

Ashlong House Limited

Ashlong Cottage

Inspection report

141a Longfellow Road
Worcester Park
Surrey
KT4 8BA

Tel: 02083370839

Website: www.alliedcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Ashlong Cottage is a residential care home providing personal care to six people with learning disabilities at the time of the inspection. The service can support up to six people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

As part of thematic review, we carried out a survey at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The provider's safety checks did not always ensure people were safe, because they had failed to keep harmful and controlled substances stored securely. However, the risk was reduced because the people using the service would not have been able to access these substances independently and the registered manager made sure the materials were locked away as soon as we raised this.

Otherwise, the service was safe. There was a clear process for staff to recognise and report signs of abuse. The provider assessed and managed risks to individual people well and used learning from incidents to improve risk management. They made sure there were enough suitable staff to meet people's needs. People received their medicines as prescribed. Staff knew how to reduce the risk of infection spreading and kept the home clean and hygienic.

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. The home environment was suitably adapted to meet people's needs. The provider used evidence-based guidance to assess people's needs and plan their care. Staff worked well with other agencies to make sure people received healthcare and other specialist support they needed, including meeting their diverse nutritional needs. People received support from staff who had the skills and knowledge they needed to provide effective care.

People received care and support from staff who knew them well, were caring and empathetic, and were able to recognise and meet their emotional support needs. Staff understood how to support people to make choices, including the use of communication aids and recognising how people communicated their choices.

Staff respected people's dignity and independence, although they sometimes compromised privacy by talking about people's confidential matters in front of other people who used the service. The registered manager told us they would make sure this did not happen any more.

People benefited from well-planned care that met their needs, because the provider made sure staff had the information they needed about people's preferences, support needs and what was important to them. The care people received as they approached the end of their lives was designed to support their comfort and dignity. People had a person-centred programme of activities both at home and in the community. People received information in appropriate formats that they could understand and staff knew how to communicate with people effectively. The provider dealt with complaints and concerns appropriately.

The standard of record keeping at the service was good and this meant clear, complete and accurate information about people's care was available to those who needed it. However, records were not always kept securely which meant there was a risk of people's confidential information going astray. The registered manager addressed this as soon as we raised it. The provider promoted a person-centred culture that valued people and celebrated their achievements. The registered manager was open and approachable, and sought feedback regularly from people, staff, relatives and other agencies so everyone could have their say about how the service was run.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 18 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashlong Cottage

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashlong Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This included previous inspection reports and statutory notifications. These contain information the provider is required by law to send to us about significant events that happen within the service. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spent time throughout the day observing staff providing care to people, as the people who used the service were not able to tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager and three members of staff. We reviewed three people's care plans, two staff files and records relating to the management of the service including health and safety checks and medicines records.

After the inspection

We spoke again with the registered manager and reviewed information we asked them to send us, including evidence of action they had taken in response to our feedback immediately after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider's safety checks were not robust enough to ensure harmful substances, including dishwasher tablets, cleaning fluid and other dangerous chemicals, were stored securely. People who used the service were unlikely to be able to understand the dangers of coming into contact with these substances. The risk to people was reduced because the only person using the service who was independently mobile had staff with them at all times, and because the registered manager immediately made sure the harmful substances were locked away when we raised this. However, safety monitoring checks still required improvement because they had not identified the risks to others including visitors to the service and potentially new service users in the future.
- There were regular checks to make sure other aspects of the building and equipment were safe for people to use, including utilities, fire safety and emergency equipment.
- The provider assessed and managed risks to people on an individual basis. This included risks around choking, developing pressure ulcers, falls and behaviour that challenged the service. Records showed staff followed risk management plans to keep people safe.
- Staff knew how to keep people safe in an emergency. Each person had an individual evacuation plan to guide staff if people needed to leave the building in an emergency.

Using medicines safely

- Controlled drug containers, although secured inside a second locked cabinet, had their keys kept in the locks which undermined the safety of having a second lock and increased the risk of theft or misuse of these medicines. When we discussed this with the registered manager, they immediately locked the containers and made sure only authorised staff could access the keys. As explained above, safety checks required improvement to help ensure the provider quickly identified such risks and managed them appropriately.
- Staff had enough information about people's medicines to enable them to administer the medicines safely. This included how to administer medicines safely to people at risk of choking, details of what medicines were prescribed for and why people needed to take them, possible side effects and what staff should do if people experienced these.
- Staff kept clear records about the receipt, administration and disposal of medicines, including controlled drugs. This meant we could confirm that stock checks were accurate and people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from the risk of abuse. Senior staff discussed safeguarding with individual staff regularly to check they knew how to recognise and report abuse.

- The provider considered each person's vulnerability to abuse when assessing risks to them, including factors such as being unable to communicate verbally, which may put people at higher risk.

Staffing and recruitment

- There were enough staff to care for people safely and staffing levels were adjusted when required to meet people's needs. During our inspection we saw extra staff were on duty to support people who were going on holiday.
- The provider made sure staff were fit and suitable to care for people. They did this through a robust recruitment process where they gathered evidence such as criminal record checks and proof of identity.

Preventing and controlling infection

- The premises were visibly clean and fresh smelling. Staff used daily and weekly cleaning checklists to ensure the home was kept in a clean and hygienic condition.
- Staff followed appropriate guidance to ensure food was stored, prepared and served hygienically to reduce the risk of infection and cross-contamination.

Learning lessons when things go wrong

- Staff kept detailed records of accidents and incidents so the provider could identify any trends and learn lessons from what happened. The registered manager reviewed these monthly.
- People's behaviour management plans used information from previous incidents, so staff could easily anticipate what might go wrong and respond appropriately.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had access to evidence based guidance about meeting the needs of people who used the service. This included how to support people with swallowing difficulties and those people who had specific medical conditions.
- The provider carried out an assessment of each person's needs before they started using the service. This helped them gather information about people's support needs, health, preferences and other information they needed to plan effective care and support.

Staff support: induction, training, skills and experience

- Staff received the support they needed to do their jobs. They had regular meetings with their supervisor to discuss their professional development and progress towards goals.
- Staff received an extensive programme of training relevant to the needs of people using the service, to give them the knowledge they needed to provide effective care.

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

- People were able to choose from a variety of nutritious food. Each person had a personalised menu plan to meet their needs and preferences. Fresh fruit was available whenever people wanted it.
- Staff had a good awareness of people's individual eating and drinking needs. The people using the service had a range of complex needs in this area. There was clear information about what this meant for each person and how to support them to eat and drink safely.
- Staff monitored people's food and drink intake and their weight to ensure they were getting the nutrition and hydration they needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with a number of other agencies involved in people's care and made timely referrals when needed.
- There were systems for staff to share information efficiently with colleagues when people received advice and recommendations from other services they used. For example, speech and language therapy and physiotherapy guidelines were built into people's care plans. Staff recorded people's progress with these in a format that could easily be fed back to the other professionals.
- The service shared information effectively when people went in and out of hospital. There were systems to ensure essential things such as people's medicines and information about their care needs went to hospital with them, and staff shared with colleagues any information about changes that needed to be made to people's care on discharge.

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

- The building was sufficiently adapted for people with physical disabilities. All of the communal facilities were on the ground floor and easily accessible.
- The environment was homely and comfortable and was decorated in a way that was appropriate for the people who used the service. This included displays of accessible information where needed.

Supporting people to live healthier lives, access healthcare services and support

- Staff had detailed information about people's health needs and the healthcare services they used. This meant they knew when to refer people to healthcare services and how to ensure people's day-to-day healthcare needs were met.
- People regularly accessed healthcare services when they needed them. Each person had a health action plan, which helped staff keep track of when appointments were due and what support people needed with these.
- Staff used an assessment tool to monitor people's oral health. This helped them identify any oral health problems before they caused damage to people's teeth and gums.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed the correct legal procedures when a decision needed to be made on behalf of a person who did not have capacity to consent. This included requests for DoLS assessments, consulting relevant people and making a joint decision about what was in the person's best interests.
- Staff understood they could only provide care to people with their consent or with the relevant safeguards in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff understood how to give people the emotional support they needed and recognised this support looked different for different people. For example, staff were aware that one person experienced anxiety and had a special item they used to help them feel better. Another person showed signs of restlessness while waiting for their transport to arrive. We observed staff reminding the person about what was happening, offering reassurance and providing distractions.
- Staff knew how different people communicated different emotions if they were unable to do so verbally. For example, they got to know people's body language and facial expressions. Some people made particular noises to indicate anxiety or happiness and staff were familiar with these.
- Staff spoke to people in a kind and respectful tone. When people needed to be redirected from what they were doing, for example because of risks to their safety, staff did this calmly and in a friendly way.
- There was information for staff about people's life history and interests. This helped staff to get to know and understand people well. We saw staff had a good rapport with people, understood what was important to them and valued them as people. For example, staff talked to people about things they were clearly interested in and were able to engage them in meaningful interaction this way.

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

- Staff knew how to support people to communicate their views and preferences. Most people who used the service did not communicate verbally. Staff used communication tools such as pictures to help people make choices. They knew people well enough to understand the gestures and facial expressions people used to communicate their views and choices.
- Staff told people in advance what they were planning to do or what their options were, allowing people time to decide what they wanted.

Respecting and promoting people's privacy, dignity and independence

- Some information discussed at a recent residents' meeting, such as updates about people's health appointments, may have compromised people's privacy as they were not able to consent to sharing this information. The registered manager told us they would ensure this type of information was no longer discussed in communal meetings.
- Staff respected people's privacy and offered them the private space they needed for personal care or when they wanted privacy. When planning care, the provider considered how to promote dignity and respect while caring for people and what this would look like for different people.
- Staff demonstrated they valued people's dignity by encouraging them to take care of their physical

appearance. We heard staff telling one person, who was wearing smart clothing and jewellery to go away on holiday, that they looked "absolutely fantastic" and the person was visibly pleased to hear this.

- Where people were able, staff encouraged them to do as much for themselves as possible and to participate in household tasks to develop their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had person-centred care plans that contained detailed information about their support needs, interests, preferences and other information staff needed to provide personalised care. The care plans were comprehensive, covering areas such as personal and continence care, activities, eating and drinking and what was important to people.
- Staff regularly checked people's care was meeting their needs. People had monthly progress reports to look at whether they were achieving their goals and receiving the care they wanted.

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.

- Staff had access to guidance about how to make information accessible to people, such as minutes from residents' meetings, activity plans and menus.
- Information was available in a variety of formats designed to improve accessibility, including pictorial and plain English with symbols.
- The provider used pictures to help people understand what was in their care plans and to enable them to have choice and control.

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 had opportunities at residents' meetings to talk about activities they would like to do. Staff used the meetings to update people about what activities were available. These included art and sensory activities such as aromatherapy.
- Activities were provided on a person-centred basis and each person had their own activity plan. This meant each person was able to access the activities that were suitable for them and that they enjoyed, rather than everyone doing the same things. For example, one person who was in poor physical health had a programme of relaxing sensory activities and another person received support to go to church, which was important to them. People received support to stay in contact with their families, who were encouraged to visit the home.
- There were opportunities for people to access the local community and travel farther afield. On the day of our inspection, staff were supporting three people to get ready and go away on holiday to a seaside resort. Staff supported a fourth person to attend a music therapy session.

Improving care quality in response to complaints or concerns

- The service had an accessible complaints procedure. This was designed to support people to express exactly what had happened in a way they could easily understand.
- The provider responded to complaints appropriately and in line with their procedure. They organised records of complaints so it would be easy for them to identify any trends or ongoing issues.

End of life care and support

- There was evidence that the provider had considered the needs and preferences of each person with respect to end of life care. Staff were trained in, and had opportunities to discuss, the care of people at the end of their lives.
- At the time of our inspection there was one person receiving end of life care. They had a detailed end of life care plan that covered how to make sure the person was as comfortable and pain free as possible, when and with whom to share information about the person's care and how to support the person to remain active in their home life for as long as possible. The provider had considered how to make the person's final moments as pleasant for them as they could, for example by using soothing music and aromatherapy.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- Staff told us the provider had clear values that promoted a person-centred culture. This included valuing and empowering people who used the service. An example of this was the service's 'Achievement of the month' scheme, which celebrated the individual achievements of each person who used the service.
- The registered manager monitored the culture of the service by carrying out daily observations of staff providing care to people. They were then able to address any issues they identified via group or individual staff meetings.
- Staff felt the registered manager was open and approachable and listened to both people and staff.
- The service had an open culture and the registered manager discussed accidents, incidents and complaints with staff and, where appropriate, relatives and members of the public.

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

- Some confidential personal information about people was not held securely and was kept on a shelf in an unlocked office. Although there was a risk of information falling into the wrong hands, this was reduced because there were always staff present in the part of the home where the information was held. The provider was also planning to start using electronic documentation rather than paper records shortly after our inspection. We discussed the issue with the registered manager, who immediately moved the documentation to a locked room and told us they would put a lock on the office door until the new electronic system was in use.
- Staff understood the importance of keeping up-to-date, clear and complete records of each person's care and did this well. This meant the staff team had access to, and could share when required, the information they needed to provide good quality care.
- The registered manager used team meetings to share information staff needed to know and make sure everyone was aware of their roles. This included discussions about best practice and making sure staff were aware of changes in people's needs.

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

- The service held residents' meetings where staff supported people to express their views about the service. There were guidelines for staff to make the meetings as inclusive as possible.

- A survey the provider carried out in early 2019 showed people's relatives, staff and external professionals working with the service were all satisfied with the quality of care people received.
- The provider considered diversity and the diverse needs of people using the service when making recruitment decisions. The registered manager told us they always tried to make sure they had a diverse mix of staff.

Continuous learning and improving care; Working in partnership with others

- The provider used a range of audits to check the safety and quality of various aspects of the service. This included regular internal audits and quality assurance visits from the provider.
- The registered manager carried out spot checks to ensure staff, including night staff, were working to an acceptable standard.
- When audits identified areas for improvement, the provider took action to address these and recorded this so they could monitor improvements.
- The provider worked with other agencies such as the local authority and pharmacist to improve the quality of the service. There was evidence the provider made improvements in response to audits and quality monitoring visits from external bodies.
- The registered manager told us how they used the latest social care best practice guidance to drive improvements to the service. For example, after reading that studies found oral health was often poor for people using social care services, they introduced mandatory oral health training for staff and the use of a standardised oral health assessment tool for people who used the service.