

Ashfield Care Homes Limited

Ashfield House - New Milton

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

The inspection took place over two days on 20 June and 2 July 2019. The first day was unannounced. At our last inspection we rated the service as good. There were no breaches in regulations but we said some improvement could be made to the 'effective' domain as some décor needed to be updated or replaced and the service needed to demonstrate more clearly how they were following the principles of The Mental Capacity Act 2005. At this inspection we found these improvements had been made.

Ashfield House is situated in a residential area of New Milton. The service provides care and support for up to nine people with a learning disability. At the time of the inspection the service was home to seven people. Most people had lived at the service or at a local service managed by the same provider for over 20 years.

There was 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's experience of using this service and what we found

People continued to receive safe care.

People were safe and staff knew how to keep them safe from harm. There were enough staff deployed to support people's individual needs and this helped to ensure people were able to go out every day if this was their wish. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance. Accidents and incidents were monitored.

People received effective care.

Since the last inspection some people's health needs had increased. The service had taken appropriate action to ensure they followed advice from health care professionals and by ensuring they had adapted equipment in place to promote their independence. Staff had the skills and knowledge to meet people's needs. 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. People's nutritional needs were met.

People continued to receive caring care.

Staff were kind and caring. We observed easy, friendly relationships between people living at the service and staff. Staff spoke about people knowledgeably and fondly. Staff and people living at the service shared communal spaces. They ate together and relaxed together. This promoted an extended family atmosphere. Staff supported and encouraged people to be involved in how decisions were made about their support.

People's privacy dignity and independence were respected.

People continued to receive responsive care.

Staff knew people well. Their support needs were assessed and planned to ensure they received the support they needed. People took part in activities which reflected their interests. Likes and dislikes were known to staff. The provider had a complaint process, which people were aware of, to share any concerns.

The service continued to be well managed.

The registered manager led by example. There was an established staff team. There were good audit systems in place to ensure the service continued to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Ashfield House - New Milton

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 over two days.

Service and service type

Ashfield House 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 inspection

We reviewed information we had received about the service since the last inspection. We checked notifications made to us by the provider., These notifications reflect changes, events and incidents that affect the service or the people who use it. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who lived at the service to gather their views. We observed how care and support was provided to others in communal areas. We spoke with nine members of staff including the area manager, registered manager, care workers, the chef, maintenance and domestic staff. We reviewed records. This included people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with, or had information from, two relatives and one professional who regularly visited the service.

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 and is still rated as Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed people to be at ease with staff. Relatives agreed saying their loved ones were safely cared for. One relative said (The person) is very happy there. They love it."
- Staff received safeguarding training and spoke of an open culture. They were confident any concerns they had regarding people's wellbeing or safety would be listened and responded to.
- The service had followed multi agency safeguarding procedures appropriately, when necessary, to ensure they provided safe care.

Assessing risk, safety monitoring and management

- Risk to people's health, safety and wellbeing were managed in a safe and consistent way. For example, guidance was given to staff, which was followed, for one person who was at risk of choking whilst eating. Staff had also followed advice given by specialist professionals to preserve a person's skin integrity.
- Staff assessed risk, and had resources, which meant they supported people in a safe way to have meaningful lives. For example, people were supported to go into the community by ensuring enough staff were available to support them and that each outing was carefully planned.
- The provider kept records of accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, and potential risks from legionella.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- There were enough staff available to meet people's needs. Care staff were supported by housekeeping maintenance and catering staff. This helped to ensure care staff were free to support people to achieve their assessed needs and wishes.
- Staff retention was good. One staff vacancy was covered mainly by existing staff working extra hours. The service used one agency staff who had worked regularly and so had a good understanding of people's needs and wishes.
- Staff responded promptly to people's request for support. People were able to access the community with support when they wanted to.

Using medicines safely

- Medicines were managed safely.
- There were systems in place for the ordering, storage, administration and disposal of prescribed medicines which were followed.
- People had their medicines administered in line with their assessed medical needs, for example, if they needed this to be administered in liquid form.
- When people needed 'as required' medicines staff were provided with clear guidelines to ensure they administered these as prescribed. There were body maps in place to guide staff where prescribed emollient creams needed to be applied.
- Staff received training and had their competency checked to ensure they were safe to administer medicines.
- Regular medicine management audits were completed to address any issues in medicine administration.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean.
- Staff used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- The service had recently received the top rating of 5 from the food standards agency.
- Staff were trained in infection control and followed the provider's policies and procedures.

Learning lessons when things go wrong

- There was a robust procedure in place for reporting accidents and incidents.
- Information regarding incidents and accidents was discussed with staff. This helped to ensure lessons learned could be shared and remedial actions put in place where possible.

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 Requires improvement. At this inspection this key question has now improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were well known by staff as they had lived at the service for a number of years.
- Records reflected people's needs and these were regularly updated to provide staff with guidance about how to support people effectively.
- There had been changes to people's physical and healthcare needs since our last inspection and staff had responded by consulting with the people involved and their health and social care professionals to ensure they continued to receive care appropriate to their needs.

Staff support: induction, training, skills and experience

- Staff said they were well supported in their role. They received regular supervision and they had an annual appraisal. Supervisions and appraisals were used to discuss achievements and to establish any further training which might be required.
- New staff received an induction which involved shadowing more experienced staff and by completing the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.
- Staff said they received appropriate training to ensure they could support people effectively. Training provided included key health and safety areas such as infection control and moving and handling.
- Training was provided to meet people's specific assessed needs, for example staff completed Makaton awareness to increase their understanding of people who used this form of communication.

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

- People had a home cooked meal every day. This was provided at lunchtime.
- People had a choice of what they wanted to eat as menus were discussed during weekly resident meetings. Staff knew people's dietary preferences well.
- People were supported to eat and drink effectively and according to their assessed needs. For example, one person needed staff to remind them to eat slowly to avoid choking and staff provided this support. Another person ate separately from the others to avoid being distracted.
- Staff encouraged people to eat healthily. Meals were freshly prepared and looked appetising. Staff had introduced a healthy desert of fruit and/or yoghurt every other day.

- Staff were observed to encourage people to drink, particularly as the weather was warm, to ensure they did not become dehydrated.

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

- At the previous inspection we discussed that some decor looked tired and worn. Since the last inspection some upgrades had been made, for example kitchen worktops and some flooring had been replaced.
- The design and layout of the building was suitable to people's needs and each person had their own room which they had personalised according to their taste. There were three separate communal areas and a garden which meant people could spend time communally or separately if they preferred a quieter time.
- Adaptations had been made to accommodate people's physical needs. For example, one person had a wet room which enabled them to have a shower and they had also been provided with a riser recliner bed.
- The service employed a maintenance person who worked between four properties. A maintenance plan was in place which prioritized work to be done and which was updated when work had been completed.

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

- Staff worked effectively with a range of other healthcare professionals to help ensure that people's health care needs were met. This included GP's, speech and language therapists, dentists and opticians.
- One involved professional said, "They are effective communicators and consult with me at all times. Any advice given they will follow and will implement any changes when clients are reviewed."
- Each person had a health plan. This recorded information about their individual health needs.
- Information was in place which could be shared with medical staff in case of admission to hospital. These were in the form of 'hospital passports'. They contained key information about the person such as how they communicated and their abilities which would assist hospital staff in providing person centred care.
- People were encouraged and enabled to take regular exercise.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- At the last inspection we found this was an area which needed improvement. At this inspection we found the service had taken action to ensure they were acting in accordance with the Mental Capacity Act, for example when people were unable to give consent to staff giving them their prescribed medicines.
- Relevant applications for a DoLS had been submitted by the home and were awaiting assessment by the local authority. The registered manager had liaised with the local authority when one application for a DoS had become more urgent and the local authority had responded.
- People's rights to make their own decisions, where possible, were protected.

- People were encouraged to make as many decisions as possible and staff described how they facilitated this. For example, one person at times reacted more positively to male care workers and so the manager ensured there was a male support worker on duty.
- We observed staff asked for people's consent before providing any care or support. They were able to describe what non-verbal cues they would look for where people were not able to say to them what they wanted.

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.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service continued to provide caring and kind support. Staff showed skill when working with people and it was obvious they knew them well.
- We observed people were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members. One relative said, "X likes all the staff and talks about them like friends" Staff agreed, and one said for example, "Everyone is here to help. It's like one big family."
- An involved professional said, "They (staff) have an excellent relationship with the client and can anticipate the client's needs well, they are inclusive and work in a co-productive way".
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. For example, staff supported people to attend local church services.
- People were encouraged to maintain relationships with their family. Relatives were welcomed at the home and staff supported people to visit relatives' homes or to speak with them on the phone. A relative said, "Staff keep in touch and would let me know if anything goes wrong, but it doesn't really."

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated to their taste .
- People were involved in the interview of any new staff and their feedback was considered as part of the selection process.

Respecting and promoting people's privacy, dignity and independence

- People and relatives agreed staff showed them respect, were polite and protected their dignity and privacy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their bedroom doors before entering, respecting their wishes for alone time and preserving dignity during personal care.

- People were encouraged and supported to be independent.
- Staff supported people to do as much for themselves as possible. For example, some people assisted in preparing meals and others helped in the garden.
- People's right to confidentiality was protected. All personal records were stored securely. Staff were in the process of storing care records on a protected electronic system.

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 meet people's needs, preferences, interests and give them choice and control

- People received support that was individualised to their personal needs.
- Support plans were written to emphasise what people could do for themselves and staff were prompted to encourage independence whilst providing support needed. Support plans were updated regularly so staff could continue to provide relevant support. For example, staff received updated guidance about what a person needed to visit family for the weekend, to ensure these visits were a success. Another person had a detailed description of how staff should support them in the community, to ensure consistency of care.
- Staff clearly explained what triggers prompted people's agitation and we observed staff provided very prompt support to reassure a person who was becoming distressed.
- Staff were able to describe what action they would take and what they would look out for to indicate a person was in pain when they could not express this verbally.

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 communicated in ways that suited people.
- Support plans clearly described the support people needed to communicate effectively and what staff needed to do to support this.
- Staff were aware of different ways of communicating with people, for example, using pictures, Makaton and giving them time to respond. Makaton uses signs and symbols to help people to communicate. There was a sign of the week on display in the dining room and we observed staff doing basic signs to communicate with some people at the service.

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

- People were supported to develop and maintain relationships with people that mattered to them.
- People's likes and interests were well documented and known by staff who supported them to take part in activities of their choice.
- People had good access to community facilities such as the local church, shops, clubs and café's. The service had a vehicle and sufficient staff to drive it, so people could go on trips further afield if they wished to. Each person had activities planned every day and those who wanted to went out on a daily basis.
- During our inspection we observed people were going out throughout the day. They went for walks and trips to cafes. These activities were well planned and were supported by sufficient numbers of staff to ensure

the correct amount of support was provided.

- Staff provided people with activities within the home to suit their needs and interests. For example there was a drumming session and a bingo session held during our visits which were greatly enjoyed.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and used it as an opportunity to capture any trends and improve the service.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People knew who to talk to if they had concerns. Relative said they had not needed to complain but that they were confident the registered manager would take action if they did.

End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service.
- The area manager said the service would work proactively as part of a multidisciplinary team should this need arise.

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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. There was a whole team approach and supportive culture.
- Staff felt listened to and said the registered manager was approachable. Staff said the service was well managed. They said for example, (The manager is) "Very, very good The door is always open and they will try to get anything sorted."
- The registered manager praised the staff team.
- The registered manager said she felt supported by their seniors within the organisation and other managers.

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

- The service had a manager registered with the Care Quality Commission. They were also the Registered manager for a nearby service managed by the same provider. This meant they spent their time between two services. They said both care homes had a good infrastructure to ensure staff were clear about their roles and to ensure people were being appropriately supported. We observed this to be the case at the service.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- There were robust quality assurance systems in place to help them identify shortfalls and complete timely actions. The audits included medicines, care planning, review of any feedback received, stakeholder consultations and any accidents or incidents.
- The registered manager worked alongside staff and this helped them to observe daily practice and pick up any issues promptly.
- The registered manager worked with their senior management to review the quality of the service.

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 was clear about their role.
- There was an open culture and people, relatives and staff all told us they were confident they would not

be discriminated against if they raised any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service promoted a positive, caring, transparent and inclusive culture. They had adapted and changed the care and support provided to people as their needs and health were changing.
- There were regular meetings for people who use the service to listen and gather their views or any concerns they had.
- The service conducted regular surveys which were given to people who lived at the service, staff, relatives and involved professionals to gather feedback about the quality of care and support provided. The results seen from the most recent survey which was conducted in 2018 were positive.

Working in partnership with others

- The registered manager had a well-established partnership working with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The Registered manager and area manager spoke knowledgeably about developments within the sector and had gathered information from a number of different sources, such as Skills for Care to ensure they remained up to date with new information and initiatives.
- Records showed the service had positive relationships and regular contact with professionals including GP's, occupational therapist, physiotherapist, speech and language team, the mental health team and the local authority.