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Ascot Villa Care Home For Autism & LD

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

Ascot Villa provides 24 hour support to people living with mental health conditions, autism and learning disabilities. The home is registered with Care Quality Commission (CQC) to provide care and support for up to six people. We carried out this unannounced inspection on 08 March 2016. Due to the small nature of the service we did not conduct a formal observation of people who lived at the service.

The manager had become registered with the CQC since our last inspection. They were present during our inspection. 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.

We carried out our last inspection of Ascot Villa in March 2015. At that time we asked the provider to take action to make improvements to ensure as far as possible that people were safe and confident that the service well led. The provider returned an action plan to us stating that the improvements would be made by the end of September 2015. We found that some but not all of the improvements had happened.

During our inspection we found that many areas had improved and that the registered manager was considered to be very good by everyone we spoke with. People who live at the home looked well cared for and had food and drink they enjoyed. The home was comfortable, warm and clean. People had been supported to personalise their own rooms.

Risks people might experience had been identified and were being managed well. There were sufficient numbers of staff on duty. Staff had been subject to a thorough recruitment regime before employment commenced. Staff received appropriate induction, training and support to help them in their roles. People told us they liked the staff who supported them. People received their medication safely. People were supported to manage their own medicines where possible.
If it was considered that people were being deprived of their liberty, the correct authorisations had been applied for. However the provider had a limited understanding of the Mental Capacity Act. A process of asking people for their views about their home had just been introduced. There was no evidence of quality monitoring systems to review the service.

People had detailed care records in place which recorded how they should be cared for and the support they may require. The service had a complaints procedure and the registered manager was considered to be very approachable. There were a range of health professionals involved in supporting and reviewing people's care. Other health professionals spoke highly of the management and staff.

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.

We saw that risks were appropriately assessed and managed.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

Medication systems were well managed and people were supported to manage their own medicines where possible.

Is the service effective?

Requires Improvement

The service was not effective.

People did not benefit from staff that had detailed knowledge about the Mental Capacity Act (2005). The act was not being applied consistently.

Staff had been provided with training and support to enable them to meet people's needs.

People had been supported to eat and drink enough to maintain their health and wellbeing.

Staff displayed good knowledge of the people they supported.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and caring.

Staff were respectful of people's choices and opinions and treated them with dignity.

Relatives told us people were treated with respect and staff listened to them.

Is the service responsive?

Good

The service was responsive.

People received support when they needed it. Support had been reviewed so people's preferences could be taken into account.

People were supported to take part in a range of activities they liked and that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Requires Improvement

The service was not well led.

There was no quality assurance process in place which may have meant the provider missed opportunities to improve the service.

The service had an open and transparent culture, with good internal verbal communication.

Staff were motivated and they received supervisions and on-going support.

Ascot Villa Care Home For Autism & LD

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 8th March 2016 and was unannounced. The inspection team consisted of two inspectors. As part of the inspection we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us to plan the areas we were going to focus on during our inspection.

During the inspection we spoke with four people who lived at the service and we interviewed two staff. We looked at records including two people's care plans, medication records, two staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. After the inspection we telephoned and spoke with four relatives of people and two health professionals.

We contacted the local authority, who purchases services from the provider, for their views. We used this information to plan our inspection. Before the inspection providers are asked to complete a 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. As part of the inspection we looked at the information we already had about the provider.

Good

Is the service safe?

Our findings

In March 2015 we found that people could not be certain they would receive safe care or that there would be enough staff to meet their care needs. At that time we said that this was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that these areas had improved.

Staff we spoke with told us that they could raise any concerns they had with the registered manager. People we met during our inspection all looked comfortable and relaxed with the staff who were supporting them. Relatives told us they felt Ascot Villa was a safe place. One relative said, "It's not risky there, [my relative] is really safe. I don't worry about them."

The service had policies and procedures in place for safeguarding people from abuse. Staff had received safeguarding training. All of the staff we spoke with were clear about the process to follow if they identified any safeguarding issues or concerns. The registered manager was aware of their responsibilities in relation to keeping people safe and how to report any safeguarding concerns. The systems in place and the knowledge of the staff and management ensured that people were kept safe.

People we met were exposed to a wide range of risks both at home and in the community. We looked at how the risks had been managed and saw that this had improved since our last inspection. We looked in detail at the records of two people's care. People were supported to be as independent as possible and current risk assessments were in place to minimise risks to people. We saw that the risk assessments were being followed by staff and people were kept safe. The assessments were based on the needs of each individual and looked at specific areas such as keeping safe in the community, finances and how to support someone if they became upset. We spoke with the registered manager who explained that there was a system of handovers between staff where risks were discussed. Staff we spoke with confirmed these handovers were informative. A member of staff told us, "I think people are very safe here, all the staff put people first, it's about foreseeing things and preventing them." Doing this ensured people were always supported by staff who had up to date knowledge of peoples support needs.

We saw that any accidents or incidents were recorded within a central folder. The information was not reviewed and themes were not identified. The registered manager told us that any incidents were discussed in the weekly management meeting, and any appropriate action taken as soon as possible. The registered manager was confident that accidents and incidents were managed well, but records were not available to support this.

During our inspection we saw that there were sufficient staff available to support people well. Since our last inspection staff had been moved from another home into Ascot Villa. People from that home also transferred. The registered manager explained that having everyone on one site meant that there were more staff on duty in Ascot Villa than before. A member of staff told us, "We have enough staff here to support the people." A relative told us, There's enough staff, my relative gets lots of attention." Another relative said, "I do think there is enough staff, there's always someone there." A health professional commented, "There's

enough staff now." Everyone we spoke with told us there were enough staff during the day and night. During our last inspection we found that there were significant periods of time when staff were working alone. During this inspection the registered manager said that there was always a minimum of two staff in the building, including overnight. This protected both staff and people and meant that there was always enough staff to support people and each other well.

Action had been taken to protect people within the building. Examples of this included a door alarm that alerted staff that people had gone out. This kept people safe as staff could support them as appropriate within the community. Staff told us and we saw functioning 'walkie talkies' that staff used to communicate with each other. In this way both staff and people were kept safe in the event of an emergency within the home. The registered manager told us that if there was an emergency they were always available at the end of the phone. This was confirmed by staff during our visit. We saw clear fire procedures, and staff we spoke with knew what to do in the event of an emergency around fire. Staff told us, "All the staff have fire training and there's a picture board for the people who need it. When we have a fire alarm test we walk through it with people so they know what to do and aren't frightened."

The registered manager organised a range of maintenance checks within the building. We saw evidence of these checks during our visit. The building was well maintained and clean. The registered manager told us that all care staff supported people who lived at the home to clean their rooms and the communal areas. Action had been taken to improve checks of new staff before offering them a position within the home. During this inspection we found that the process had improved and was now safe. We looked at the recruitment files for two staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with people needing care. This information helped to ensure that only people considered suitable to work in adult social care had been employed. The registered manager used a system that made sure no new member of staff would start employment without the checks being completed. Staff we spoke with confirmed this was the case. A new staff member said, "I did my DBS, brought in my qualifications and gave references."

People could be confident that they would receive their medicines safely. The systems for receiving, administering and recording and returning medicines were robust. Staff we met and our observations provided evidence that the risks associated with medicines management were well controlled. A health professional we spoke with told us that that they checked the medicines every time they visited and the medication was administered correctly.

All staff administering medication had been trained in doing so. Medicines given on an occasional basis were administered safely. We spoke with a professional who told us that if occasional medication was needed when the person was at their day centre, a member of staff would go to the day centre to support them there. This ensured that the person got the correct medication at the correct time. Other people occasionally needed medicines to help them become calmer. We saw a separate store cupboard for these medications and were told they were only given after the registered manager had agreed they were needed. A health professional said that the use of this type of medication had reduced greatly. We found that people were being supported in ways that kept them safe and reduced their need for medication.

Requires Improvement

Is the service effective?

Our findings

In March 2015 we found that the staff team had insufficient specialist knowledge required to meet the needs of the people living at Ascot Villa, and that the home was not operating in line with the Mental Capacity Act. At that time we said that this was a breach of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that these areas had improved.

Staff told us that they were receiving formal and informal training. We saw that all the staff had begun to complete their care certificate. This is a nationally recognised award that sets the standard expected in a care environment. Senior staff had also completed specific training in autism and were sharing it with colleagues. The registered manager told us that at handover staff go through issues together and discuss how they supported the person and what they could have done better. All the staff we spoke with confirmed that this happened.

During this inspection we found that staff had good knowledge of how to support people with autism and behaviours that might be considered challenging. A relative told us, "The staff made a chart detailing what they will do each day. It's really helped, it's reduced the agitation a lot." The registered manager had obtained some team training about supporting people with challenging behaviours which helped staff to undertake their role better. A health professional told us that people's mental health and quality of life had really improved. The input of staff training had been beneficial to people who lived at the home.

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 lacked 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. The application 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.

Since our last inspection the registered manager had applied for authorisation to deprive two people of their liberty in order to keep them safe and these had recently been approved. The registered manager told us that other people who lived at the home had capacity. The manager and the team had also undertaken specific training in August 2015 to increase their understanding of the law around mental capacity.

When we spoke with staff they told us that no person was allowed to go out of the home unaccompanied. One staff member said, "No one goes out on their own here, they always go out with staff." The registered manager told us that people had the capacity to choose to go out alone, but they wanted to be accompanied by staff for reasons of confidence and personal security. We spoke with one person who

confirmed this. We looked at the care records of two people and saw that there were risk assessments in place that stated people needed to be accompanied when out in the community. This could mean that people were being deprived of their liberty unlawfully. We found that while improvements of the understanding and application of the MCA had happened within the service, there were still areas of concern about how people were being supported to promote their liberty and keep them safe.

People had been supported to eat and drink a wide range of meals, snacks and drinks. People told us they were satisfied and that the food and drinks met their health, cultural and religious needs. Comments included, "I like it, it's nice." A relative told us, "They have proper cooked meals, not microwave food. They have helped [my relative] lose a little bit of weight, which was needed." Another relative said, "They have a variety of foods, they have what they want, the staff ask each person what they like, they take time to cater to each person." People had choices of what they ate. People's likes and dislikes about what food and drink were clearly known by staff we spoke with. A staff member told us, "There is a weekly menu plan, people decided what they wanted on it, and we cook as much fresh food as we can." and "People make their own individual food choices. They always choose what they have." This ensured that people had food and drink choices.

People received good health care support. Staff told us that people were supported to go to health appointments as needed. We saw that professionals were involved in supporting people with their health care. For example community psychiatric nurses and the GP. A diary was kept of people's appointments for their health that included appointments with opticians, dentists and chiropodists and others as required. This made sure that people got the correct health care they needed. Information regarding any health condition was recorded on people's individual care file and we saw that any health concerns were followed up in a timely way. Staff had a good understanding of people they supported and were able to identify early indications that might mean the person was becoming unwell.

Good

Is the service caring?

Our findings

At our last inspection we were concerned that there not enough staff to care for people and respond promptly when they needed support and reassurance, this situation had improved.

The people we met indicated that the staff team that supported them were kind. During the inspection we saw several examples of kind and caring attention from staff. One person said; "I like living here I do, it's nice here the staff are good to me". Another person told us that they liked their room and the activities they did. We saw two other people who appeared well, relaxed and comfortable with the staff who were supporting them.

One relative told us, "[My relative] is really happy there, really contented and happy, I'm really pleased." Another relative said, "They are getting the care they deserve, they seem happy, I don't have any concerns." A relative of another person said, "The care staff really love them." A professional we spoke with also told us that people always appeared happy and comfortable at the home.

All the staff we spoke with could tell us in detail the support needs and wishes of the people who lived at the home. We saw that staff communicated with people in a way and at a pace that was right for them. One staff member used the favourite music of a person to help them become calmer and more relaxed. We saw that the person clearly enjoyed the music.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day to day lives, which were respected by staff. One person had been supported to have a specific aid to their communication. This enabled them to see what was planned for their day and to indicate if they wanted any changes to the plan. Staff told us that they supported the person to communicate with them in this way to make their wishes and preferences known. People told us about how they chose to spend their day, the meals they ate, how they chose their room décor and what clothes they bought and wore. We saw people had been able to personalise their own bedrooms with memorabilia and decorate it with specific colours of their choice. People were supported to make choices.

We also spoke with staff about how they supported people to maintain as much independence when providing care and support. One member of staff said, "Its people's choice, all the time." Another member of staff told us about a person who became highly anxious when going on a bus. They explained the support the person received that had reduced their anxiety and had enabled them to travel safely on public transport. One relative said, "They are helped with cleaning their own room, there's some independence." We found that people were supported to maintain and increase their independence.

We saw that the privacy and dignity of people was respected. One person told us, "They knock the door before entering, it's nice." Staff displayed a good knowledge of how to treat people with dignity and respect, which we saw throughout our inspection. People had their own room, but did not have access to a key to lock their door. The manager had introduced a system of signs that attached to the outside of the doors. The

signs told staff if they could enter. The registered manager told us that the service had begun to consider giving people keys to their own doors. This indicated that the registered manager planned improvements in relation to people's dignity and privacy.

Good

Is the service responsive?

Our findings

During our last inspection we found that there were not enough opportunities for people to do things that were interesting and stimulating. There had been a poor response to concerns and complaints that had been raised. In this inspection we found that there were more activities available for people to take part in if they wished. We also found that concerns and complaints were being managed appropriately.

The care and support people received was individual and responded to their changing needs. We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. The small size of the service meant that staff got to know and understand people very well. The registered manager told us about a person being supported to choose their own furniture and another person confirmed with us that they had their bedroom decorated how they wished.

Staff told us that they used the daily notes to discuss each person's support needs as a team, especially when their needs had changed. One staff member said, "We discuss each individual, we look at what might have caused (the concern) and what the triggers are." A relative told us that the staff try everything to accommodate the needs and wishes of the people they care for. They said, "They try their hardest to please [my relative] as best as they can." During our inspection we were told that a new system had begun to help people have a greater say in their care and their home. A senior worker said, "We have just introduced a monthly one to one chat with each person to ask them what they want." This showed that the registered manager had improved the way in which people were consulted with and listened to.

All the relatives we spoke with told us that the registered manager communicated with them well. People were supported to maintain their relationships. One relative said, [The registered manager] does a great job, they communicate really well. They always update me." Another relative said, "They keep me really well informed, I think it's marvellous." One relative told us that they were pleased with how staff made sure a person's care of their skin and hair was appropriate for their ethnic background. They said, "They do [the persons] hair nice and keep the skin and nails nice."

People were able to engage in a range of activities that reflected their interests. These included shopping trips, going to the park, visiting cafes and attending a local day centre and the pub. One person told us, "I go to the pub and have a shandy and Cannon Hill park it's really nice." A relative said , "[People] go out and enjoy activities, like going bowling and to the pub and the parks." Another relative told us, "[My relative] goes bowling and to the pictures, they have meals out and have music and film nights." During our inspection we saw that a person was supported to enjoy drawing and listening to music. They told us that they always listened to their favourite music and were pleased to show us their work. This meant that people were encouraged to enjoy their activities.

The service responded to people's and relatives complaints so that their concerns were addressed. All the people and relatives that we spoke with told us that they would address any issue with the registered manager. Everyone we spoke with was confident that the registered manager would deal with any concerns promptly and appropriately. One member of staff said, "[The registered manager] does act on things, they

work really, really hard and we are free to talk to them at any time." A relative told us, "I know I could go to the manager, I would get a good response. They are great. It's been a massive change for the better."

The complaints policy was available to staff and we saw an easy read complaints form. Staff were aware of the complaints procedure. Where people and/or their family members had concerns, we saw that action was taken to address these and the outcome had been recorded. We looked at one on going complaint and saw that action was being taken to address the concerns. Compliments were also recorded. This indicated that concerns would be listened to and acted upon appropriately.

Requires Improvement

Is the service well-led?

Our findings

In our previous inspection of this service we found that there were and that information sharing with the Commission was not consistent. This was a breach in Regulations 17 and 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach of Regulation 5 related to the failure at that time to submit notifications in a timely manner. At this inspection we found this had improved. However during this inspection we found that the breach relating to ineffective audit and checking processes had still not been met.

During the last inspection we found that there were no systems in place to monitor the quality of the service. During this inspection we met with the registered manager, the provider and the provider's representative. There was still no formal system in place to monitor the quality of the care being provided. We saw records that showed that the provider reacted to any concerns in an appropriate manner. However there was no analysis of trends to enable the provider to be proactive and reduce the likelihood of negative events happening in the future.

The registered manager told us that they did not record checks that they had carried out. Neither the registered manager nor the provider could provide written evidence that they were effectively monitoring the safety and quality of the service. We did not find evidence that the provider had gathered the views of people who lived at the home, or have any systems in place that would bring about on going improvements. While the inspection identified that improvements had been made, we identified significant areas requiring further development. Failing to effectively monitor the safety and quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach we had previously identified had not been met.

The manager had successfully registered with the Commission since our last inspection. People we spoke with were aware of who the manager was and said they would happily approach them. We saw that the registered manager knew people well and communicated with them appropriately and kindly. Everyone we spoke with made positive comments about how the service was managed and run. One relative said, "The home is great. It has the best manager it's ever had. They do a great job." Another relative said, "Since the new manager has taken over it's been brilliant, they've turned the home around."

Staff reported feeling well supported with an 'open door' policy from the management, they felt listened to and said they could have a say in influencing change. They told us that they were confident that issues raised would be acted upon. A member of staff said, "We are free to talk to the manager, I feel free to put ideas forward." We spoke with a health professional who told us that the home was now working well with them. They said, "They work really well with us now, and they are so good we are planning to close the case, they can manage without a nurse going in all the time now." We found that the registered manager had had a very positive impact on the welfare of staff and had improved outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place were not effective to monitor the service