Ashlong House Limited

Ashlong Cottage

Inspection report

141a Longfellow Road
Worcester Park
Surrey
KT4 8BA

Tel: 02083370839
Website: www.alliedcare.co.uk

Date of inspection visit:
08 February 2017

Date of publication:
16 March 2017

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

Ashlong Cottage is a care home which provides personal care and accommodation for up to six adults who have learning disabilities and physical disabilities. At the time of our inspection the home was fully occupied.

At the last Care Quality Commission (CQC) inspection in November 2014, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People were safe living at Ashlong Cottage. Staff knew how to keep people safe from harm. The provider ensured there were sufficient pre-employment checks so as far as possible, only suitable staff were employed. Staffing levels were sufficient to meet people's needs.

We saw staff received sufficient training and support in order to undertake their roles and responsibilities. We saw staff were knowledgeable about the needs of people and provided personalised support in line with people's needs and wishes.

Relatives told us staff were kind and caring. We saw care was provided in a sensitive manner that took account of people's privacy and dignity. Staff communicated with people using a range of methods and always sought consent from people prior to providing care.

People's health needs were met. This included access to appropriate healthcare professionals, receiving their medicines as prescribed and nutritional needs being met.
The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and analysed in order to reduce re-occurrences.

People told us the registered manager was approachable and they could raise issues or concerns and felt they would be listened to. The registered manager was aware of their responsibilities and knew when they had to inform CQC of significant issues.

The provider had established good governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. The provider sought the views of people who used the service and their relatives, through informal and formal mechanisms.

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 has improved from the previous rating of Requires Improvement to Good.

People had access to a range of activities based on their preferences.

Care was personalised, specific, and reviewed regularly, so people had care that met their preferred and current wishes.

People were able to raise concerns and felt their views would be listened to and acted on.

Is the service well-led?

Good

The service remains Good.

Ashlong Cottage

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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good approximately once every two years. The inspection took place on 8 February 2017 and was unannounced. It was carried out by an inspector.

Before the inspection, the provider completed a comprehensive and thorough Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the visit we also reviewed all the information we held about the service. This included previous inspections reports and statutory notifications sent to the CQC. Statutory notifications provide information which providers are required to send to us by law about significant events that take place within services.

As people within the service were unable to communicate verbally with us, we instead observed the way staff interaction with people who used the service. We also completed a 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 looked at a variety of documentation. This included three care plans of people who used the service, three staff files and a range of other documentation relating to the running of the service. We spoke with a number of staff which included established staff who had been in post for eight years, a new member of staff who had been in post for two months and the registered manager.

After the inspection we spoke on the telephone with two relatives about their views of the service. We also tried to contact a number of professionals about their views of the service. At the time of writing this report, no professional had responded to our requests.

Good

Is the service safe?

Our findings

People told us they felt Ashlong Cottage was a safe place for their relatives to live. One relative said, "They [the staff] have been on the ball, got her sorted and looked after her". They went on to say "I wish she'd [relative] been there all her life."

The provider continued to ensure people were safe living at Ashlong Cottage. Staff received annual refresher training in safeguarding adults at risk and the issue was discussed at monthly team meetings, so staff were vigilant to the signs of abuse. The staff we talked with knew what action they should take to ensure people's safety.

There were recruitment checks in place to help ensure, as far as possible, only suitable staff were employed by the service. We saw records which included proof of identity and address, right to work in the UK and if applicable, checks with the Nursing and Midwifery Council. We saw the provider continued to complete criminal records checks every three years for staff to check their continued suitability to work for the service.

There were sufficient staff to meet people's needs. We saw from the staff rota there were four staff on duty during the day and two at night. The registered manager told us there were currently staff vacancies but these were managed by existing staff covering the shortfall, or by a regular agency member of staff who was well known to people who used the service. This meant people who used the service had consistency of care.

People continued to receive their medicines as prescribed. Checks were completed by staff to ensure the correct medicines were provided and any unwanted medicines were appropriately disposed of. There was information relating to how each person took their medicines and a record of any known allergies. We noted the medicines administration records (MARs) did not have any omissions or errors for previous records. However on the day of the inspection we saw that it appeared people had not received their morning medicines as there was no MAR signature to show it had been administered. The senior member of staff responsible for administration that day assured us medicines had been given but not recorded. We raised this with the registered manager who said he would remind this particular member of staff about the protocol which stated that MAR's must be signed by the member of staff administering medicines at the time of administration.

There were measures in place to minimise the risks to people. There were risk assessments with a traffic light system to identify the likelihood of risk in areas such as hoist transfers, pressure areas and accessing community services. Risk assessments were reviewed regularly and staff were aware what action they should take to minimise identified risks to people.

We saw the home was clean and hygienic throughout. Staff used personal protective equipment which was readily available. We saw a member of staff audited infection control measures within the home and took any subsequent action that was required to ensure it met standards.

Good

Is the service effective?

Our findings

People were cared for by staff who continued to be appropriately trained and supported. The provider required new staff to complete a three day induction period, as well as a number of mandatory training courses. These courses included health and safety, behaviour support, risk assessments and learning disability and were regularly refreshed.

Staff confirmed they received monthly one to one support from their line manager. Additionally, staff had the opportunity to meet as a team to discuss issues which may have affected people who use the service. This included monthly team leaders meetings and staff meetings. Staff also had an opportunity to discuss their professional development and performance at their annual appraisal which was held with their line manager.

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 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). 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 were being met.

We saw that people's consent was sought prior to providing care, even though people were not able to give their verbal consent. Staff were heard to ask people questions such as, "are you ready for a drink?" and "shall we move on?" before care was provided. Staff had all received training in MCA and DoLS training and understood their responsibilities under the Act. If people were unable to give their consent about certain decisions then a meeting was called with their relatives and other relevant healthcare professionals to ensure it was in their best interests. We saw that if the decision involved a possible deprivation of their liberty, such as the use of bed rails, then a DoLS application had been made and authorised by the appropriate local authority.

The provider used a range of communication methods so people were enabled to make their needs known. Each person had a communication profile which outlined how they communicated. For one person it suggested 'use short, simple sentences, and person shows enjoyment by shaking and snapping their fingers'. We saw people each had a visual activity board which showed them what they were expecting to do during the day. In this way, the provider was providing clients with the information so they could to make choices.

People were supported to remain healthy. We saw each person had a medical file which recorded their health needs and documented each appointment they had attended with a healthcare professional and the outcome. In this way, the provider was able to monitor people's health over time. People's nutritional needs

were also met. The provider recorded people's weight monthly and if there had been significant increases or decreases, and what action had been taken in response. We saw there was a nutritional assessment form which detailed dietary needs and requirements particularly if people were at risk of choking. Staff were aware of these needs and responded accordingly.

Good

Is the service caring?

Our findings

Relatives felt staff at Ashlong Cottage were kind and caring. Comments received included, "All the staff are nice, they've got a kind nature." One relative told us, "She's [family member] so happy going back there after a visit to our house."

We saw staff were knowledgeable about the care needs of people who used the service. Staff were observed to anticipate needs and people in response appeared comfortable in the presence of staff. We observed staff were attentive, in one example a member of staff carefully introduced different tactile objects for a person who enjoyed picking up objects from the floor. In another example, a member of staff gently encouraged a person to exercise their arm by reaching for certain objects.

Staff maintained people's privacy and dignity. We observed staff knocked on bedroom doors before entering and told people what care they were about to provide. We talked with staff about how they provided personal care whilst maintaining people's privacy and dignity. Staff were able to tell us about the action they took which included closing bathroom doors and curtains before providing any personal care. Staff had knowledge of issues of confidentiality and when they could keep people's confidence and when they were required to discuss the issue further to ensure people's safety.

We observed people eating their lunch and saw that staff who were supporting people, talked with them throughout, and often checked to see if they were enjoying their meal or needed a drink. Staff described the food to people and often used gentle encouragement to coax people into eating. The process was calm and dignified for people who used the service.

People were encouraged to be as independent as they could be. Whilst the majority of people living at Ashlong Cottage needed significant assistance with daily living tasks, we saw and heard that people were given choices. Care plans prompted staff to observe people closely and react to facial expressions accordingly, and to ensure people had access to their communication/visual aid board so people could express their views.

The provider was planning for people's future care needs. Staff were about to receive training sessions regarding palliative and end of life care. The registered manager told us this was in anticipation of people wanting to remain at Ashlong Cottage until their death. The service had started having conversations with people's relatives about their future wishes.

Good

Is the service responsive?

Our findings

We previously found some people had opportunities to be involved in a range of activities but this did not apply consistently to everyone living at the home. Our review of information showed that the provider had taken steps to make improvements since our last inspection and we have revised the rating to good.

People now had access to a range of community activities to suit their interests and preferences. We saw some people enjoyed going to the pub, garden centre or to the local sensory experience room. The service made use of its proximity to Worcester Park High Street and people were often accompanied to the local shops or for coffee. A range of activities were also offered within the home and on the day of the inspection there was a visit from a music and art therapist. We observed some of this session and saw that people appeared involved and engaged with the music.

Each person within the home had their own personalised care plan. There was detailed information about the person, their life history, and their likes and dislikes. For example, a care plan recorded that one person enjoyed music, colouring and having their nails painted. Each activity listed included a photograph of the person involved in the activity, which could be used as a prompt to help them understand the structure of their day.

In addition there was key information about how people responded to certain situations, for example it suggested one person found it difficult to wait in queues, whilst another person appeared not to like crowds and so certain strategies were used in these specific environments. This level of individualised care helped to ensure people received care that was specific to their needs.

The care plans continued to be regularly reviewed and signed by staff as a way of indicating staff had read and understood them. Staff knew what was important to people. This was evident in their actions and during the shift handover where they were able to describe slight changes in someone's behaviour. Care plans included people's goals for the future and how these were going to be achieved with support from staff.

The provider appropriately dealt with people's complaints. Relatives told us they felt able to raise any concerns or issues with staff or the registered manager. The provider had a formal policy for dealing with complaints which included the timescales for them to respond. In addition, the provider had developed a further two complaints leaflets which were more accessible to people. One was an easy read leaflet and the other was in a pictorial format. The registered manager confirmed no formal complaints had been received by the service since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were positive about the registered manager. Relatives told us they were able to raise issues with him and felt assured they would be listened to and action taken accordingly. Staff were equally as positive with comments which included, "He's [registered manager] very kind to staff" and "The manager is quietly supportive."
The registered manager understood their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people living at the home.

We saw arrangements were in place to monitor the quality and safety of the service people received. There were daily audits of certain aspects of care such as medicines administration and visual health and safety checks of the building. Additionally, the regional manager completed monthly visits to consider certain aspects of the service for example, maintenance records. A report of the visit was provided to the registered manager with a timescale indicating when action was required.
We saw the registered manager took appropriate action when areas requiring improvement were highlighted. This included following our last inspection when it was identified everyone in the home should be offered a range of activities to meet their social and recreational needs.

Ashlong Cottage had a clear management structure in place. The registered manager was supported by a regional manager who regularly visited the service to ensure people were provided with appropriate care. The regional manager provided monthly reports which identified areas of good practice and those areas that required improvement. We saw the registered manager took action where improvements had been highlighted.

On a day to day basis the registered manager was supported by team leaders who were in charge of each shift. We saw that staff were aware of their roles and responsibilities and when they were required to forward information on to others, in the interests of people who used the service.