

Ashdown Care Homes Ltd

Eastbourne Avenue

Inspection report

285-289 Eastbourne Avenue
Gateshead
Tyne and Wear
NE8 4NN

Tel: 01914206368
Website: www.ashdowncare.com

Date of inspection visit:
14 May 2019

Date of publication:
16 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastbourne Avenue is a residential care home providing personal care and support to seven younger adults, some of who may be living with learning disabilities and autism. The service can support up to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service was provided from two adjoining houses in a residential street and was registered to support seven people. It therefore conformed with current best practice guidance.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enable individuals to develop skills and behaviours to live independent lives.

There was an emphasis by the provider on continuous learning and improvement. The provider and work force were involved in range of initiatives to progress service delivery. People benefited and achieved a much improved quality of life due to staff understanding of positive behaviour strategies when people may become distressed.

The service was very well-led. Staff went the extra mile to ensure people received care that helped them develop.

Strong, committed leadership put people at the centre of service provision. People, relatives and staff were extremely positive about the management of the service and all felt valued and respected.

There was a strong and effective governance system in place. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

There were sufficient staff employed. All people told us they felt safe with staff support and staff were approachable. One person said, "The staff are kind, they listen to you". Another person commented, "This is my home, I'm safe here."

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.

Staff received a range of training to ensure they could support people safely and carry out their roles effectively. We have made a recommendation about mandatory training and adhering to current guidance for the frequency of refresher training.

Staff knew the people they were supporting well. Records detailed how people wished to be supported and people were fully involved in making decisions about their care.

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

Staff had developed very good relationships with people, were caring in their approach and treated people with respect. Staff upheld people's human rights and treated everyone with great respect and dignity.

People were supported to access health care professionals when required. They received varied and nutritious diets. They were supported to receive their medicines and manage their finances safely. We have made a recommendation about the management of people's finances.

People were provided with opportunities to follow their interests and hobbies. They were supported to take holiday and to be part of the local community.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At the last inspection the provider had failed to notify us of Liberty safeguards. This was a breach of regulation and we issued a fixed penalty notice. The provider successfully appealed against the fixed penalty which was withdrawn.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the all reports link for

Eastbourne Avenue on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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.

Eastbourne Avenue

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 an inspector.

Service and service type

Eastbourne Avenue 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 sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, regional manager, registered manager, assistant manager

and three support workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives.

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 good.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt safe with staff support. One person said, "This is my home, I feel safe with staff."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.
- The organisation provided an appointee service for the finances of a person who lived at the home. This meant the organisation was responsible for the person's finances. This was a conflict of interest as the provider was not independent. The provider and registered manager told us it would be addressed immediately.

We recommend the provider follow best practice for financial arrangements to ensure there is no conflict of interest.

Assessing risk, safety monitoring and management

- Risk assessments identified risks specific to the person and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person.
- People were supported to take positive risks to aid their independence.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.
- Staff were very knowledgeable about how to support people effectively. Staff including the provider, were attending accredited positive behaviour training [PBS] with a local university.
- The service sought advice and guidance from health care professionals to mitigate identified risks.

Staffing and recruitment

- There were enough staff to support people.
- Staffing levels were flexible and were determined by the number of people using the service and their needs.
- Staff worked on a one-to-one basis with some people they supported.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service. A

person told us, "I help interview staff if they come for a job."

- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff require advice or support.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.
- Care plans provided details of how people received their medicines including "when required" medicines were administered.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

Preventing and controlling infection

- Staff had received training in infection control practices and protective equipment such as gloves and aprons was provided for them.
- Staff supported people and they were encouraged to learn how to keep their home clean.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff completed an induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices. Some refresher training needed to be more regularly updated than three yearly.

We recommend the provider follows current guidance to ensure that training required by legislation is updated more regularly.

- Staff members were positive about the opportunities for training and the support they received from the management team. One staff member told us, "We get plenty of training and there are opportunities to progress. After my PBS training I want to do a level five diploma in health and social care."

- Staff received regular supervision and appraisal to discuss their work performance and personal development. A staff member said, "I absolutely feel supported."

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

- Before people received care a detailed assessment was carried out to check if people`s needs could be fully met at the home.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.
- Care and support plans were regularly reviewed. This helped to ensure that if people`s needs changed this was appropriately reflected in care records as well as in the care they received.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- People had a variety of food and drink to meet their needs. One person told us, "We have plenty to eat. There's chicken fajitas for tea."
- Staff supported people to maintain a healthy balanced diet. People were involved in the planning of menu's, shopping and preparation of their meals to develop skills and promote independence. One person said, "I make toast with jam for my breakfast."

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

- People's bedrooms were well-personalised. They had belongings that reflected their interests.

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 now improved to outstanding.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service promoted a strong person-centred culture where people were the heart of the service and was committed to ensuring they received the best possible support in an exceptionally caring and nurturing environment.
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support, where staff had worked closely with people to achieve goals and improve their well-being and quality of life.
- Examples included, staff advocating where a person was losing weight and researching information about a healthcare condition to ensure a person received the necessary treatment, supporting people in bereavement, the successful rehabilitation of a person back to living independently, exploring reasons for a person's distressed behaviour and an underlying health condition being diagnosed and other improvements in the quality of people's lives as they overcame some fears.
- Staff worked closely with people investing time in ensuring they were given the right level of support to promote their understanding and there was a subsequent decrease in behaviours that could be considered challenging. The noticeable reduction in distressed behaviours had a very positive impact for people and resulting improvement in their quality of life and ability to enjoy being part of the community.
- Staff communicated with people in a caring and compassionate way. Staff gave people time to respond, listened to them and provided sensitive support to ensure people's needs were promoted.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Respecting and promoting people's privacy, dignity and independence

- Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves.
- People were also encouraged and supported to get involved in the running of the service. Some people had attended health and safety training and were involved in carrying out household safety and security checks with staff. We observed people helped themselves to drinks and food independently and told us about their role in keeping the home clean.
- People were supported to attend local further education colleges some had accessed courses such as training for employment and were applying for jobs. People were also being supported, when funding was secured, to attend pre-employment hospitality courses at a hotel run by people who lived with autism.

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

- The service ensured people were supported to express their views so that staff understood their preferences, wishes and choices. People were directed to sources of advice and support or advocacy.
- People who may need support with decision making were encouraged to make choices about their day-to-day lives and staff used pictures and signs for some people to help them make choices and express their views.
- Information was accessible and was available in a way to promote the involvement of the person. For example, people who may not read had copies of their care records, including social profiles made accessible by use of pictures or symbols, which also gave them ownership.
- Guidance was available in people's support plans which documented how people communicated. Communication methods such as electronic tablets, pictures, Makaton and other bespoke methods of communication were also used.
- People and staff were fully involved in things that happened in the service. They were asked for their feedback and ideas and these were used to make improvements. For example, the recruitment of staff, selection of people who came to live at the home and the delivery of autism training.
- People's families said they felt involved in their family member's care. They also said they felt welcome. One relative commented, "Staff keep me up-to-date with what's been happening." An electronic recording system was in place that gave relatives access remotely to information about people and what they were doing, if people wanted to share this information.

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 now remained the same good.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.
- People were involved in the development of their care plans. Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

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.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as menus, activities and more was available in pictorial format for people who may not read.

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

- Records contained some information and staff had a good understanding of people's likes, dislikes and preferences.
- People were encouraged and supported to maintain and build relationships with their friends and family.
- People all went out and spent time in the community. Some people went out independently others were supported with a range of activities. These included, bowling, meals out, going to the cinema, shopping and visiting places of interest. One person told us, "I like going to the cinema, I want to see Aladdin."
- People also followed their own interests indoors such as computing, listening to music, watching television and whatever was of interest to the person. A person told us, "I'm quite a happy in the house, I can go out if I need to."
- People were supported to go on regular holidays and day trips. Some people spoke of trips to a caravan and the country. A person commented, "I've been to Blackpool."

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support although palliative care had been provided to a person previously.
- Peoples' care records contained information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints procedure which was written in a way to help them understand if they did not read. A record of complaints was maintained.

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 requires improvement. At this inspection this key question has now improved to good.

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

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

At the last inspection the provider had failed to notify us of Liberty safeguards. This was a breach of regulation and we issued a fixed penalty notice. The provider successfully appealed against the fixed penalty which was withdrawn.

- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. One relative commented, "I'd give the place 10 out of 10 it's the best place [Name] has ever been" and "People have a better social life than me. They are never in."
- Staff shared the vision of the organisation to provide person-centred care and to put people first. One staff member told us, "I look forward to coming to work."
- Staff were encouraged to develop their skills through training and personal development. Staff were champions and had responsibility for leading on different aspects of care. One staff member commented, "I've just been promoted. I'm doing my PBS training at Northumbria University and then planning to do a management course."
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- There was a well-established governance framework. The registered manager had a very good understanding of their role in ensuring good governance.
- Plans for the further development of the service were thorough, with good governance an integral part of the development strategy.

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

- The organisation was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice. The provider had developed a LOVE (Live our values everyday) Ashdown policy to embed staff learning.
- Strategically the organisation was innovative and ensured it kept up-to-date with best practice This included, positive behaviour strategies. The service was having some notable success with supporting some people who needed extra support to express themselves. Very successful strategies had been developed by the service and other professionals to help people enjoy a more fulfilled life within the community.

- The service supported a national campaign, STOMP (Stopping Over Medication of people with a learning disability, Autism or both). This is about helping people to stay well and have a good quality of life with minimal use of sedative medicines. There was a reduction in the use of such medicines for people.

Continuous learning and improving care

- There was an exceptionally strong focus on continuous learning and improvements and keeping up-to-date with best practice.
- The provider and managers were committed to developing their leadership skills and those of the staff.
- The provider had an excellent record of being a role model for other providers. They worked in conjunction with leading external professionals to improve services for people and raise awareness.
- The provider contributed to and was part of developing a workforce development programme for positive behaviour support with a local university and the Positive Behaviour Academy (PBS). A professional commented, "Thank you for your great presentation at the PBS event yesterday."
- The provider said, "We have mapped out a PBS road map [action plan] for the next 12 months for the company."

Working in partnership with others

- The organisation worked in partnership with Vault, a hotel run by people who lived with autism which helped people find training and job opportunities.
- The service was fully committed to provider forums and events that were organised via the local and health authorities. This included, involvement in a pilot project about assistive technology to help people be supported safely as they became more independent.
- The provider had looked at ways to retain staff and developed a culture club for the retainment of staff. A staff reward scheme was in place called the "Wow wheel" for recognition of staff performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly sought people's views. One person said, "I like living here, I'm looked after very well." People and staff were empowered to voice their opinions, and the management team responded to comments put forward.

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 aware of their responsibilities with regard to Duty of Candour. They told us of how they were open and honest but they had not needed to use the Duty of Candour.