

## Ashley House Care Homes Limited

# Ashley House Care Home

### Inspection report

57 Broadwater Rd  
Tottenham  
N17 6EP  
Tel: 020 8352 1027  
Website:

Date of inspection visit: 03/09/2015  
Date of publication: 16/11/2015

### 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

The inspection was unannounced and took place on the 3 September 2015. There were no breaches of regulations identified at the last inspection that took place in 26 June 2013.

Ashley House Care Home is registered to provide accommodation for persons who require personal care, Mental health conditions, Caring for adults over 65 years and can accommodate up to three people. At the time of inspection there were two people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People spoken with were happy with their support. Staff supported people in a caring way respecting their dignity and choices.

Health professionals told us the service was proactive in raising concerns and that they would be happy to place people there.

# Summary of findings

Staff had the training and supervision they required to provide care and support to the people and worked with health care professionals to provide good care.

Staff understood what safeguarding meant and were able to explain what constituted abuse. Staff understood the whistleblowing policy and the importance of speaking up if there was a concern of a safeguarding nature that was not being addressed by the service.

People were provided care in a person centred manner and were involved in their care planning.

The service was well led because of the empowering and inclusive culture

People were asked their views of the service; however, there was not an effective method of collating and acting on the responses. You can see what action we told the provider to take at the back of the full version of the 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?

The service was safe. There were safeguarding and whistleblowing procedures in place and staff understood what safeguarding was and how to report it.

Risks to people were assessed and addressed within care plans that provided clear guidelines for staff.

People were given their medicines in a safe manner.

Staffing levels were adequate to safely meet people's needs.

Good



### Is the service effective?

The service was effective.

Staff had training and support to provide them with the skills and knowledge to meet people's support needs.

The provider met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access appropriate health care.

People were being supported to have sufficient food and drink.

Good



### Is the service caring?

The service was caring. Staff treated people with dignity and respect, and knew about people's needs and preferences.

People using the service were involved in planning their care support.

Good



### Is the service responsive?

The service was responsive. Staff knew about people's needs, preferences and aspirations. People were involved in their care planning. People's support plans identified their diverse needs.

A complaints process was displayed clearly. There was a questionnaire for people and their representatives. Further work was required to analyse the answers and show how the service responded.

The service arranged activities that reflected people's interests.

Good



### Is the service well-led?

The service was well led. There was a registered manager in post who understands their role and responsibilities. They demonstrated good leadership skills and were approachable.

There was an inclusive and empowering culture.

There were some systems in place to monitor the running of the service however, these needed to be more robust.

Good



# Ashley House Care Home

## 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 was unannounced and took place on 3 September 2015. The inspection team consisted of one person. We looked at the notifications we had received about the service since we inspected previously on 26 June 2013 and reviewed any other information received prior to this visit.

Ashley House Care Home is registered to provide care for up to three people. At the time of inspection there were two people using the service. During the inspection we spoke with one person using the service, one person did not wish to talk with us. We spoke with two health care professionals. We interviewed two care staff and spoke with the registered manager.

We reviewed two people's care records. We reviewed records relating to the management of the service including medication management, staff training audits, quality assurance, and health and safety records. We also observed interactions between the care staff and the people using the service.

# Is the service safe?

## Our findings

People were able to communicate their views verbally and a person spoken to confirmed they felt safe living at the service, commenting, 'Yes it feels safe here, it's a care home'.

The provider had taken appropriate steps to ensure people were protected from harm or abuse in the service. Training records showed care staff had received recent safeguarding adults training. There was a training programme in place that provided refresher training on a regular basis.

Staff spoke with knowledge about their responsibilities they demonstrated they understood what constituted abuse. They were able to name types of abuse and could describe possible signs of abuse. Staff also were clear in what actions they should take if they suspected abuse was occurring. Staff spoken to said, 'It is our responsibility that the client is safe' and 'We have to respect and follow the safeguarding processes'.

There were policies and procedures available to all staff which set out the staff responsibility for reporting concerns. There were also visual prompts for staff and people using the service displayed with relevant advice on how to report safeguarding concerns. Support staff were able to state how they would whistle blow, who they would contact if they felt the provider was not addressing an abuse concern and stated they would be confident in doing so if it was appropriate.

Care records showed that staff had identified areas where people may be unsafe without support. There were steps detailed to be taken by staff to keep people safe from harm. Details in the care plan highlighted the need for observing and reporting mood changes. The care plan explained what steps to take to work with the person and what was required to ensure the environment was safe for them. There were risk assessments available addressing people's support needs. Some of the examples seen were the risk of choosing not to take medicines prescribed for them. and the risk of using the stairs unaccompanied. The actions to minimise the risks were clear and the risk assessments had been reviewed on a regular basis.

Support staff had received recent training in managing behaviour that challenged the service. Staff explained they do not use physical restraint but use other techniques to work with people in a 'calm, friendly respectful manner, we

have to solve the problem.' There was a challenging behaviour policy available to staff. Staff confirmed that the registered manager was available in an emergency and was always responsive if they called for assistance. This meant staff had the support they required to manage the demands of the service.

There were enough support staff to offer care and support to people using the service. Staff were always available and responsive to people, and worked pro-actively with them. We saw documentation that care staff were encouraged to raise with the registered manager if extra staff were needed at any time to meet a specific person's needs. Support staff confirmed there was adequate staffing and that extra support staff were always provided when it was necessary.

Records and feedback demonstrated that there was a settled staff group who were familiar with the service, which offered people a continuity of the care.

There was a recruitment policy and procedure. We found evidence that staff were police-checked and had applied for renewals. References had been sought before employment. We saw that people using the service had been asked if they would like to be involved in the recruitment of staff.

The environment of the service was risk assessed. There were recorded weekly checks of the fire alarms. Fire protection equipment had been serviced and certified. There was a locked cabinet for hazardous substances such as cleaning agents. The service was clean and hazard free on the day of inspection. There was no malodour observed we thought this demonstrated a good standard of cleaning and hygiene in the service.

Staff had attended recent food hygiene training. Food was stored and labelled appropriately. There was hand washing facilities available in the kitchen. There were infection control posters in the kitchen to remind staff on a daily basis of the need to follow food hygiene controls. Disposable equipment such as gloves and aprons were available to the staff when supporting with personal care for the protection against the spread of infection and disease. This demonstrated that the staff were observing hygiene and infection control.

We saw that medication was stored securely in the service. Medicine Administration Records (MAR) were completed by the support staff with no omissions or errors noted. Medicine stocks corresponded with information on the

## Is the service safe?

MAR sheet. In people's files, there were descriptions of symptoms of side effects of some medicines. This ensured that the people using the service had their medicines administered appropriately and that side effects were

noted and monitored. On the day of the inspection staff noted, a symptom named on the guidance and reported it to the registered manager so it could be addressed by the health team.

# Is the service effective?

## Our findings

There was evidence of regular staff supervision. Staff described supervision as 'supportive'. Staff said that the registered manager picked a policy for staff supervision and went through it with staff. This included questions to test knowledge about the policy and how it should be implemented. The registered manager explained there is a policy of the month for the staff. In addition, they explained they went through a policy in an accessible way with people using the service so they know what should be happening in their home.

There was a clear commitment from the registered manager to provide staff with skills and knowledge through training. This was to ensure support staff become competent in supporting people's complex needs. Support staff said they had been 'encouraged' and 'supported' by the manager to undertake higher levels of national Health and Social Care qualifications. There was evidence of training occurring within the service and by an outside agency on a regular basis. This was provided both face to face and via the internet. There was regular refresher training. Staff received training in dementia awareness and they demonstrated an understanding of someone's dementia care needs when interviewed.

There was information and policies available about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had given consideration with regard to DoLS; however, people did not require this to be in place as the service judged they had capacity to decide with regard to their placement. Staff had received training in MCA and DoLS.

We saw staff ask for people's consent before acting. Records on people's files showed they had signed consent for key decisions such as financial management. The registered manager told us that consent was considered as integral to providing an effective service.

People were encouraged to eat and drink healthily. On arrival, we found the kitchen dining table had been carefully laid and looked inviting. There was fruit available for people. There was a selection of food in the kitchen. A prepared snack was in the fridge should anyone using the service wish to have something in between meals.

Staff told us they encouraged people to join in with making meals. We observed someone using the service preparing vegetables for lunch. One person using the service said the food was 'satisfying' and confirmed that they had a good choice of food.

People were asked individually what they would like for their meals for the week and this was recorded in a menu. There was a book of meal ideas to promote choice. If they wished to change their decision on the day this was catered for. What people actually ate for their meal was also recorded. We saw people being given choice of food and drinks.

People's care files showed that staff were working with other health and social care professionals and had flagged concerns to the appropriate agencies. For example, staff had supported someone who had a loss of weight to attend the GP and additional blood test appointments. People had also been supported with on-going health checks such as the dentist and optician. Health professionals responded favourably when asked if the service was proactive in meeting people's health needs.

The service was not purpose built but it was sufficient to meet people's accommodation needs. There was a lounge area and a spacious kitchen where people could sit. There was a well- managed garden area where people could smoke under a covered area. One person gave permission to see their bedroom. It was spacious and personalised. They said they were happy with their bedroom.

# Is the service caring?

## Our findings

People using the service were dressed appropriately and looked well groomed, which indicated caring staff support. Support staff explained they encouraged people to go out in weather appropriate clothes and to take a pride in their appearance. Staff explained that if a person wanted to leave dressed inappropriately they would persuade them to change clothes 'calmly, friendly and in a respectful way.' Staff demonstrated they cared that people felt comfortable and confident. One person was visibly pleased with their appearance and told us, 'I am being looked after properly'.

A staff member spoken with showed empathy: 'I try to put myself into their shoes to understand them.' They explained that one person's mood often changed through the day and so they tried to understand what had prompted that change. This helped to demonstrate that positive and caring relationships were being developed with people using the service.

Throughout the day, we observed support staff engaging people in conversation and listening to them. Support staff suggested activities they thought the person would enjoy,

showing they understood the person's likes and dislikes. Staff also demonstrated they respected people's choices and decisions by accepting what the person decided. An example observed was that the person had agreed in advance to attend a hairdressing appointment but refused to go on the day. They were asked if they would go on another date, which they agreed to.

The views of people using the service were identified during person centred reviews. People were quoted in their care plans so that their wishes were central to how staff delivered their care.

Support staff described how they promoted independence, for example, by giving the person time to undertake the task themselves. A staff member told us, 'You do not do everything, you have to be very patient' This demonstrated respect for people and an understanding of how independence promotes dignity.

Staff showed a pride in the positive changes people had made whilst living at the service. An example given was that someone was now able to bathe without fear of the water. The staff member was pleased the person was now happy about this activity.



# Is the service responsive?

## Our findings

People were involved in planning their care and support. We saw each person had a person centred plan. Within each care plan there was a quote from the person identifying the support needed. The plans were detailed, for example, there was a description that a person liked a specific warm drink at bedtime with their medicine. The plans reflected the person's support needs and were also clear and accessible for staff to follow. There was evidence that the care plans were working documents as daily care delivery records completed by the support staff referenced the care plans. There was monthly updating of the care plan such as for a medicine changes, and there were regular reviews.

There was information displayed for people about how to complain about the service available for users of the service.

The service had regularly asked people using it what they thought of services through a questionnaire for that purpose. Relatives had also been asked to complete questionnaires. The information gathered on the forms was not always clear if a 'yes' or 'no' had been chosen by the person. Information from the questionnaires was not analysed in a way that allowed the service to address any concerns raised.

The service encouraged people to undertake activities. There was an emphasis on going out in the community. Some people were able to do this by themselves whilst others benefitted from staff accompanying them. One person told us the day before our visit they had been out to a café and then to a pub with staff. Another person said they liked board games. This was in their care plan, and we saw the registered manager playing a game with them during our visit.

There was one day a week when people undertook IT training in the community. One person in particular enjoyed this as they liked to type letters. They also had a typewriter for their use in their room. There had been a summer trip into London on an open top bus. One person's birthday celebrations photos were displayed in the home.

We asked how the service met the diverse cultural needs of the people using the service. Staff told us once a week they cooked or bought food from the service user's culture. For example, a person may choose fried plantain, jerk chicken, another chooses fish and chips. Staff added that 'we support them as individuals.'

It was noted that people's personal preferences were recorded. Examples were of religious observances, sexuality and end of life arrangements. Some people's preferences were recorded fully whilst others had signed to say they did not wish to discuss certain matters

# Is the service well-led?

## Our findings

A person using the service told us, 'The manager is quite good to tell the truth.' Health care professionals told us that the registered manager was very committed to providing a good service. Staff said they were always well supported by the registered manager, describing the manager as 'responsive' and stating, 'Any time you call, they pick up the phone day or night'. They said if they raised a concern or idea, it would be discussed and acted on if appropriate. Staff described working with the manager as 'very good' saying they 'respect and listen' to staff and service users. We concluded this demonstrated there was a positive and empowering culture

Staff told us if people required something, they told the registered manager and who responded straight away and provided it. We saw minutes of staff meetings, staff concerns were recorded.

Staff said the registered manager will immediately address any concerns about a staff member's conduct when they

are informed about it. The registered manager explained they addressed concerns straight away with in a transparent manner with staff. We observed that the registered manager was accessible to staff and people using the service.

The registered manager audited support staff's work. This was demonstrated in regular checks, for example, content of daily care delivery records, accuracy of medicines and finance records, and staff training attendance.

Policy and procedures were in the process of being renewed this year, as such, some were recorded in a new format and others were in an older format. Policies were in date and were available for use.

The registered manager said they felt supported by the service provider. There were records of the provider undertaking monthly audits with written feedback to the registered manager. The registered manager told us the provider was working with an agency that provided advice and support to continue to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

## Enforcement actions

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