Surrey and Borders Partnership NHS Foundation Trust

Ashmount

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

Summary of findings

Overall summary

Ashmount provides residential care for up to seven people with a learning disability. At the time of the inspection there were five people living at Ashmount.

This inspection took place on 26 April 2017 and was unannounced.

The home had a registered manager. 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. The registered manager assisted us with our inspection.

We carried out an inspection to Ashmount in March 2016 were we identified breaches of regulation in relation to person-centred care (specifically individualised activities) and record keeping. Following that inspection the registered provider sent us an action plan detailing how they planned to address our concerns. We carried out this inspection to check the registered provider had taken action in line with their action plan. We found huge improvements during this inspection and had no concerns in relation to person-centred care or records.

People were protected from the risk of harm as systems were in place to keep them safe. Risk assessments were completed which identified control measures to mitigate the risks of harm. Accidents and incidents were monitored and action taken to keep people safe. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse.

Evacuation plans had been written for each person, to help support them safely in the event of an emergency. The building was purpose built with suitable fire exits and staff had undergone fire training to help them understand the procedures in the case of an evacuation.

Medicines were managed well and records showed that people received their medicines in accordance with prescription guidance. People were supported to maintain good health and had regular access to a range of healthcare professionals. People were supported to have a nutritious diet and were able to make choices regarding what they had to eat and drink.

There were sufficient staff deployed in the service and staff worked flexibly to meet people's needs. Prior to starting work at the service recruitment checks were completed to help ensure only suitable staff were employed. Training was provided and regular supervision held for staff to monitor their performance.

People's legal rights were protected as staff acted in accordance with the Mental Capacity Act 2005. Capacity assessments were completed and where best interest decisions were made relevant people were involved in the decision. People had access to advocates to act on their behalf.

People were supported by staff who showed kindness and care. People's dignity and privacy was respected by staff and people were able to choose where they spent their time. Staff had a good understanding of people's communication needs and supported people to make decisions about their care. People were supported to develop and maintain their independent living skills and had access to a range of activities both within and outside of the home to keep them stimulated.

Each person had an individualised support plan in place which detailed their needs and preferences. Staff were knowledgeable about people's needs and we observed people's likes and dislikes were respected. People were supported to maintain relationships with people who were important to them.

Feedback on the quality of the service provided was obtained from relatives. Annual surveys showed that relatives were happy with the care provided. A complaints policy was in place and displayed in an easy read format.

Relatives and staff told us they felt the service was well-led and that the registered manager was approachable. Regular audits of the service were completed to monitor the quality of the service provided. Action was taken to address any concerns identified.

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.

Arrangements were in place to help safeguard people from abuse.

Risks to people's safety were assessed and managed.

Staff had been recruited safely and there were sufficient staff available to meet people's needs.

Safe medicines systems were in place and people received their medicines in line with their prescriptions.

Is the service effective?

Good

The service was effective.

Staff had completed training to give them the skills and knowledge to meet people's needs.

People had a choice of meals and drinks that they enjoyed.

People's rights were protected. Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and consideration.

People's privacy, dignity and independence were protected.

People were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

A range activities were provided that took account of people's interests, preferences and needs.

Care records contained detailed information to guide staff on the care and support people required.

Procedures were in place for receiving, investigating and managing complaints about the service.

Is the service well-led?

Good

The service was well-led.

Relatives had been asked for their opinion on the quality of the service they had received.

The provider had systems in place to monitor the quality of the service.

Staff told us they felt supported and valued by the registered manager.

Ashmount

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 inspection took place on 26 April 2017 and was unannounced. The inspection was carried out by two inspectors.

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. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we asked the service to complete a Provider Information Return (PIR) prior to the inspection. 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. We reviewed the PIR in advance of our inspection and did not find anything to note where we had concerns.

As we were unable to speak to anyone during our inspection because of their communication needs, we observed care and interaction between staff and people. We spoke with the registered manager and three staff members during the inspection. We spoke with four relatives following the inspection and also received feedback from one social care professional.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 30 March 2016 when we identified two breaches of regulation in relation to person-centred care and records.

Good

Is the service safe?

Our findings

There were enough staff on duty to meet people's needs. Staff had time to sit and talk with the people and to support people to undertake activities. The registered manager told us the staff team worked flexibly and where additional staffing was required this was provided. One person was undergoing dental treatment on the day of our inspection and extra staff had been rostered on to ensure this person received all the necessary support they required. Throughout the day we saw people receiving attention when they required it by staff. The registered manager told us the roster was covered by mostly permanent staff, but when they did have to use agency this was provided by consistent agency staff to help reduce any anxieties people may feel when seeing new faces. Staff confirmed this was the case.

New staff were appropriately checked through robust recruitment processes to ensure their suitability for the role. Application forms were completed and references obtained from previous employers. Disclosure and Barring Service (DBS) checks were undertaken for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

People were protected against the risks of potential abuse. Staff had been provided with training on how to recognise abuse. Policies and procedures were in place and guidance to people and staff was clearly displayed in communal areas. Records showed that concerns were appropriately reported to the local safeguarding authority and the CQC. A staff member told us, "There are policies and procedures and I would follow them."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Records contained individual risk assessments which took into account people's needs and provided staff with guidance on how to support the person to stay safe. These included a risk assessment for one person who was to undergo dental treatment. Another person could be unpredictable when travelling in the home's minibus and their risk assessment gave guidance to staff on how to reduce these behaviours. For example, for staff to plan the day out in advance. The registered manager told us they encouraged positive risk taking for people, such as going on the trampoline or riding a bicycle. A staff member said, "All the risks are covered so we know what to do." A relative told us, "I just think he is safe with staff."

Safe medicines management systems were in place. Each person had a Medicines administration record (MAR) which contained a recent photograph and known allergies. Medicines were stored in locked cabinets in a locked clinical room which only senior staff could access. MAR charts were signed following the administration of medicines and no gaps in recording were seen. Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. Guidance was available on why a person may require the PRN and how this could be given and in what quantity. At our last inspection we found staff were not always dating creams and liquids with the date they were opened. We found at this inspection this had been addressed.

Accidents and incidents were recorded on a central log and were reviewed by the registered manager and

senior manager to ensure action was taken to mitigate the risk of reoccurrence. One person had been more unsettled recently which had caused some incidents. Staff supported this person on a one to one for a while until they were more settled.

Fire risk assessments were in place and regular fire alarm tests took place with quarterly fire drills. The last recorded drill showed that staff evacuated everyone out of the building very quickly. People had their own individual fire evacuation information so staff who may not know people as well would know what support they needed. Such as one person who may need a biscuit to motivate them to leave the building. An annual risk assessment was carried out for people and staff and we saw that a fire alarm drill was carried out as a result of this.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Training records were maintained which evidenced that staff had completed mandatory training including safeguarding, health and safety, infection control and 1st aid. Regular refresher training was provided to staff and senior staff had access to management training in line with their role. Where training specific to people's individual needs was required this was made available to staff. For example, staff had undertaken positive behaviour support training to develop their skills in supporting people whose behaviour challenged others.

Staff told us they had regular supervision to support them in their role. We read that supervisions were held monthly. One staff member told us, "Supervisions, we didn't do often. Now it's monthly. We talk about everything. If there's anything we need to talk about we can and I feel listened to." They added, "I have been waiting to do the NVQ3 for years (a set of national recognised qualifications in care). I mentioned it to the manager at my first supervision and she sorted it for me straight away." Another said, "The manager is strict but we have so much support now. Our supervisions are always on time and we talk about how we are doing and if we are not doing anything right. We work here as a team and all the information is shared."

New staff underwent an induction when they first started working at Ashmount. A staff member said, "I was always escorted around for the first week. Staff explained what to be aware of and what I needed to do." They added, "I am learning the routines and the activities people do. If I haven't felt comfortable they've made time for me to shadow me more."

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).

People's rights were protected as staff were acting in line with the principles of the MCA. Capacity assessments had been completed with regards to specific decisions including health intervention, finance, sharing information and deciding where to live. Best interest decisions had been completed where required and families were involved when appropriate. DoLS applications had been submitted to the local authority where people were subject to restrictions. This included the gate being on a key coded lock and some people's bedroom cupboards being locked. A social care professional told us, "I was very happy to find consent had been done properly. They seemed to have organised all the arrangements well."

People were encouraged to help during the lunch preparations. This included some basic cooking, such as buttering bread to laying out cutlery on the table. Large round tables were set out in the dining area which were colourful and practical. Each person had their own specific routine prior to or during lunch and the

layout of the dining room and the furniture supported this. Food choices were displayed on a pictorial board in the dining area and we saw that the lunch that was served was in line with what was on the board.

People's nutritional needs were monitored and individual care plans were in place regarding eating and drinking. Care plans identified people's likes and dislikes, how they preferred to be supported with their meals and what sort of diet they required. For example, a soft or pureed diet. Where people were recorded as requiring supervision when eating we saw this being provided to them.

People were supported with their healthcare needs and had access to a range of healthcare professionals. Each person had a health action plan in place which detailed the support they required to ensure their health care needs were met. Contact details were available for professionals involved in people's care including GP's, dentist, opticians, and relevant specialists. The registered manager told us they were reviewing each person's health care needs which included medication reviews. One person had been assessed for a small medical procedure and the registered manager told us they were pursuing this as they felt it would be beneficial for their health. Another person had a continence issue and staff had arranged an appointment for them with a suitable specialist.

Good

Is the service caring?

Our findings

Relative's told us they felt their family member was living in a caring environment. One relative said, "He is being well cared for and he loves it there. All the staff are absolutely brilliant." Another told us, "He is quite happy there. All the staff seem to be nice." A third said, "I think he's happy. The staff are nice and he seems happy." A further told us, "He seems really well cared for and seems happy."

A social care professional told us, "My impression is that they (staff) are very caring and supportive."

Staff interacted with people in a kind and caring manner and it was evident close relationships had developed between people and staff. We observed one staff member spend most of the morning in the garden with one person. They rode the tricycle, walked together and 'sang'. There was a nice relaxed companionship between the two of them. We watched how a staff member gave one person a hand massage in the morning and saw this relaxed the person to the extent they started to doze. We observed a positive change within the staff culture. When we first inspected this service, we heard staff refer to people as, 'them' and 'they' however at this inspection we noted staff only ever spoke about people as 'the gentlemen'. This was also observed by a senior manager who carried out a recent spot-check visit.

Staff were familiar with people's individual communication styles. We observed staff spent time with people and responding to people's request through the signs or noises they made. When one person appeared reluctant to sit down at lunch time a staff member said to them, "Whenever you are ready." This person left the dining room and when staff heard them shouting they went immediately to them saying, "I understand you are ready for lunch now" and the person came and sat and had lunch. Staff had told us about this person's routine prior to lunch time and we could see it was recognised and respected by staff. During lunch staff checked people were okay but did not overload them with conversation. One relative said, "They (staff) communicate with him and he has them wrapped around his fingers." Another relative told us, "They (staff) know him well."

People were supported to maintain relationships with their families and other people who were important to them. Relatives told us they were made to feel welcome when they visited Ashmount. One relative told us, "Staff are good at communicating with us."

People were encouraged to take an active role in the day to day running of the service and in developing independent living skills. People were supported to do their own laundry, make their beds, empty the dishwasher and water the plants in the garden. When lunch was ready one person was asked if they would like to set the table. Staff went alongside them to set each person's place with cutlery.

People were encouraged to be independent. One person was provided with a raised cushion and adapted plate and spoon to enable them to eat independently. Staff started to serve the lunch but when one person moved towards them, we heard them say, "That's okay, you can serve yourself" which they did.

People lived in rooms that were personalised and contained items relevant to their interests and the

environment had improved as a whole. The registered manager told us they had gradually introduced new colours to people's rooms based on their likes and dislikes and had endeavoured to personalise them with more masculine items. The difference in people's rooms was noticeable. We found fresh décor and furnishings and rooms looked homely and welcoming. The patio area around the garden had been cleaned and there was a large display of sensory items hanging from the shrubbery around the front door. A gondola had been erected which contained seats where people could sit in the summer and there was a basketball stand, adapted swing and safe flooring. A staff member told us, "Outsiders come in and they don't recognise the place." Another said, "The environment has changed. Everywhere is much brighter and we can walk outside and it's nice. The gentlemen are so much happier. It's like a proper home now." A relative said, "His room has been repainted. I am quite happy with his accommodation."

Staff respected people's choice to spend time where they wished. We observed people sitting in the dining area, walking around in the garden or accessing parts of the home, such as their rooms or the lounge areas.

Good

Is the service responsive?

Our findings

At our inspection in March 2016 we found a lack of individualised, meaningful activities for people were taking place. We found at this inspection things had improved and people were going out more and trying new things.

People were supported to access a range of activities. We heard how some people who did not go out before were now undertaking regular trips in the minibus to the local park or to healthcare appointments. Two people were going on holiday this year for the first time in several years and the registered manager was researching a walking group for another person as they liked the outdoors. A relative told us, "He goes out every day which he likes." Another said, "He goes out for a coffee now – they really are doing more with him. Now he goes out in the garden which he hasn't done for a long time."

We observed people engaging in a range of activities they enjoyed when at home. One person was supported to do some puzzles; another was interacting with sensory items, whilst a third regularly cycled around the garden with a staff member. There was a larger proportion of individual external activities taking place than previously seen. The registered manager told us that previously people used to go out as a group, but now people went out on their own with staff, in pairs or as a group. This gave everyone more variety and one to one time which was important for them. The registered manager also put together an annual activities timetable which helped staff plan in advance. We saw there had been a Valentine's day celebration, Easter egg hunt and Mother's Day flowers were sent to relatives. Looking forward a summer BBQ was to take place as well as holidays for two people.

There was evidence of people going out more often and engaging in new activities such as feeding the ducks, attending a club, going for personal shopping, taking part in music sessions and engaging in table top games. The registered manager showed us activity photographs of people's daily routines which were placed in plastic wallets. When the 'activity' was complete the photograph would be turned over to aid people's understanding of what was happening next. Staff had identified that one person could tolerate only two photographs at a time – now and next – and as such each person's daily routines were set out in an individualised way. A staff member said, "We work in a person-centred way now and there are a lot of activities. We're trying to create meaningful activities and involve the gentlemen in the community." They added, "Since the manager has come we have introduced doing things in the garden. We made potato salad with potatoes from the garden and the gentlemen really enjoyed it. It makes you feel so good to do things like that." Another told us, "We went for a two and a half hour walk the other day and a picnic which everyone loved. There's such a change in people, the more activities the better for people's well-being. When people are left alone they become anxious. That doesn't happen anymore."

People's care plans were person centred, detailed and regularly reviewed to ensure staff had access to the most up to date information relating to people's needs. Plans clearly recorded people's likes, dislikes and preferences and we observed these. When one person was happy their care plan stated, 'will be found sitting in favourite chair with a t-shirt' and we saw this happen. People's care plans described their history and medical history in detail and there was a good overview of the person's needs, what they found difficult

and how they communicated. Such as one person who would put their foot in a staff's lap to tell staff that the tongue of their shoe had got tucked down. A staff member said, "Everyone has a care plan in place and I would follow the guidance and risk assessments." They added, "Now they are all clear, each and every guideline is clearly written. It helps staff to support the gentlemen more effectively."

Each person had a health action plan which covered their medicines, vision, hearing, skin, blood pressure, mobility and mental health needs. In addition, each person had a hospital passport which contained useful information should they have to go into hospital for a period of time.

Where people had behaviours that may cause them or others harm, information was detailed in their care plan. This included information on what these behaviours were and why the person may display them. In addition there was guidance for staff on how to react to behaviours. For example, one person liked a particular genre of music and it was advised to play this on the minibus radio when going out to keep the person calm.

People's individual routines were recognised and respected by staff. One person liked to rip their t-shirts and their care plan clearly stated that before they ate food, 'cannot eat until torn clothes. Do not stop (him tearing clothes) or will get upset'. We saw staff adhere to this at lunch time. Another person had their 'what you need to know about me' divided into morning, afternoon, mealtimes and evening. The information was detailed and useful, such as 'I like to have coffee on a tray with a pot. I love to eat but mealtimes are a very anxious time for me – involving me in laying the tables can help take my mind off these worries'.

People received responsive care. The registered manager was involving the Trust's mouth care expert to look at people's mouth care needs and to advise staff. The registered manager told us people had a, "Better quality of life now." She said this was down to the consistent staff, increase in activities and improvement in the environment. One person who regularly up-ended the tables in the dining room could no longer do this because new ergonomic furniture which was heavy and difficult to grip to upend has been purchased We saw this person was much more settled during this inspection, than at previous times. Another person who had grabbed the inspectors at our last inspection took our hand during the day but did not attempt to pull us in a particular direction. Instead they were happy to hold our hand for a few moments and then engage again with staff. Due to the work staff had undertaken with people we heard how one person who was previously on a two to one staff ratio had now reduced to a one to one. A staff member told us, "People are so much calmer now. (Name) doesn't shout as much and (name) doesn't pull people. (Names) can now go out to the GP, rather than the GP coming here because they are more relaxed and the relationships between them and staff are so much better." A relative told us, "He's much more settled now than he has been in a long time."

There was a complaints policy in place. The complaints policy was displayed within the communal hall in an easy to read format. We noted no formal complaints had been received since our last inspection. A relative told us, "I would definitely speak to staff if I was unhappy."

Good

Is the service well-led?

Our findings

At our last inspection we found that people's care plans were not always up to date or person-centred. We found at this inspection improvements had been made. Records were neat and organised and easily accessible for staff. A recent record keeping audit carried out by a Trust employee identified no actions in relation to the records.

Relatives told us they felt the service was well-managed. One relative said, "(The manager) is very good. I can't fault her in any way. She's done a fantastic job since she's been there."

We found at this inspection that the registered manager had made huge changes to the quality of service people were receiving. There was a positive feel within the home and staff appeared more engaged and relaxed. The culture within the staff team had greatly improved and where at one time we would have been confronted by some of the gentleman living at Ashmount, they were now much more relaxed and clearly felt that Ashmount was their home.

The registered manager had excellent management oversight of the home. They were aware of all that was happening with people and could provide us with all the information we required easily. She had a good understanding and awareness of the risks to each individual. The registered manager was open to our feedback and the discussions we had during the inspection. At feedback we mentioned some small improvements to people's care plans that could be considered and immediately following our inspection we were told that the registered manager had instigated these.

Staff told us they felt supported and valued by the registered manager. One staff member told us, "100% supported. She makes you feel valued and motivated and thanks me for what I do. No one would believe the relationship we have with the manager. She has an open door at all times and we can go in and have a chat." Another said, "The manager motivates us to move forward. The morale is very positive. It's such a positive environment now."

Staff told us they enjoyed working at Ashmount. One staff member said, "We have improved a lot. There are a lot less incidents now. I look forward to coming to work. Staff are talking to people now and planning and looking forward." Another told us, "I feel happier coming to work now."

Staff had regular team meetings and the registered manager used these to share information, ideas and suggestions and to relay Trust news to staff. We saw from the last meeting that training was discussed as well as new activities for people, such as a summer BBQ.

The registered manager had introduced 'individuals' meetings using pictures of activities that staff knew they enjoyed and supporting people to sort them into categories based on their likes and dislikes. The meetings took place between the individual and two staff in the activities room so there was little distraction. A pictorial record was kept of these meetings. Suggestions to help with a subsequent meeting were written out. Such as, 'next meeting perhaps do it after a walk or offer a biscuit to eat during the

meeting'.

Relatives had the opportunity to give feedback on the service provided through a 'Your views matter' survey. We read some recent responses which showed that relatives were satisfied with the level of care. One comment read, 'seem very caring and in tune with the needs of my brother'.

Regular audits were completed to monitor and improve the quality of the service provided. Audits were completed by the Trust, the registered manager and other staff. Actions identified were completed. Quality audits were carried out which looked at areas such as activities, staff morale, the environment and medicines. Where it had been identified an extractor fan was broken this had been reported to maintenance. Regular medicines audits were completed and a night visit carried out by a member of the Trust's management team. This had resulted in personal alarms being available for staff and progressing additional training for a staff member who had expressed a desire to undertake this.

Where external audits were carried out, the registered manager listened to comments and suggestions and acted on them. A recent quality audit by the local authority had highlighted the locked bedroom cupboards in people's rooms and suggested thinking of alternative ways. As a result the registered manager was investigating introducing assistive technology, such as face recognition so people's rooms and cupboards could be secure but accessible to people whenever they wanted.

A care excellent report was used to collate all actions/recommendations and on-going work for the service. This was monitored by the provider's services manager and reviewed in conjunction with the registered manager. We noted some actions had already progressed such as improving communication with the gentlemen who lived at Ashmount. A Makaton (form of sign language) champion was identified from within the staff team and their task was to introduce a new word and Makaton sign each day for staff to learn. We saw this displayed on the staff notice board. Staff appraisals had been booked and staff training where required. Individualised activities were recorded as an on-going action and work in this area had already started.

An assurance visit was also carried out by the provider's services manager. This was based on CQCs domains and from this a service improvement plan (SIP) was being developed. We noted the services manager had arrived on the day of our inspection to work on the SIP with the registered manager. Following our inspection we received confirmation this had been completed.