and guidance. We noted that a number of compliments had been received from various family members complimenting the service on the quality of the relationships the home had developed with health professionals and thanking the provider for their rapid responses and keeping them informed of changes. One family member explained to us that they "do everything possible to help. They got all the equipment [Name] needs and got the specialist involved. They keep me well informed if there are any changes."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access. The premises were well maintained with a clean, bright and inviting environment. We saw people's rooms had been personalised and decorated to suit their needs. All the living areas were clean including the kitchen and bathrooms. Outside, there were gardens with ramp access these were maintained. During our inspection we did not seen people freely accessing the garden but one person told us that they often went out in the garden and in the summer BBQ's were a regular feature.

Good

Is the service caring?

Our findings

The people and families that we spoke to told us that they were happy with the care and support they received from the provider and that the staff was caring.

On the day of our inspection, there was a calm and relaxed atmosphere and we observed people had good relationships with staff. A family member described the approach staff had as, "Very efficient and caring." And they were, "Delighted to have [Name] there, to be honest."

People told us how staff sought their permission before helping them and we saw that staff were respectful and focussed on encouraging people's strengths. We observed that staff was clearly motivated about their work and they told us they thought people were well cared for.

People told us that staff was kind and they were happy with the care they received. We observed staff being friendly, patient, and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions. For example, we saw a staff member being patient, kind and encouraging when speaking to one person and using gestures to understand what they would like.

On the day of our inspection, we saw that people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff talking to people in a polite and respectful manner and staff interacting with people at every opportunity. For example, after lunch, when carers were escorting people from the dining room back to their rooms, they were doing this in a kindly manner and not rushing them.

We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs, and ornaments to help create a homely feel. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

We observed staff speaking to people respectfully and treating them with a dignified approach. For example, we noticed a person had nodded off and was bent over a chair arm, a carer also noticed this and gently asked if they wanted to go and have a lie down, the person told the carer that they wanted to stay where they were, so the carer helped them to get comfortable and spoke to them in a soft and reassuring tone.

Staff knew, understood, and responded to each person's diverse, cultural, and spiritual needs in a caring and compassionate way. For example, one staff member explained about a person's religious needs and ways in which certain music could help to calm them down.

Staff did not speak loudly and approached people with a calm and relaxed manor. All the staff on duty we spoke with could describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, when a person had been diagnosed with a certain syndrome, they

were able to explain about the person, their background, and about the behaviour that may be exhibited. For example, at times one person made lots of loud noises; the staff member explained the background to this.

One family member told us, "They have found out all the details of [Names] case and looked into the medical history. They have contacted the society that deals with that particular syndrome to obtain further advice. No one has done this for us before. They have done much more than we would expect them to do." This meant that staff new detailed background information about the people they cared for and used this information to help care for them effectively.

Care records showed people were supported to be independent and care for themselves where possible. Information on advocacy was made available to people who used the service. At the time of our inspection, no one required advocacy services.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs and requests for assistance. One person said, "they are really, really helpful."

People and their families were involved in the care planning and assessments and family members told us they were pleased with the service their loved one received. One family member said, "I am aware of [Names] care plan and I feel involved."

Care plans recorded people's choice and preferred routines for assistance with personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished.

Before people moved into the home assessments were carried out so staff knew how the person wanted or needed to be supported. The manager explained that this process helped them to be confident that the staff had the right skills and expertise.

From these assessments, we found that care plans were formulated to identify the specific support people needed. Some people in the home had complex health care needs and conditions. There was guidance for staff in the care plan to make sure that staff understood the various conditions there was also guidance for staff around how they could best help or support the person. For example, one care plan described in detail how staff should communicate with the person using non-verbal cues. Another, provided guidance about the ways in which staff should communicate with a person and listed various diversionary tactics that could be used to help calm people.

Where people were unable to talk, staff had involved family members in writing and reviewing the care plans. Most people told us they knew about their care plans and that senior staff would regularly talk to them about their care and keep them well informed.

Handover meetings held between staff at the end of every shift helped to make sure that important information was shared and acted upon if necessary. Staff told us communication in the home was aided by having these meetings. We noted that records of meetings were kept and available for us to review. Staff told us these meetings provided thorough updates on people and any help they needed that day.

Family members told us that people had enough social opportunities to give them fulfilled and meaningful lives. We found that people were able to take part in a range of activities. For example, some day's people would be supported to go down the pub, attend college, and go swimming and trampolining. Other activities were also offered to help people develop day to day living skills. For example, we observed that one person like to tidy things away and were able to fulfil this activity. A family member told us that the service met their relative's social needs. They explained, "They certainly seem to have varied programme of activities and they all get on well with each other."

On the day of our inspection, we saw that people's individual choices were respected and upheld. The registered manager told us that the service provides gender specific carers to support the gender mix of people living within the service. Rotas were seen which showed there was a mix of male and female carers on each shift.

People told us staff listened to them and acted on and comments or complaints that they may have. Family members told us that if they had any concerns that these would be sorted out quickly without the need to resort to the formal process. People and their families told us that they could talk freely with the staff and the manager. Whilst the service had not received any complaints over the last twelve months, we noted a numerous compliments had been received.

Good

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led and that the manager was approachable. One family member told us, "I've met him; he is very quick to sort things out."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through the company's induction programme and training. We observed there was a positive culture and staff told us they felt included and consulted.

The Registered Manager was held in high regard by everyone we spoke with. People, relatives, and healthcare professionals all described the management of the service as open and approachable. Staff told us that they were positive and supportive of the way the service was led. One staff member commented, "The management is really good, he is approachable and I can talk to him about anything."

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The Registered Manager was able to demonstrate that he knew all of the people who lived at the service very well. We were told that the Registered Manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "we work closely together and I have a good relationship with my manager."

There was a stable staff team and staff told us morale was good. There was a positive culture in the home and it was clear people worked well together.

Staff told us they were encouraged to make suggestions about how they could improve the service. Staff told us they did this through team and hand-over meetings and supervision sessions. Staff meetings were integral to the running of the home at all levels. For example, staff met regularly to talk about the care that was being delivered, the running of the service, training needs, ideas for improvement. Management meetings were held regularly. The manager explained that regular meetings helped to focus the team on what needed to be done and helped to bring people together.

People and their family members told us they had opportunities to feedback their views about the quality of the service they received.

We looked at records related to the running of the service and found that the provider had a process in place for monitoring the quality of the care. We spoke with the registered manager and they explained that they were looking at ways in which audits relating to the running of the service could be expanded. We found that the service undertook annual surveys with people, their families, and health professionals. The results of the survey was analysed and the information used to look at ways in which areas of the service could be improved.