

Virtue Health Services Ltd

Ashdale House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashdale House is a residential home providing personal care for up to two younger adults with a learning disability and autistic people with sensory and communication impairments. The service delivers community-based living for individuals with varying degrees of disability and complex behaviours. Two people were living at Ashdale House at the time of our inspection.

People's experience of using this service and what we found

People were protected from the risk of abuse. People told us they felt safe in the service. Risks to people's safety were managed. Staff were recruited safely. People received their prescribed medicines and medicines were managed safely. The service was clean and hygienic. COVID-19 government guidance was followed by staff.

People's needs were assessed before they moved into the service. Staff had been trained and had the necessary skills and experience to support people to achieve a positive lifestyle. People were supported to eat and drink enough to maintain a balanced diet. People had access to health services. The service worked closely with external health professionals to monitor people's physical and mental health.

People were treated with kindness and their privacy was respected by staff. People were enabled and encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

People received personalised care to ensure their needs and preferences were met. Staff were matched with people based on their hobbies and preferences. People were given information in a way they could understand. Staff knew people well and knew how to communicate with them. People were supported and encouraged to maintain relationships with their relatives.

The registered manager and staff had a clear vision about the service and support they offered to people. A range of audits were completed to ensure good quality services. Staff and the registered manager worked together with other agencies to ensure people received right care and support. People, staff and relatives were involved in the running of the service and were asked for feedback about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with autism and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Right support: people were supported and encouraged to achieve positive outcomes, for example, people had been supported to reduce restrictions previously placed on them. Right care: people were supported in a person-centred way which promoted their dignity, privacy and human rights. For example, the service's values were designed to support people's development and independence. Right culture: the ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 05/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection since the service registered with us.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashdale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashdale House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including a team leader and the registered manager. We also received email feedback from three staff.

We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gathered feedback from three professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to manage any safeguarding concerns that occurred.
- Staff had completed training and felt confident to respond to abuse, discrimination or any poor practice to protect people from harm.
- People told us they felt safe living at the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems for assessing and managing risks both at home and in the community.
- Care records contained risk assessments which identified risks and what support was needed to reduce and manage those risks.
- Risk assessments were reviewed regularly or when people's needs changed.
- We saw staff monitored people's risks throughout the day. For example, when people went into the community without support staff ensured check-in calls took place to monitor safety.
- The registered manager reviewed the accident or incident reports to ensure appropriate action had been taken. The details were reviewed to check for themes and trends that may have occurred.

Staffing and recruitment

- Records identified the provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service as part of their recruitment process.
- There were enough staff on duty to meet people's needs and spend time with them.
- The registered manager assured us they were committed to recruiting more staff to increase the staff team, where there was a need.

Using medicines safely

- Records were available to staff to clearly show how people preferred to be given their medicines.
- Staff had the appropriate training and competency to support people with their medicines.
- Medicines were stored safely and in line with the manufacturer's instructions.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place for the prevention and control of infection. Staff had received training in how to use PPE which was readily available throughout the home.
- The service was exceptionally clean, and well maintained.

- We were assured that the provider was accessing testing for people using the service and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into the service. The registered manager had completed detailed assessments which considered people's current needs, their life histories, background and any protected characteristics such as people's religious and cultural needs.
- The registered manager told us about the time they worked in partnership to ensure smooth transition of people to service.
- People's support plans were written and developed in line with current good practice guidelines. Staff were proactive in ensuring people's support plans were reviewed regularly and updated when any changes took place.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the necessary skills and experience to support them safely and in line with their needs.
- New staff members completed an induction. This required them to complete mandatory training and additional training in topics such as positive behaviour support and understanding attention hyperactivity deficit disorder (ADHD).
- New staff were given the opportunity to shadow more experienced staff so they could get to know people until they felt confident working on their own. One staff member said, "The induction was extremely detailed, and I felt supported throughout, and knew the person to contact should I be unsure of anything or have any concerns."
- Staff told us the training had given them the necessary skills and knowledge to be able to successfully support people. Staff told us they were encouraged to self-develop. One staff member said, "I have received mandatory training as well as further training which is bespoke to the service and service users, as well as my own role and professional development. At this time, I do not feel I require anything further; however, I know if something comes up training is always sourced, and help is offered."
- Staff told us, and we saw evidence that regular supervisions took place.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us they were working with people to encourage them to eat a healthy balanced diet but had to also consider their choices may be to have less healthy options such as takeaways.
- People told us they were able to choose their meals and said, "The food's alright but I prefer takeaways."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. There were regular telephone consultations with the practice nurse for the local GP surgery to discuss people's health related needs.
- The service worked well with professionals to deliver care and support in line with people's assessed needs.
- One professional told us people had settled into the service very well and staff were working to increase independence in daily living skills such as cooking and doing laundry.
- The provider was using technology to increase people's independence. Staff were able to call people who were having unsupported time to check they were safe and well. Other technology such as iPad, virtual reality equipment and electronic care plans and records were used.

Adapting service, design, decoration to meet people's needs

- The home was very well-maintained.
- People could choose where they wanted to spend their time in the home or in the easily accessible gardens.
- People's rooms had been decorated to suit their tastes. People had personalised their bedrooms with their personal belongings such as pictures and ornaments.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team understood their responsibilities in relation to DoLS and knew when and how to submit applications to the local authority. There was a record to show conditions of DoLS were being met.
- Staff and management were aware of the need to seek people's consent, and understood the legal requirements where people lacked capacity to consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and their equality and diversity respected.
- Staff were kind and compassionate and people were well cared for.
- One staff member said they would be happy for their family to live at Ashdale House. They said, "I feel the environment is a safe place to be, as well as being a lovely and modern home. There are many things in place to ensure it is a nice place to live; how you would wish your own home to be. The staff team are caring, and well trained and it is clear to see the people in the care of Virtue are at the centre of their care."
- One person told us, "The staff are nice to me."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and treatment. One person told us, "I have signed up to my care plan, and I have seen it and been involved."
- People were able to make everyday decisions about their care. For example, how they spend their time, and what activities they wanted to take part in. One person told us they were going to stay with relatives, attended college and enjoyed going, bowling and to the cinema. These things were recorded as activities that were important to them.
- Staff had access to information they needed to provide individualised care. Staff were knowledgeable about people's history and knew people's preferred routines and what was Important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff.
- Staff helped people maintain their physical appearance.
- Staff helped people to be as independent as possible. People were actively encouraged to do as much as possible for themselves to maintain and promote their daily living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People received personalised care focused on their needs. People and those important to them were fully involved in the planning and review of their care needs.
- People had detailed and person-centred care plans which provided staff with the information they needed to support them. Information about people's likes and dislikes, what staff should do to re-direct people when they were getting anxious and any potential behavioural triggers were clearly documented.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively encouraged and supported to take part in activities of their choice. For example, staff supported people to go camping at an outdoor activity centre where they were involved in activities such as rock climbing, kayaking and swimming.
- Staff were supporting people to develop their skills and wellbeing by promoting their independence through building people's confidence, empowering and reassuring them. Staff were helping people to actively look for opportunities which promoted wellbeing.
- The registered manager told people were involved in recruiting staff and they tried to match staff with people based on hobbies and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them.
- Staff made followed guidance in people's care plans to help with communication. One person's care plan guided staff to give them time to process information and respond, to use clear language, and to speak in a polite and friendly manner to them.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of how to make a complaint and felt their concerns would be addressed promptly.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a clear vision about the values the service offered to people. The registered manager told us, "I feel like we have a really good team and we are making a difference and I'm proud. It's all about making sure people have a chance."
- Staff were positive about the management of the service, describing the registered manager as 'very supportive', and 'the best manager' and said, "I have never known a company this good." Staff felt empowered and supported to deliver to the company's values.
- One professional said, "[The registered manager] The service provided is excellent in comparison to many other residential placements I have worked with."
- The provider actively promoted workforce equality and diversity. One staff member said, "Ashdale House and Virtue is a great place to work; I enjoy the variety of my job and knowing every day is different. I love having a supportive team around me and I love to know I have the opportunity each day to contribute to helping someone live their life to the full."
- People were positive about the management of the service. One person said, "[The registered manager] gets everyone to do their jobs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility around the duty of candour and was committed to being open and transparent when something went wrong.
- The registered manager also understood their responsibilities and the requirements of the provider's registration. Statutory notifications had been submitted to CQC to inform us when events such as accidents and incidents had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Regular and detailed audits and checks of the service were carried out by the registered manager and the provider.
- The service had a 'development plan' which was used to improve the quality of care provided within the service and further support the business model.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider ensured equality and inclusion within its workforce. Equality and diversity was discussed at interview and staff completed training in the subject. A diverse staff team had been employed.
- The provider worked with other agencies and organisations to deliver joined-up care. Staff worked with healthcare professionals, such as the local learning disability team, speech and language therapists and occupational therapists.
- The provider sought advice and guidance from several professionals to enable them to tailor care to individuals' needs. For example, staff received training from the charity Barnardo's to enable them to develop strategies around supporting people with sexual health and behaviour.