Ashington House Limited

Ashington House

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

This inspection took place on 9 December 2016 and was unannounced. Ashington House is a residential care home for up to six adults with learning disabilities. The home has two floors with one wheelchair accessible bedroom on the ground floor and one of the six bedrooms is used to provide respite care. At the time of our inspection, five people were using the service. At the last comprehensive inspection in November 2014, this service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

Since our last comprehensive inspection the provider had made some improvements, most notably to the ways in which they managed the risk of people developing pressure ulcers. At the time of our inspection the service was meeting all relevant fundamental standards.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs and promoted their independence. There were enough staff to keep people safe and recruitment procedures were designed to prevent people from being cared for by unsuitable staff. Medicines were managed safely.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was designed and adapted to meet people's individual needs.

People received a variety of nutritious food that met their individual needs. They received the support they needed to stay healthy and to access healthcare services.

Staff knew people well and had developed positive caring relationships with them. They knew how to communicate information in ways that people understood, which helped enable people to make choices about their care. Staff supported people to take pride in their personal appearance and provided care in a way that promoted people's dignity and independence.

People received personalised support that was responsive to their individual needs. Staff were aware of people's needs, goals, abilities, likes and dislikes. People received support to maintain contact with their families and to meet their religious and cultural needs. People took part in a range of individual and group activities to suit their abilities and interests.

The service had a complaints procedure and this was available in an accessible format. The provider also routinely gathered feedback from people and their representatives through surveys. They used feedback alongside their own audits and quality checks to continually assess, monitor and improve the quality of the

service. The service had a clear vision and values and demonstrated an inclusive and empowering culture where people were involved in the day to day running of the service.

Further information is in the detailed findings in the main body of the report.

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.

The service remains Good.

Is the service effective?

Good

The service was effective.

The service remains Good.

Is the service caring?

Good

The service was caring.

The service remains Good.

Is the service responsive?

Good

The service was responsive.

The service remains Good.

Is the service well-led?

Good

The service was well-led.

The service remains Good.

Ashington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection took place on 9 December 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we observed staff carrying out care tasks and interacting with people. We spoke with one person who used the service, three members of staff and the registered manager. We looked at three people's care plans, three staff files and other records relevant to the management of the service.

Good

Is the service safe?

Our findings

One person told us, "I'm safe here." There were robust procedures in place to protect people from harm and abuse, including financial abuse. Staff we spoke with understood these and knew how to recognise and report suspected or alleged abuse. They recorded any unusual behaviour or unexplained marks on people's bodies. When staff did not follow the procedures designed to protect people's personal finances on one occasion, the registered manager took appropriate action to ensure this did not happen again and that the balance of the person's money was correct. We checked the financial records and petty cash balances for three people and found they were correct.

Staff knew how to record any accidents and incidents that took place and there were systems in place for the provider to learn from these and improve the safety of the service as a result. There had been no major accidents or incidents at the service since our last inspection. We saw the environment was safe with restrictors on windows to prevent people falling from height, hazardous chemicals kept securely to prevent people from coming into contact with them and appropriate fire safety measures in place. Equipment such as hoists and mobility aids was checked and serviced regularly to ensure it was safe to use. Where checks identified safety issues such as water running too hot, the registered manager took action to ensure risks were managed appropriately and people remained safe.

People had individual, personalised risk assessments. Management plans were in place to minimise these risks. Staff understood how to use these and when they should be updated. The registered manager carried out new risk assessments each time people's needs changed or they planned to try a new activity such as bowling or swimming. One person used a wheelchair and there were robust measures in place to reduce the risk of them developing pressure ulcers, which the provider had improved since our last comprehensive inspection. Existing assessments were reviewed regularly to ensure they kept up to date with people's changing needs. Management plans included clear instructions for staff about how to ensure people were safe whilst allowing them as much freedom as possible. Staff received training in responding to behaviour that challenged, including aggressive behaviour, to ensure a consistent response and to help ensure the safety of people, staff and any others present.

There were enough staff to care for people safely. Four staff were assigned per daytime shift to provide care for five people, plus two night staff. Rotas confirmed these levels were met. We saw staff spending time with people during our inspection and saw people did not have to wait for staff if they needed help. The registered manager told us they looked at rotas daily to assess whether extra staff were needed, for example if there were activities taking place outside the home that required extra staff support. The provider had robust recruitment procedures in place to help ensure new staff were suitable to care for people safely. These included checks of identity and right to work in the UK, qualifications and work history, health checks and references.

The service had arrangements in place to ensure the safe handling, administration and recording of medicines. Only assigned senior staff had access to medicines and another senior member of staff was always assigned to double check administration and stocks of medicines on every shift to minimise the risk

of errors. Written guidance was available to staff about what each medicine was for and how they should be administered. There were processes in place to ensure medicines errors were quickly identified and reported to the GP who could advise on what action to take. Records showed that people received their medicines as prescribed. This included medicines to be taken only when required, which had specific instructions about when staff should administer them.

Good

Is the service effective?

Our findings

One person told us, "The staff are good. They know what to do." Staff received a variety of training relevant to their work, to help equip them with the knowledge and skills they needed to perform their roles effectively. Staff received an annual appraisal and had one-to-one supervision on a two-monthly basis to give them opportunities to discuss their work and to provide them with the support they needed to work well. The registered manager told us they attended regular courses to ensure they were up to date with current best practice in social care.

Staff understood the principles of consent and the Mental Capacity Act 2005 (MCA). This provides a framework for making decisions about care and treatment on behalf of people who do not have the capacity to consent to them. Staff told us they always assumed people had the capacity to make decisions about their care unless otherwise demonstrated and that they sought people's consent in the first instance to decisions about their care. Where assessments showed people did not have capacity, the provider arranged meetings with those who were important to people or involved in their care, such as relatives, social workers, advocates and those who were legally authorised to make decisions on people's behalf. This helped to ensure people's rights were upheld and decisions about their care were made in their best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, all five people who used the service were subject to DoLS authorisations. We confirmed that the relevant paperwork was in place, the authorisations were up to date and any conditions were being met. Staff understood what practices might restrict people's freedom and were consistently able to say what they would not do without authorisation, including physical restraint.

One person told us, "It's nice food here." A pictorial menu was on display so people knew what was available to eat. This included choices of different meals. Guidelines were readily available for staff in the kitchen about what each person's needs and preferences were in terms of what they ate and how it was presented. For example, some people required soft mashable food due to choking risks and staff were aware of this. Fresh fruit, drinks and snacks were available throughout the day.

There were systems for staff to monitor aspects of people's health such as their weight, timing and frequency of any seizures they experienced and any other observable changes to people's health. There was evidence that people received the support they needed to access healthcare services when needed, including specialist services that dealt with their individual healthcare needs.

The home environment was arranged and decorated in such a way as to meet people's needs. One person used a wheelchair and their bedroom was on the ground floor with an adjoining bathroom that was equipped to meet their individual needs. We saw that each person's bedroom was personalised and decorated in a unique way and staff told us the rooms were decorated according to people's choices and

preferences. Furniture in communal areas was chosen to meet people's specific needs. For example, we saw one person lying on a large floor cushion and some of the sofas were upholstered with easy to clean materials to suit the needs of some of the people who used them.

Good

Is the service caring?

Our findings

Staff demonstrated that they knew people well and had developed good relationships with them. We observed staff taking an interest in people and asking them about things that were important to the, such as their families and their plans for Christmas. Staff told us about what people liked and disliked and showed that they understood the diverse ways in which people communicated. For example, staff told us that one person was sitting alone had indicated they needed some space. They explained the music that was playing in the room helped the person to feel calm and relaxed. Another member of staff gave us an example of how they helped a person who was upset calm down by offering them a hot drink and talking to them in a soothing way.

People received the support they needed to make decisions about their care. Care plans contained pictures to help people understand the content and be involved in planning and reviewing their care. Staff involved advocates, if people had them, to help ensure people understood the information they received. Staff received training in Makaton, a signing system developed for people with learning disabilities to help them understand verbal information. We observed staff using different communication styles with different people, including signs and gestures to aid communication. Staff told us they learned different ways of communicating with people with learning disabilities through specialist training.

One person told us, "Staff helped me dress up nice." Staff promoted people's dignity by supporting them to take care of their personal appearance. When we visited, people were dressed in smart, good quality clothing as they were going for a meal out. We observed staff complimenting people on their appearance and speaking to them in a respectful way. Staff had supported people to brush their hair and one person showed us they had had a manicure. Care plans contained information about how to promote people's dignity.

Staff demonstrated how they promoted people's independence. For example, one person was encouraged to make their own sandwiches. Staff knew about risks associated with this and were aware of the level of supervision the person needed. We observed staff asking a person if they wanted help to complete a task but the person declined and staff did not intervene.

Good

Is the service responsive?

Our findings

One person told us, "I like Ashington House. I'm happy here." Staff understood people's individual needs and were able to describe in detail how they met them. The provider assessed people's needs and developed person centred care plans that included their health needs, support they needed with daily living tasks, nutrition and hydration and personal care. This included information about what people needed to make them happy and what staff should avoid, their likes and dislikes about how their care was delivered, relevant risks and how to meet their communication needs. Each care plan included goals that staff supported people to achieve, which helped them to develop new skills and enhance their quality of life. Records showed that staff also set goals with people for each day and noted whether these were achieved.

People's social, cultural and religious needs were met. When we arrived at the service, we noticed that the home was decorated for Christmas and Christmas themed music was playing. This was culturally appropriate for all of the people using the service at the time of our inspection. On the day of our visit, staff supported people to visit a restaurant for a special Christmas lunch together. Staff had supported people on an outing to see Christmas lights the week before our inspection. We also saw evidence that people went to church when they wanted to.

People had access to a variety of activities to suit their individual abilities and interests, both at home and in the community. The registered manager told us a pianist visited weekly to play music for people and lead singing sessions. We saw a video recording showing one person recently trying swimming for the first time. The home was equipped with a sensory room containing special lighting and soft furnishings. There were photographs on display showing people on summer holidays with staff in each of the last three years. Each person had an activities timetable, which included photographs of the person doing the activities so they could see what was planned. Although normal activities were suspended on the day of our inspection because of the Christmas meal, records showed that people were usually offered activities every day as planned.

There was a complaints procedure, which was available in accessible format to help people understand how to complain. The registered manager confirmed that they had received no formal complaints since our last inspection and told us if people's relatives had any concerns they would invite them to meet for coffee and an informal discussion. They told us this had reduced the likelihood that people would feel the need to use the formal complaints procedure as they were able to resolve most problems or concerns informally.

Good

Is the service well-led?

Our findings

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

The registered manager told us how they monitored the culture of the service and made sure staff worked in a person-centred way. For example, they spoke with people every day and made sure staff had supported them with personal care and helped them dress in suitable clothes. They told us they reported any incidents or concerns to people's families, social workers and others who were involved with them to help promote openness and transparency. Staff confirmed they were able to express their views at a monthly staff meeting and we saw people, their relatives and professionals working alongside the service had the opportunity to feed back their views via an annual satisfaction survey. This helped promote a culture in which people, staff and relatives felt comfortable expressing their views and were involved in the day-to-day running of the service.

The service had a clear vision and values, which staff were familiar with. Key policies, such as those on equal opportunities and complaints, were displayed where staff could see them to help them become familiar with these. The registered manager told us their aim was to promote people's independence in all parts of their lives. We saw several examples of how they did this by introducing people to new activities and giving them opportunities to try new things. They discussed positive risk taking as part of staff handovers, to ensure staff knew how to support people to do more for themselves by taking risks in positive ways such as trying new activities. They also involved staff and others who knew people well when developing risk management plans and other care documentation, using their experience with supporting people to inform these documents.

Staff were aware of their roles and responsibilities. Specific tasks and responsibilities such as fire marshal, first aider and person in charge of medicines were allocated on every shift and this was recorded. There were systems to ensure the registered manager and staff were able to pass important information to one another and keep lines of communication open. This helped to ensure staff were aware of any changes or special circumstances that affected what people needed on a day to day basis.

The registered manager audited people's financial records weekly. There were also monthly audits of medicines, health and safety and maintenance. The health and safety audit included areas such as staffing levels, staff training, water safety and accidents and incidents. Staff kept records to a high standard, which were both clear and detailed so the provider could easily review and audit them and use care records to help them measure the quality of the service. The provider carried out an unannounced internal audit quarterly and there was evidence that the registered manager carried out corrective actions identified by these in a timely manner to continually improve the quality of the service.