

Ashdown Care Homes Ltd

South Hill Road

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

This inspection took place on 7 March 2018 and was announced.

South Hill Road 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. South Hill Road accommodated four people at the time of the inspection.

The service was last inspected on January 2016 and the rating for this inspection was Good. At this inspection we found the service remained Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Records were personalised, up to date and accurately reflected people's care and support needs. They provided staff with detailed information to enable them to provide effective, person centred care that promoted people's independence. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Medicines were administered and stored safely.

People were supported to access the support of health care professionals when needed. The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff received effective training, supervision and a yearly appraisal.

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

People received a varied and nutritional diet and were provided with choice.

The interactions between people and staff showed that staff knew the people really well. Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely and relaxed. It was clear that people felt relaxed and comfortable in the company of staff.

The management team were approachable and they and the staff team worked in collaboration with

external agencies to provide good outcomes for people. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

South Hill Road

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 7 March 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has an expertise in this area.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send to the Care Quality Commission (CQC) within required timescales.

We spoke with three people who used the service. We looked at two care plans and three staff files. We looked at how medicines were managed. We spoke with the registered manager, the deputy manager and two support workers. We spoke with one relative over the telephone. We also looked at other records that supported the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. People's comments included, "I feel safe yes." And "I am safe here."

Risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for agitation, forming relationships and diabetes. They gave guidance for staff to support people to take risks to help increase their independence. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out for fire equipment and water temperatures. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were to be raised.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored and analysed monthly for trends or patterns. We saw that the number of accidents and incidents was too low to identify any possible trends.

People were supported to access their medicines when they needed them. Medicines were stored in a locked cupboard in the kitchen with the temperature of the kitchen taken daily. The deputy manager added a thermometer to the inside of the kitchen cupboard to check if the medicines would still be stored safely if the kitchen did become hot, i.e. during times of cooking. Staff were trained to administer medicines and had their competency checked annually with an observed practice. The Medication Administration Records (MARs) were completed correctly, showing people had received their medicines correctly and a daily count of all medicines took place.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service (DBS) check was carried out before staff were employed. The

DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy. A relative we spoke with said, "It is clean and comfortable." We were told there was a plentiful supply of personal protective equipment (PPE) such as disposable aprons and gloves.

Is the service effective?

Our findings

Records showed that staff were up to date or were booked on the provider's mandatory training courses, such as fire safety, moving and handling, safe administration of medicines, safeguarding, infection control, food hygiene and first aid. One person we spoke to said, "The staff are trained to look after us."

Staff we spoke with were extremely knowledgeable about people's needs and knew how to care for them effectively. We saw that staff interacted with people in a positive way. People were relaxed and comfortable in their company and it was obvious that staff knew people well.

We were provided with a good example of how people transitioned into the service. For one person they had visited many homes and did not feel comfortable, as soon as they visited South Hill Road they knew they wanted to live there. At the time the service was adding another bedroom, therefore this person could add to the room what they wanted and were consulted at every step. Whilst waiting for the room to be finished the registered manager visited the person at their family's home to get to know each other and also brought the person to South Hill Road so they could see how their room was coming along and to meet the other people who lived there. When the time came for them to move in we were told they settled straight away. One person who used the service was quite shy when they met new people therefore slow transitions supported this person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people living at the service had a DoLS in place. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

People who used the service were happy with the food provided and enjoyed a varied diet. We saw pictures of people cooking and care plans highlighted how much one person enjoyed preparing meals. On the day of inspection everyone went out for their lunch. We saw one person had chosen their meals at the beginning of the week and they had chosen steak and kidney pie, quiche and pasta salad, McDonalds and lunch out in Newcastle.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social workers, physiotherapists and a dentist. A relative we spoke with said, "If [name] is unwell they will ring me but if they need emergency treatment they will ring for it straight away."

We saw the premises were suitable to meet people's individual needs. For example, one person had a sensor mat which alerted staff if they were experiencing a seizure.

Is the service caring?

Our findings

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way. One staff member explained how they spend time talking to the people who used the service about what was important to them and using different ways to try and understand what they wanted such as easy read documents, an advocate or happy/sad faces.

People we spoke with said, "They [staff] take good care of us." Another person said, "I know [named staff member] they are good." The relative we spoke with said, "The staff are very caring, they really look after them, they [staff] are lovely, I really couldn't fault them."

People's care plans contained details of important relationships and how these relationships were to be supported. Staff were respectful of people's opinions and choices. People were actively encouraged and supported to maintain and build relationships with their friends and family. The service also respected people's wishes if they did not want family involvement. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. One person had expressed a wish to attend a local church and staff were facilitating this wish.

There were individual personalised care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way. People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. For example one person loved the colour pink and spending time with friends. Another person really enjoyed being active and needed this for their psychological wellbeing.

Staff had adapted a way of communicating with each other about how people were feeling. For example, one person could show behaviours that challenged. If they were having a particularly bad day staff would use a traffic light card system to alert oncoming staff how the person was feeling. For example, if the card was amber this meant the person could present with challenging behaviours, if this was the case it would support and alert staff with how they should react and speak to the person. The main reason the card system was used was due to the person not liking staff to discuss them which could further highlight their behaviours, this way it was a visual aid for staff.

People's privacy and dignity was respected. One person we spoke with said, "Staff leave me and then they knock on my door if they want me." A staff member said, "When we do personal care we close the door and

we make sure people are covered up. When people are in the toilet we stand outside but keep talking to them if they need us to."

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people going about their day very independently. Care plans documented how staff were to support independence along with choice and control. Peoples' privacy was respected and consistently maintained.

At the time of inspection one person was using the support of an advocate. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. We saw records from when the advocate had visited the person.

Is the service responsive?

Our findings

We reviewed the care plans for two people and found they were personalised and held information about people's likes and dislikes history and how to support them in the way they preferred. People's care plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand and reflected people's personalities. When reading them it was easy to gain an understanding of the person to be supported. For example if a person was to attend a hospital appointment how staff were to approach this, if they told the person too far in advance they would become anxious.

It was clear that people's wishes, aspirations and goals had been considered and care plans were positive. They provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs. One person could do certain tasks with the support of staff and was very proud of what they had achieved.

People who lived at the service were independent and spent their days as they wished. Each person had an individual activity plan which was developed with the person each Sunday. One person had joined a walking group and had developed to a walk leader. This person also worked two days a week at a community, computer café and also supported the handyman one day a week with all the jobs around all the provider's homes in the area. The person explained that they had completed health and safety training and safeguarding training to enable them to do this role. The person said, "I enjoyed the training and have certificates, I really enjoy helping the handyman." Another person worked at McDonalds one day a week, when they first started working they went with a staff mentor until they built up confidence to go on their own. The person explained that they go on their own but take their own packed lunch to stay healthy. Another person went to a day centre every day with a member of staff.

One person had been asked by the local ambulance service to be an ambassador for the ambulance crew and drop in centres. This person was very excited about the prospect of this and they were just waiting for the paperwork to be arranged.

There was no one receiving end of life care at the time of inspection. However, we saw plans were in place ready for this time in their lives.

There was a clear policy in place for managing complaints which was also in an easy read format for people who used the service. The service had received no complaints.

Is the service well-led?

Our findings

The service had a registered manager in place that had been registered with the Care Quality Commission (CQC) since 2011.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Quality assurance audits were embedded to ensure a good level of quality was maintained. Audits we saw included health and safety, medicines, staff development and infection control. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive improvement of the quality of the care delivered.

The registered manager had a checklist system to make sure nothing was overlooked. For example, when a person had a DoLS in place this was added to the checklist so that another DoLS could be requested before the existing one expired. There were checklists for staff development and training and when certificates for the upkeep of the premises needed replacing. The registered manager said, "I find this works really well and therefore nothing gets missed, I have a checklist for everything."

There was an open and inclusive culture in the service. The service was personalised and each person was supported according to their own needs. Staff and people confirmed that there was an individualised approach to peoples' care. The registered manager and staff were passionate about providing people with a personalised service and ensuring people led the lives they wanted to or were supported along the route to the lives they wanted to achieve.

Staff meetings were held about five times a year at which staff had the opportunity to discuss people who used the service as well as topics such as activities, day trips, confidentiality and any current business.

Meetings for people who used the service took place monthly and they discussed activities, any upcoming appointments, and menus.

People who used the service and their family were asked for their views via an annual questionnaire. All surveys looked at showed people to be happy.

People who used the service and staff were complimentary about the registered manager and the way the home was run. One relative we spoke with said, "The manager is very friendly and obliging."

Staff we spoke with were happy working at South Hill Road One staff member said, "I love working here, staff morale is high." Another staff member said, "I thoroughly enjoy working here." One staff member said, "We

have a wheel of fortune were staff get nominated for good work and this makes us feel valued."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.