Ashpark House Limited

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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

The inspection took place on 18 September 2015 and was unannounced. Ashpark provides accommodation and personal care for up to 11 people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This

ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of

Summary of findings

care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Their care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good

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

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good

Summary of findings

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Ashpark 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 inspection took place on 18 September 2015 and was unannounced, and was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, four care staff and the deputy manager. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people.

Following the inspection we also made telephone calls to relatives and professionals for feedback about the service. We reviewed four people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and

compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ashpark. One person told us, "The staff look after me and keep me safe." They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One relative we spoke to told us, "I don't worry about [relative], I know they are safe." Another one said, "I trust the Manager and staff to keep [relative] safe."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear about their roles and responsibilities with regards to keeping people safe, and the manager reported concerns appropriately.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The assistant manager gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. Staff worked with people to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation. We saw that maintenance issues were quickly dealt with in order to keep the environment safe for people.

Staff told us they generally felt there was enough staff on shift to keep people safe. One staff member said, "We have enough staff to keep people safe, the management step in and help if need be." Staff told us that although on occasion agency staff were used, they shadowed permanent staff and the manager made every effort to use consistent agency staff, so that people built up relationships with them and subsequently felt safe. Staffing levels had been determined by assessing people's level of dependency, and staffing hours had been allocated according to the individual needs of people. Staff rotas showed that staffing levels were enough to keep people safe and to meet all their health and social needs. For example, there were enough staff to enable people to go out and participate in external activities such as trips to the coast, picnics and shopping trips. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

Medicines records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions about when the medicine was needed.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided One person told us, “The staff know me and know what I need.” One relative told us, “The staff know what they are doing, they know [relative] so well.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and dementia awareness. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people’s needs. One member of staff told us, “We are always encouraged to do training and to keep it updated.” Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The deputy manager carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. These safeguards were in place to protect people’s rights. They ensured that if there were restrictions in place to prevent people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had made appropriate DoLS referrals where required. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans which had been devised with the input from a dietician. The plans showed us that the food offered was balanced and nutritional and people were offered choice. We saw that people who needed support to eat and drink were supported by staff in a respectful way. One person told us, “The food is good, I choose what I want to eat.” We saw that adapted kitchen equipment was provided to support people to maintain their independence. For example, there was a support for the kettle, therefore people did not need to lift the kettle in order to make themselves a drink this prevented them from being scalded.

People’s care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. Referrals had been made when required. For example, a referral had been made to the dietician because of concerns around weight gain. One relative told us. “The staff keep a good eye on [relative] and call the doctor if needed.” People told us, “I go to the dentist and the optician’s, the staff take me.” Details of appointments were documented in people’s care plans. We saw that people’s health needs were reviewed on a regular basis. A healthcare professional told us that staff contacted them if they had any concerns at all and that staff all knew people needs.

Good

Is the service caring?

Our findings

People told us staff were caring towards them and always treated them with dignity and respect.

One person said, “They are lovely, I like living here.” Staff had developed positive caring relationships with the people they supported. This was evident from the interactions we observed.

Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. If necessary we saw that people had access to Advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

There was a warm and friendly atmosphere in the home with lots of laughter and humour shared amongst the staff and people living there. We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People were observed to have their privacy respected. One person showed us their room and told us this was their private space and that staff respected their privacy and would knock and wait to be invited in before entering.

Relatives told us that staff treated people with respect, dignity and kindness and as individuals. One relative told us, “[my relative] is happy there. We could not ask for more and it is reassuring to know they are so well cared for.”

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt staff had the skill and understanding to meet their needs.

The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen portrait' in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan and agree to any changes.

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs. Some of the support plans we saw were printed in small print which may mean that some staff may not find them clear enough to read. We bought this to the attention of the deputy manager who said she would rectify this to enable staff to easily read them.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. For example, visits to the spa, trips to the pub and college classes. One person told us, "The staff take me to church and the library when I want them to."

We saw that the management routinely listened to people through care reviews and organised meetings. From looking at the minutes of the residents meetings, we saw that feedback was sought about the planned re-decoration of the communal areas and the new furniture which was to be purchased. People told us, "I chose the paint for the lounge, I chose rose because I like that colour."

We observed a handover/team meeting. This was a time for the staff to discuss the needs of the people and any changes in the care that they needed, including any appointments they had attended and any activities they had participated in during the shift before. Therefore enabling staff to have up to date information about the care people needed.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint.

Good

Is the service well-led?

Our findings

The assistant manager told us they promoted an open and honest approach. The management and staff were clear about the vision and values of the service in relation to providing compassionate care and encouraging people to maintain their independence. The assistant manager took a key role in the day-to-day management of the service and had completed a BA (Hons) course in Health and Social Care and they were looking forward to further develop their skills and knowledge.

We saw the assistant manager talking to the people in the home in a warm and friendly manner. One person told us, "I would talk to [name of manager] if I wanted anything." "Staff told us, "We can talk to the [name of manager], she has an open door policy."

Staff told us the service was well organised and they enjoyed working at the service they said the manager had a visible presence within the home and in the daily running of the service. They also told us that she treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported. This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships with.

The assistant manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded. The company carried out their own quality auditing and we saw that actions were given with specific timescales in which things needed to be done by in areas that were identified as requiring improvement.

The provider used a range of ways to seek the views of people who used the service. They had sent surveys to relatives and professionals to seek their views and opinions. We noted from the most recent surveys that there was positive and complimentary feedback from relatives and professionals. Comments included, "The quality of [person] life has been greatly improved." Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the service.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people's private information.

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.