Caretech Community Services (No 2) Limited

Ashwood Place

Inspection report

Sunnyside Close
Hitchin
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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection was carried out on 20 January 2015 and was unannounced. At our previous inspections we identified a breach in relation to Regulation 10 Health and Social care Act 2008 (Regulated activities) Regulations 2010 as systems in place for monitoring and managing the quality of the service were not always effective. However, at this inspection we found that the required improvements had been made. Systems in place to assess and manage the quality of the service were in place and actions developed as a result of these systems were seen to be completed.

Ashwood Place is a care home which provides accommodation and personal care for up to eight people with learning and physical disabilities. At the time of our inspection there were eight people living at the home. 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 and associated Regulations about how the service is run.

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. The manager and staff were familiar with their role in relation to MCA and DoLS.

People were receiving care that met their individual needs. Staff were clear on what support people needed and provided this in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink in a calm and sensitive way.

There was access to visiting health and social care professionals. Staff responded to changing health needs and sought the appropriate guidance or care. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager took all concerns brought to them seriously.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role was and shared the manager's views. The manager was a visible presence in the home and carried out regular monitoring of the service. This provided guidance and leadership for the staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People had the appropriate risk assessments in place to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff working at the service had undergone a robust recruitment process.

Good

Is the service effective?
The service was effective.

People were being supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training.

People were supported to eat and drink sufficient amounts.

Good

Is the service caring?
The service was caring.

People were treated with kindness by the manager and the staff.

People who lived at the home were, where possible, encouraged to be involved in the planning and reviewing of their care.

Privacy was promoted throughout the home.

Good

Is the service responsive?
The service was not always responsive.

People who were living at the service and their relatives were confident to raise concerns and have them dealt with to their satisfaction.

Care plans were specific to people's individual needs and staff were able to tell us how they supported people.

Improvement was needed in relation to the promotion of activities, hobbies and interests.

Requires Improvement

Is the service well-led?
The service was well led.

There were systems in place to monitor, identify and manage the quality of the service

Good

Summary of findings

People who were living at the service, their relatives and staff spoke highly of the manager.

The manager and the provider had ensured they were up to date with changes in requirements.

Ashwood Place

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This visit was carried out by one inspector on 20 January 2015 and was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two relatives, four members of care staff and the manager. We received feedback from health and social care professionals. We viewed three people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People were unable to tell us if they felt safe at Ashwood place. However, relatives of people who lived at the service told us that they were happy that people were safe.

We observed staff supporting people and most staff were assisting in a way that promoted people's safety and welfare. However, we did see examples of poor moving and handling that may have impacted on a person's welfare. We brought this to the manager's attention who immediately took the appropriate action. This included additional supervision, liaising with the local safeguarding team and refreshing staff member's training. Staff were able to describe what abuse was and knew how to report any concerns if they thought a person was at risk. This meant that the manager and staff were aware of how to report and respond appropriately to allegations of abuse.

People had risks to their health, safety and welfare assessed, reviewed and monitored. We saw that there were thorough risk assessments in place and staff were aware of risks to people. The manager reviewed the risk assessments to ensure they were appropriate. The manager reviewed accident and incident forms to ensure people's needs were being met and make changes to people's support plans if needed following an accident. We saw that people had been provided with better chairs which were provided to specifically meet their needs to aid eating and drinking and minimise the risk of pressure ulcers. This information was also shared with the provider to review them to identify trends. This meant that the health and safety of people, staff and the environment was regularly checked to promote people's safety.

Staffing levels at the home were appropriate to meet people's needs. We saw from records that shifts were generally covered by staff employed by the service but where needed, agency staff were used. However, staff did tell us that an increase in needs meant that the morning routine was taking longer and although people's care needs were being met, this was impacting on areas such as activities. The manager had identified that one person's needs had changed and were liaising with the funding authority as they needed additional staffing hours to support them with this.

Staff had undergone robust pre-employment checks to ensure they were the right skill mix and fit to work with people living at Ashwood place. People were supported by staff who were vetted to ensure they were of good character and by staffing levels that ensured their needs were met in a way and timeframe that they required.

People's medicines were managed safely. We observed medicines being administered and saw that staff followed safe working practice. They explained to people what they were being given and why. We saw that staff assisted people to take their medicines in a way and at a pace that met their needs. Records were accurate and medicines were stored safely. There were daily, weekly and monthly checks in place to review records, stock and storage to ensure that there had been no errors. This meant that people were receiving their medicines in accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

People were unable to tell us their views on whether staff had the appropriate skills and training for their role. However, we observed staff supporting people and they displayed the relevant skills and knowledge for the task. For example, using a hoist correctly and assisting someone with eating. Relatives told us that they felt staff provided, “Excellent care.” And that they were confident staff had the right skills for the job.

Staff were able to tell us about how their training had benefitted them in their role. This included pressure care, nutrition, moving and handling and areas specific to people’s needs which included communication. However, we did note that one staff member needed additional training in this area and we brought this to the manager’s attention. We saw from records that staff members’ training was up to date. Staff were knowledgeable about the needs of people they were supporting. One staff member said, “When I work with agency staff, I know they’ve had training but I make sure either myself or another permanent staff member works with them so they do it the right way.” Staff had received induction on starting employment at the service and new staff had a workbook to complete that covered a wide knowledge base. The manager told us there were plans for existing staff to complete this to aid their development and ensure their knowledge and skills were up to date.

Staff also completed training in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of liberty safeguards (DoLS). They were able to tell us what this meant to their roles and how they supported people. We saw that people had their ability to make decisions assessed and reviewed. Where they were assessed as unable to make their own decisions, an advocate of relative was appointed for them. However, we saw staff continue to involve them in decision making. For example, on what they would like to eat and if they would like to wear their shawl to go out.

People were supported to eat and drink sufficient amounts of food and drink. Everyone who lived at the service required full assistance to eat and drink.. We saw staff support them on a one to one basis and in a patient manner. People were supported to keep their mouths and hands clean during meals and staff offered drinks in between. Some people required their food through a Percutaneous Endoscopic Gastrostomy (PEG). This is when food and drink is received through a tube into a person’s stomach. Staff had received training to support people with this and were confident in the carrying out the task. People’s weight and nutritional risk was monitored and there was regular contact with the dietician and other medical professionals in relation to this.

People had regular access to health and social care professionals. Where people displayed symptoms of ill health, staff had contacted the relevant health professional to support them with this. We saw that when a health issue had not resolved, staff followed this up with requesting further visits. There was a record of hospital visits and social care reviews. This meant that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People were unable to tell us if staff were kind and caring. Relatives told us that the staff kind and they were very happy. Relatives told us that relatives of people who had passed away continued to visit the service. They said, “Staff are lovely, always welcoming.” They also said, “The staff are wonderful.”

People were treated with kindness and respect. Throughout the inspection we saw staff show affection to people and that people responded positively to this. Staff communicated well and in a way that met people’s needs. For example, saw one staff member touch faces with a person who had limited eyesight. Staff were clear on how communication was different for each individual and demonstrated this throughout our observations. For example, how they addressed someone, which included banter and they tone of voice

Staff told us they read the care plans to people to help involve them in the planning and reviewing of their care. Staff said that they asked family members about people’s life history and preferences when they were unable to tell them. Family members told us this was the case and they were kept well informed. People also had allocated social care professionals to ensure their needs were being met and preferences were promoted. Staff told us that they also used photographs in people’s rooms to learn about their family members and their previous lifestyle. The service also obtained information prior to admission from other professionals or care providers. Staff told us that they observed people and recorded how they responded to certain things to identify what they like and don’t like. For example, food, personal care and how they spend their day. This meant that staff took steps to ensure that people were involved in the decisions about their care but also gathered information from other sources to ensure people received care that they preferred.

People’s privacy was promoted and staff spoke sensitively about their need for personal care. Bedroom doors were closed while care was delivered and people were dressed appropriately. Records about people were stored securely and information recorded by staff was respectful about the person it related to. This meant that people’s privacy and dignity was respected.

Requires Improvement

Is the service responsive?

Our findings

People received care that was responsive to their needs. Although people were unable to tell us about their experience, we saw that they were supported in a way that was detailed in their care plans.

Care plans were detailed and specific to each person's individual needs. They gave a detailed account of what support with personal care, eating and drinking and their mobility was needed on a 24 hour basis. Staff told us how they supported people with each of these needs and daily notes confirmed that staff followed the care plan. We saw that where people had changing needs, the appropriate assistance and advice was sought and the care plan was updated. For example, when a person needed intervention to ensure they were able to transfer safely and new equipment was provided.

Staff told us that care plans were developed in accordance with people's previous wishes, life history and family member input. They told us how they supported a person to maintain as much independence as they could until they were no longer able. We saw this reflected in the person's care plan. For example, when a person had tried to remain independently mobile they supported them with extra supervision and equipment and only when they became unable to mobilise did they intervene and provide a wheelchair. They continued to acknowledge this person's fluctuating mobility and encourage them to stand when they can.

The activity programme required some improvement. Although some thought had been given to what interests, hobbies, likes and dislikes people had, the activities in the home were limited. We saw that during the week, people regularly went to day centres. However, for those not visiting a day centre, there was nothing for them to get involved in or to provide them with stimulation. Staff told us that there was a weekly activity organiser who came in to do crafts with people for an hour. We saw some of the crafts made with people who lived at the service. There had been no consideration given to people's strengths, abilities or limitations and this meant an activity plan specific to individual needs was not developed.

Staff were aware of people's preferences in music or television programmes and supported them to enjoy this. There was access to a sensory room which staff told us was used when people wanted some quiet and relaxing time. We found that people listened to music and watched TV but little else. The manager had identified this as an area for improvement that they were working on this and the provider had introduced a personalisation week where people were supported do things on a one to one basis. For example, going to the church, going out for lunch and a shopping trip. However, this was an area which required further development to ensure people's interests, hobbies and strengths were promoted.

The service responded to people's feedback and concerns effectively. Relatives told us that when there had been any issues, these were responded to quickly and appropriately. One relative said, "It was dealt with very well, [manager] kept me informed." We viewed the complaints log and saw that there had been very few complaints. Those that had been received had been responded to appropriately and there was a record of action being taken. We saw further evidence of this action in staff supervision records and meeting notes. This meant that the manager listened to people's feedback and used it to improve the service.

Good

Is the service well-led?

Our findings

At our last inspection on 16 June 2014 we identified a breach of regulation in regards to assessing, monitoring and managing the quality of the service. At this inspection we found that the service had made the required improvements.

We saw from records that there was now a robust monitoring of the service using effective systems. Regular meetings had been introduced, the manager was now gaining feedback through surveys, audits were carried out and action plans were developed and implemented. We saw that these quality assurance processes were now in place and included sharing information with the provider who reviewed it. There was a record of when an issue had been identified, what action had been taken, following up on that action and then signed once it was completed. The manager regularly checked daily records, monthly reviews and the medicines to ensure they were able to identify any shortfalls quickly to enable them to take the prompt action needed.

The manager told us they were proud of their staff team and what they had achieved since the last inspection. They told us that the dedication of the staff team was, “Worth shouting about” as this had contributed significantly to the improvements in the home. The manager went on to say that as a team they had worked on improving people’s experiences and ensured that this was monitored through regular checking. There had also been regular training provided to ensure staff had the necessary skills to maintain the standards expected of them. We found that the staff had the appropriate knowledge and skills which had improved the standard of care for people. This included pressure care management, nutrition and promoting dignity and respect..

The manager kept staff informed of what was expected of them. For example, in relation to the standards to be maintained in the home, records to be kept and ensuring people received care and support they needed. This was done through meetings, supervision and training. This provided the manager and staff with opportunities to share information from surveys, complaints, quality assurance systems and any changes to be made.. Staff told us that the manager was available and if they had any comments to make or questions, they would go to them. Staff told us that they discussed people who they supported with the manager, environmental issues and anything else that was needed. One staff member told us that some requests for new equipment were delayed with the provider. However, we noted that the manager had acknowledged this and there was a record of them following up with the provider. The staff shared the same view as the manager and wanted to provide a high standard of care for people who lived at Ashwood place.