Ashtead House Limited

Ashtead House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Ashtead House is a residential care home providing personal care to up to 10 people living with learning difficulties and physical support needs. The service supported eight people at the time of the inspection.

Although the service has not been designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance, the values that underpin the service were in line with these principles. 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People did not always receive consistent support as not all staff had the necessary skill and experience to effectively address their behavioural support needs. Some staff were able to redirect people to another activity and provide them with reassurance, whilst others did not always follow the guidance in people's care plans. We have issued a recommendation to the registered provider in this respect.

People's records including 'when required' medicines protocols and monitoring charts were not always up to date. Staff were recording information about people getting distressed only in handover notes and not on behavioural incident forms. Hence the behaviours could not be analysed for any patterns or lessons learned. We have issued a recommendation to the registered provider in this respect.

The provider's audits did not identify issues we found during our inspection such as lack of reporting of incidents, inconsistencies in records or inconsistent support provided by staff when they supported people to proactively address any behavioural triggers. The systems and processes were not robust enough to demonstrate the provider effectively monitored the quality and safety. This meant actions were not always addressed to reach best outcomes for people and continuously improve in line with legal requirements and national best practice guidance. Although following our inspection, the registered manager took action to review and improve their records and governance systems, we have issued a recommendation to the registered provider.

Staff supported people to take their medicines as prescribed, and the provider had processes and systems to safely order, store and monitor medicines stock. Staff knew how to protect people from the spread of infections and were trained in infection control.

Staff were offered regular training to be able to better support people. People were referred to other health care professionals where required, and staff followed their guidance to ensure people received appropriate care. Staff knew how to support people to eat and drink enough and followed speech and language therapy recommendations for people who required a modified texture diet.

People were supported to attend activities in the community and staff treated them in a kind, respectful and caring way. People felt safe in the home and staff knew how to report any safeguarding concerns. Risks to people were assessed and support was provided to protect them from avoidable harm.

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. Staff asked people for their choices, involved them in their care and promoted their independence.

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 1 July 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ashtead 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.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Ashtead House is a 'care home'. People in care homes receive accommodation and nursing or 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 reviewed notifications of significant events we received from the registered manager since our last inspection as per legal requirements. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service. We spoke with three staff members including the

registered manager. 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 reviewed a range of records. This included two people's care records and medicines records. We looked at one staff file in relation to recruitment and staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives of the people living in the home. We also received feedback about the home from one social care professional. We continued to seek clarification from the provider to validate evidence found. We looked at 'when required' medicines protocols, quality assurance audits, development action plans and training records.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had safe systems of storing and managing people's medicines. Staff signed the medicines administration records and two members of staff supported people to take their medicines.
- Some medicines such as creams were not always signed by staff when administered. We raised this with the registered manager who confirmed that these medicines had been prescribed as 'when required'. They did review this person's PRN protocols and topical creams guidance immediately after the inspection.
- Staff provided people with safe support to take their medicines as prescribed. Staff knew why people had certain medicines such as barrier creams, pain medicines or antipsychotics prescribed for them. Staff followed STOMP principles for antipsychotic medicines. STOMP is a national scheme to reduce overuse of antipsychotic medicines for people living with learning difficulties. Protocols for when required medicines (PRN) explained clearly people's individual presentation of symptoms and maximum dose which can be taken by them within a 24-hour period.

Learning lessons when things go wrong

- Opportunities to learn lessons from behavioural incidents could be missed. Staff were not always reporting people's distressed behaviours as incidents. Lack of structured recording of behavioural incidents meant the behaviours were not analysed for any patterns or lessons learned to improve people's support, although we found no evidence people were at risk as behavioural support plans were in place.
- It was recorded in handover notes when one person shouted on three occasions between October and November 2019 but there was no corresponding behavioural charts or analysis of possible triggers of this behaviour. It was noted a GP had given guidance to staff to be observant to identify reasons of this behaviour. We discussed this with the registered manager who reminded staff when to record behavioural incidents and put systems in place to monitor this going forward. The person was not impacted by this as they no longer presented with this behaviour and appropriate referrals to healthcare professionals had been completed for them as required.
- The provider had systems in place to analyse other incidents and accidents and identify any lessons learned. There were no accidents and incidents recorded in the six months prior to the inspection, hence there was no need to take any actions based on this analysis.

Preventing and controlling infection

- People were protected from the risk of infections. Staff were trained in infection control and had access to personal protective equipment. We saw them use it during the day.
- Staff were able to explain to us how to follow infection control guidance when it came to supporting people to complete their laundry and knew how to safely handle, for example, soiled laundry items. Staff used different coloured baskets to separate clean and dirty laundry and each person had their items washed

individually.
● The home was clean and free of unpleasant odours. Staff supported people to regularly clean their rooms. Kitchen and bathrooms were clean and equipped in hand washing facilities. However, one armchair and one wheelchair had extensive signs of use and we raised this with the registered manager who ensured that they were cleaned the next day.

Systems and processes to safeguard people from the risk of abuse
● People were protected from avoidable harm and risk of abuse. One relative told us, "It is definitely safe there."
● Staff knew how to recognise and report any safeguarding concerns. Staff told us they would report any incidents to the registered manager. Staff also knew how to contact the local authority should it be required to raise concerns outside of the organisation. Staff were trained in safeguarding adults at risk.
● The provider had systems and processes in place to protect people from the risk of abuse. The registered manager had raised one safeguarding concern since our last inspection and took action to investigate the allegation in partnership with local authority and to protect people from the risk of avoidable harm.

Assessing risk, safety monitoring and management
● Risks to people were assessed and mitigated by the support and care they received. People's risk assessments were specific to their needs. Risk assessments were in place where people had specific behavioural, mobility and continence needs. There were also risk assessments guiding staff how to make sure people were safe when attending activities.
● People's safety was monitored whilst enabling their independence, and staff knew how to address any risks to their health and wellbeing. One person had pattern of behaviour that could put them at risk when out in their local community. There was a risk assessment in place which guided staff on how to support the person, so they were as safe as possible such as ensuring they had their mobile phone, used the same taxi company and reminding them about their own personal safety.
● People had personal emergency evacuation plans in place (PEEPs). One person's mobility has changed since the last review of their plan. We raised this with the registered manager who immediately updated the plan.

Staffing and recruitment
● There were enough staff to meet people's needs and provide quality care. People could access support with their care needs and housework and had regular support to go out for activities. Staff told us they knew what to do in case of unpredicted events such as staff sickness and could contact an on-call manager for support.
● The registered manager recruited new staff members to ensure appropriate staffing levels. This reduced agency staff use and people were supported by a consistent staff team who knew them and their needs. This enabled staff to build a good rapport with them to be able to support them effectively.
● The registered manager followed safe practices when recruiting new staff. They obtained proof of identity and address, proof of right to work and references. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Requires Improvement

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff showed the skill required to support people who may present distressed behaviours and hence support for people was inconsistent. We observed triggers to behaviours were not always identified by staff in a timely manner which caused people's anxiety to escalate.
- We observed one person requesting to go out for over three hours before their scheduled activity which caused them to become more and more anxious. This person was assessed as not liking to wait and in need of regular walks to maintain their mobility. The registered manager explained to us they bought a clock for the person to enable them to reduce anxiety and structure the day. Although the person went out later in the afternoon staff were not consistent in their approach to this person's repeated requests to go out for a walk and sometimes did not respond to them at all.
- Staff did not always have the right experience to provide people with support and meeting the guidance in their behavioural plans. One person was known not to like their room being cleaned. Their care plans clearly guided staff to prepare them for this activity. Staff who supported this person did not inform them in time which caused them to become distressed and verbally challenging.

We recommend the registered provider supports staff to obtain the necessary skills to meet the needs of the people they care for and support.

- Staff received other training appropriate to their roles. One professional visiting the service told us, "Staff that I know appear to have a good understanding of working with people with learning disability." Staff confirmed they attended courses in a range of subjects including supporting people living with learning disabilities, mental capacity, epilepsy, moving and assisting people or confidentiality of records.

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

- People received support to maintain a healthy diet and have regular drinks. People who required a modified diet due to health reasons were supported to have their meals softened and their drinks were thickened when needed. Staff knew how to prepare meals and drinks which adhered to speech and language therapist guidance and guidance was included in people's care plans.
- We observed staff supporting people to have regular drinks throughout the day. However, there was no fluid intake monitoring chart in place for one person who was dependant on staff to offer drinks. Although records confirmed they had regular drinks, they were at risk of dehydration if not supported by staff to closely monitor daily total fluid intake. We discussed this with registered manager who immediately put a fluid chart in place and advised staff on minimal total amount to be consumed by the person daily.

● People were encouraged to be as independent as possible and to take part in preparing their meals and drinks. We read guidance for one person on how to make coffee which was available in the kitchen. Another person was supported to learn to cook different meals of their choice and had their own cupboard in the kitchen where they stored their spices and cooking books.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager was aware of national best practice guidance, for example, oral health or person-centred care for people who may experience behaviours that challenge. People's care plans adhered to these best practice principles.
● People's individual needs and choices were assessed prior to them moving in and care plans were regularly reviewed. People were encouraged to identify their own goals and record their wishes in their plans. We read some people wanted to go on holiday. Records confirmed they were supported to choose and organise a holiday last year.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access other health services in a timely manner. One relative told us, "When [person] had health issues, they dealt with it quite quickly."
● People were supported to take care of their health and had regular health checks. Records confirmed people accessed an optician, dentist or GP on a regular basis. They were also supported to access specific services for people with learning disabilities and received care from healthcare professionals from local community learning disability team.
● Staff sought additional support and guidance from healthcare professionals when people's needs changed. We saw evidence of referrals made to the occupational therapist, district nurses and speech and language therapist. The healthcare professional's advice was subsequently included in people's plans of care.

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet people's needs and preferences. People had access to personal moving and handling equipment where needed and could move freely around the downstairs part of the home where all communal areas were located. People's rooms were personalised and decorated with pictures and objects relevant to their interests and likes.
● People could access the communal garden and the house vehicle was adapted for wheelchair users' needs which enabled them to go out. They could choose to socialise with others in the lounge and dining area or to spend time on their own in other areas of the house.

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 applied to the local authority for authorisation to deprive people of their liberty and ensured people were supported in the least restrictive way. The registered manager completed mental capacity assessments with people and worked with multidisciplinary professionals and families when decisions had to be made in people's best interests.
● Staff were aware of the MCA principles and knew how to promote people's choices and enable them to make their own decisions. For example, staff explained to us how they offered choices when it came to meals and drinks before providing support to people. They also involved people in their personal care and other day to day choices. One member of staff told us, "I make sure [people] can choose their flannel, towel, clothes and toiletries and I help them to get the hairstyle they want so they feel good."

Good

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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and treated people well. One person told us, "They look after us very well. Staff are lovely." One relative told us, "The staff have always been very caring."
- People received support in a kind and respectful manner. One relative told us, "They always manage to calm [the person] down. I am impressed how they handle things, respectfully and in a caring way." Another relative said, "[The person] is always very happy when coming back from respite." We observed staff addressed people with respect and offered reassurance when needed, except in the instance described in effective when someone needed but did not consistently receive reassurance regarding their daily walks.
- People's privacy and independence were respected by staff. One staff member told us, "I respect them how I respect myself. I ensure we communicate well and help them to do what they can for themselves. Some of them can wash certain parts of their body and we support them with remaining tasks. We also make sure that for example, curtains are closed during personal care." We observed staff protected people's privacy when they required support with their personal care by ensuring the door to their bedroom was closed and knocking before entering.

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

- People and their relatives confirmed they were involved in planning and reviewing their care. People's preferences and wishes as well as their suggestions on changes to support they received were recorded in their care plans.
- The registered manager regularly met with people to discuss things important to them such as events, day to day needs or ideas and ensured people's feedback was recorded and appropriate action was taken. For example, one person wanted to celebrate their birthday and have a party at home as well as go out for a meal. Staff organised a party for them and the registered manager arranged the outing.

Good

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; 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 received personalised care responsive to their needs. One professional visiting the service told us, "They look after [person] really well and her needs are met at Ashtead House. Staff and manager are responsive."
● People's care plans were personalised and addressed their individual needs, preferences and goals. Information on people's likes, relationships important to them, preferred activities and life stories were included in their care plans. The care plans also provided staff with guidance on people's specific health needs, for example in relation to dementia support needs or their mental health.
● People had regular opportunities to enjoy activities in the community. For example, one person went to a local pub two to three times a week and regularly attended music festivals. This person planned the trip and chose their accommodation with the support of staff.
● People received personalised care which supported them to develop their skills and independence. One relative told us, "[Person's] quality of life has improved since they moved into the home. They were supported to go on courses and became more independent. There is always a staff member to support him to do what he wants." Staff knew people well and treated them as individuals.

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 communication support needs were addressed in their care plans. Information was accessible to people in a way which enabled their understanding. For example, the pictorial complaint procedure was displayed in the main hallway and people could plan their activities by placing pictures on a white board.
● Staff knew how to communicate with people effectively. For example, we observed one staff member singing with a person to encourage them to communicate. This person was able to add words into the song and interact with staff. We also saw staff used simple signs and objects of reference to communicate with another person. Staff knew specific body language and behaviour people used to communicate, for example one person was known to nod for 'yes' and another shouted when distressed.

Improving care quality in response to complaints or concerns
● People and their relatives were confident to share any suggestions and complaints with the registered

manager and knew how to contact them. One relative told us, "I know how to contact the manager, I can either phone him or email, I had no problem with [person's] care so I did not need to raise any complaints."

● The provider had a suitable policy in place which informed people how to make a complaint. This was also accessible to people using the service. There were no formal complaints addressed to the home since our last inspection.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not always ensure staff's practice was monitored and any support needs were addressed with individual staff members. There was no evidence that the registered manager monitored or regularly observed staff's practice to enable them to guide or support staff where they may lack skills or experience to follow care plans.
- Despite the registered manager making changes immediately following our inspection, we found on the day that records were not always up to date and consistent with changes in people's needs. For example, 'when required' medicines protocols, personal emergency evacuation plans and fluid monitoring records were not updated.
- The governance systems in place did not always support the registered manager to ensure improvement needs were identified in a timely manner and addressed appropriately. For example, the audits did not identify people's behaviours were not recorded on behavioural incident charts which meant they could not be analysed for lessons learned and used to review the effectiveness of people's behavioural care plans.

We recommend the registered provider has up to date information which is accurate and properly analysed to improve the quality of the service.

- The provider had organisational systems in place to monitor quality and safety of the service. There were regular visits from the provider to audit different areas of the service covering a range of subjects from direct observations of care, documentation, maintenance issues and staff records. Action plans confirmed actions were completed by the registered manager following these audits. For example, improvements had been made in the following areas, people's oral health and care records and cleaning chemicals were now safely stored.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an open, transparent and inclusive culture. One relative told us, "We are very happy with the cooperation and respect they show to us." One professional visiting the service told us how the service communicated with them, "I have had positive experience with staff and manager."
- People and their relatives felt involved and listened to. One relative said, "I have spoken to the manager

and emailed them on a few occasions. I often have a chat with the manager when I visit. I definitely feel listened to." The registered manager regularly communicated with people's families via phone and email.
● Staff felt involved and supported. One staff member told us, "I feel [the registered manager] supports me. We have good communication and that makes a good team." The registered manager told us, "I am very open with everyone, I am always available and appreciate new ideas." The provider had systems in place to support staff in their roles, for example staff attended regular meetings and individual supervisions.

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 legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. They submitted all relevant notifications of significant events which happened in the service since the last inspection and met this legal requirement.

Working in partnership with others
● The registered manager built close links with local health and social care professionals. They worked closely with social workers, community learning disability team and available specialist healthcare services such as speech and language therapists and occupational therapists. They also had a good working relationship with the local district nurse team.
● People were supported to access local amenities such as pubs, day centres, cinemas and link with organisations supporting people living with learning difficulties. The registered manager ensured those connections were explored and maintained so people could access services meeting their preferences and needs.