Ashdene House Limited

Ashdene 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

Overall summary

This was an unannounced inspection on 31 October 2014.

Ashdene House, in Ramsgate, provides care for up to 18 adults with a learning disability, mental health condition and / or a physical disability. At the time of our inspection there were 14 people using the service. 11 people lived in the house and three in a cottage within the grounds. The cottage provides accommodation for people whilst they receive support from staff with independent living skills. During the day everyone spent time together or taking part in activities outside the service.

The service is run by a registered manager who was present on the day of 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.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People were assigned a named key worker who

Summary of findings

was responsible for coordinating their day to day needs. Support plans contained personalised information about how each person preferred to be supported. Staff knew people well and appeared to have good relationships with people. The atmosphere was happy and relaxed.

People's preferences, likes and dislikes had been recorded and support was provided in accordance with people's wishes. People were supported, via a range of communication techniques, to be involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.

People were involved in a range of activities both within Ashdene House and in the community. Activities were structured for each person by an activities co-ordinator. Further new activities were being developed with people living at the service.

People were provided with a choice of healthy food and drink which ensured that their nutritional needs were met. People's physical health was monitored as required and people were supported to see healthcare professionals such as GP's, chiropodists, dentists and opticians.

People were protected from the risks associated with medicines because the provider had appropriate systems in place to manage medicines. The registered manager and staff had implemented additional processes to reduce the risk of medication errors.

Staff understood how to protect people from the risk of abuse. They had been trained in safeguarding people and were able to tell us how they would recognise signs of abuse. They understood how to report any concerns of poor practice or abuse and knew about the provider's whistle-blowing policy.

Risks to people's safety were identified and managed appropriately. Risk assessments were detailed and covered potential issues both inside Ashdene House and in the local community. The premises were of suitable design and layout to meet people's needs and keep them safe.

The provider had recruitment and selection processes in place to make sure that staff being employed at the service were of good character. There was an effective training programme to make sure that staff had the skills and knowledge needed to carry out their roles. Staff were encouraged to complete additional training and were enthusiastic about pursuing their qualifications for their personal development. There were sufficient numbers of staff with the right mix of skills, knowledge and experience to meet people's needs.

The provider had systems in place to monitor the quality of the service. The registered manager analysed audits to identify any patterns and trends and to continually improve the service delivered.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made where this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. They were in the process of reassessing people with a view to completing DoLS applications.

Staff were kind, patient and respectful and were aware of how to respect people's dignity and privacy when providing care and support.

The complaints procedure was on display in a format that was accessible to people who used the service. Feedback from people, their relatives and healthcare professionals was encouraged and acted upon wherever possible.

Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within Ashdene House which allowed them to suggest new ideas which were often acted upon.

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.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to protect people from harm.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs. Staff had been vetted and checked before starting work at the service.

Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of people's needs and preferences. Staff said they felt supported. There was regular training and one to one supervision for staff.

Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People maintained good physical and mental health because the service worked closely with health and social care professionals. People's nutritional needs were met by a range of nutritious foods and drinks which people said they enjoyed.

Good

Is the service caring?
The service was caring.

People told us they were happy with their care at the service. Staff spoke and communicated with people in a compassionate way and in a way that they could understand.

Staff were kind, caring and understood people's preferences. People and their relatives were involved in the planning of their care and support.

People were encouraged and supported by staff to maintain their independence. Staff showed empathy and understanding of people's differing needs and interacted with them appropriately.

Good

Is the service responsive?
The service was responsive.

People had individual care plans which were updated as people's needs changed. People received support to keep in touch with friends and family.

Feedback from people, their relatives and healthcare professionals was used to continually improve the service. There was a user friendly complaints procedure. People were treated with dignity and respect and their cultural needs were met.

A range of activities was tailored to each person individually as well as group activities. People had the opportunity to suggest new ideas. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff told us that they were supported by the registered manager. There was an open culture and staff said they were able to discuss any concerns and make suggestions to improve the service and that their views would be listened to.

The registered manager completed regular audits on the quality of the service.

There was a clear management structure for decision making and accountability which provided guidance for staff. Staff were positive about the leadership at the service.

Ashdene 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 inspection took place on 31 October 2014, was unannounced and was carried out by two inspectors.

Before the inspection the provider completed 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. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We met all of the people using the service and had conversations with two of them. We spoke with five members of the staff team and the registered manager. During our inspection we observed how the staff spoke with and engaged with people. Not everyone was able to verbally share with us their experiences of life at the service because of their conditions so 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 looked at how people were supported throughout the day with their daily routines and activities. We reviewed three care plans in detail and looked at specific areas, particularly medicines, in another two plans. We looked at a range of other records, including safety checks, records medicines administration records and service quality checks.

As part of the inspection we also spoke with one health professional who visited the service and asked them what they thought about Ashdene House and the care and support that people received.

At the last inspection in October 2013 we had no concerns.

Is the service safe?

Our findings

People said that they felt safe. We communicated with some people by using body language including thumbs up or down, pictures and objects. People looked comfortable with other people and staff. There were systems in place to identify if people were at risk of harm from themselves or others. Staff had a good understanding of different forms of abuse and they knew how to report any suspicions of abuse. They were familiar with the service's whistleblowing policy. The registered manager had good knowledge of safeguarding protocols and worked with the local safeguarding authority for advice when needed.

Staff supported people in a caring manner, and took time to support people who became agitated or upset. Some people displayed behaviours that challenged other people from time to time. The staff knew how to distract people, or gently remove them from situations which could increase their agitation. Staff had written guidance which detailed what signs to look for, what the possible causes of frustration or agitation might be, steps to take to prevent challenging behaviours, what individuals may do when they display frustration and what actions staff should take. One person could become agitated and they might scream and shout or throw things. Staff had guidance about how to reassure them to make sure they were not scared and felt safe.

There was a reduced risk of people receiving unsafe or inappropriate care because potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments identified possible hazards and explained what control measures were needed to reduce risks without restricting people. There were risk assessments for when people were in the local community, using transport and also whilst in the service. Some people were identified at being at risk from choking and falling over. There was information available for each person to tell staff how to prevent this from happening and instructions for staff for what to do for each individual if they did start to choke or if they fell over.

There were procedures in place for unforeseen emergencies, such as, a person going missing or gas / water leaks. There was a full scale evacuation plan and staff were clear about how to evacuate the building, if needed, and keep people safe. A full scale practice evacuation was carried out annually.

Emergency files were kept in the dining room for easy access. They contained a separate page for each person with their name, date of birth, medical conditions, next of kin or advocate details and a list of medication taken with the dosage. These were updated if anything changed. If there was an emergency, for example, the need to go to hospital or a fire in the service, the files could be picked up quickly by staff and contained the basic information and important information they would need. People had emergency evacuation plans.

People were protected against the risks associated with the unsafe use and management of medicines. There was an in-depth medication policy which was easy to follow and the registered manager, local pharmacy and staff from the provider's head office completed medication audits on a quarterly basis. We observed staff support people to take their medicine and looked at the medicine administration record (MAR) for each person. Each MAR had a photograph of the person on the front to identify them, any allergies, people's medical history and their doctors contact details. People were shown the medicine and given a glass of water with their tablets. Staff stayed with people until they had taken their medicine to make sure it was taken. The MAR was only signed when a person had taken their medicine. People received some medicine as required only when needed (PRN) and this was recorded appropriately on the MAR. Staff also recorded further details on the back of the sheet, which was good practice. This included the time and date and the reason why the PRN was given.

Medicine leaflets were available for people and staff. These were stored in the medication room. The folder of leaflets was updated each time a patient leaflet was updated by the manufacturer. This enabled staff to have up to date information on the medicines people were receiving, including side effects. A copy of the British National Formulary (BNF) was also used for reference by staff. This is a pharmaceutical reference book containing a wide range of information and specific facts about medicines.

There were systems in place to carry out monthly reviews of accidents and incidents. This included analysis of incidents such as self-harm incidents. The registered manager assessed to check if there were any patterns which were contributing to the incidents and accidents, and if there was any action which could be taken to reduce the risks.

Is the service safe?

The provider employed suitable numbers of staff to care for people safely; this took into account the need for some people to have one to one support. The registered manager made sure that there was sufficient staff to support people with activities in the local community. Staff were visible and accessible throughout the day. The registered manager told us that they had been short staffed but that staff had been flexible to ensure all the shifts were covered and that they had now built up a bank of 'flexi staff' to cover emergencies. At the time of the inspection they were recruiting for a deputy manager.

Records showed staff completed an application form and had a formal interview as part of their recruitment. The provider had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Staff had a good understanding of people's needs. We observed staff providing care and support to people throughout our inspection. They adapted the way they approached and communicated with people in accordance with their individual personalities and needs. An example of this was where one person, who did not communicate verbally, used their own form of sign language. All the staff we observed were able to communicate with this person by signing and were able to make sure that the person's needs were met. Staff used picture boards to support people to choose their meals and activities. Staff told us that they all added new pictures to the board. One staff said, "It is really good. Some people can't communicate verbally so will point to what they would prefer for lunch or what they want to drink".

All staff completed an induction and a probationary period. This included training and then shadowing experienced staff to get to know people and their routines and behaviours. Staff were assessed during and at the end of their induction to check that they had attained the right skills and knowledge to be able to care for and support people. People's competencies continued to be assessed through regular training and one to one supervision meetings.

Staff told us that they felt supported and that the training was "good" and "excellent". Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. Most staff had completed training courses on dementia awareness, epilepsy, diabetes and learning disability and autism. Staff were encouraged to attend other specialist training, relevant to their roles, and there were opportunities to discuss personal development at regular one to one supervision meetings with the registered manager.

Where people were unable to give valid consent to their care and support, we found the service was acting in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make certain decisions for themselves. Staff had received training in the MCA, and they were able to demonstrate an understanding of the key principles of the Act. People and their relatives or advocates were involved in making decisions about their care. There were detailed mental capacity assessments referring to specific decisions like managing of finances and taking medicines. Where people were not able to make major decisions, appropriate consultation was undertaken with relevant people such as GP's and relatives to ensure that decisions were being made in the person's best interests. The registered manager was able to show us examples of where these 'best interest meetings' had been used, for example, when someone needed to have major dental treatment which had needed general anaesthetic.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff had been trained on DoLS. The registered manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. The registered manager knew about the recent judicial review and told us that they had been in discussion with their head office about the procedure for DoLS applications to the Local Authority. The registered manager was in the process of reassessing each person to prioritise the applications. They told us that 13 of the 14 people at the service would be having applications completed but this had not been started at the time of the inspection.

The registered manager showed us how the staff rotas were planned and that they took into account staff skills and knowledge. Staff on duty on the day of the inspection matched what we saw on the rota.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us that the food was "nice". Comments from recent surveys with people included, "I would like more chocolate and biscuits" and "very good selection of food". People were encouraged to be involved with the food shopping. On the day of our inspection two people were supported to shop for food for a party being held at the service. Although not all people were able to tell us if they enjoyed their meals we observed the lunch time meal and saw that people ate well and enjoyed it. People sat together in the dining room and there was a cheerful atmosphere. Staff chatted with people while supporting them and encouraged them to eat.

Is the service effective?

Care and support plans were regularly reviewed for their effectiveness and reflected people's changing needs. Where they needed it, people were weighed on a regular basis and staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken and referrals made to make sure people had the care and support they needed.

The design and layout of the service was suitable for people's needs. There was wheelchair access and the building and grounds were adequately maintained. All the rooms were clean, spacious and generally well maintained. Communal areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. Bedrooms were decorated and arranged according to people's choice, preference and need.

People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. We spoke with a nurse who visited the service. They told us that people were well supported by staff. People were always supported by staff to appointments with their doctors, dentists and other health care professionals if the person agreed. The registered manager told us that staff had been working with a speech and language therapist to improve their communication techniques with people.

Is the service caring?

Our findings

People indicated that they were happy living at the service and well looked after. A questionnaire had been sent to relatives in September 2014 and there were many positive comments including: "My relative has been at Ashdene House for 7 years. I'm very happy with all the care he receives. He is happy and I've noticed his behaviour has improved. I admire all the staff and, of course, the manager who is always ready to help with any problem there is. When I visit there is always a nice welcome". "I have always found the staff very friendly and always eager to assist in any matter. They are supportive of my relative – an example is when my relative comes to me for his annual holiday. All travel details and medication requirements and assisted care is covered in full detail and I honestly don't have any worries about the care and safety of my relative".

Most people living at the service were not able to tell us how caring the staff were so we spent time observing whether people were treated with kindness and compassion and their privacy and dignity respected. We used basic signs, such as thumbs up, with some people and they responded positively. Staff interacted with people in a positive, empowering and enabling way and supported people to be as independent as possible. People were calm and relaxed. Staff were considerate and showed kindness, empathy, patience and respect. Some people had limited verbal communication and staff told us how they used facial expressions, objects, signing, gestures and touch to ensure that people's wishes were understood. We saw, throughout the day, that staff had a good understanding of people's needs and used different forms of communication. Many of the people needed one to one support from staff and this was managed in an unobtrusive and sensitive manner. People moved freely around the service and grounds and could choose whether to spend time in their room or in communal areas.

Most of the staff had worked at the service for a number of years and the registered manager told us how important it was for people to know and trust staff. Staff showed us around the service and told us about people who preferred to have their doors open so they could see what was going on. Other people preferred their doors shut and this was respected. Each person had a key to their room although some chose not to use it. Some people showed us their keys which they kept with them. Staff respected people's privacy, knocking before entering and calling out people's names and speaking to them in a cheerful and friendly manner.

Care and support plans were kept securely in a locked office and were located promptly when we asked to see them. Plans included detailed guidelines for activities, such as, dressing and undressing and bathing and showers directed staff. These promoted people's independence by encouraging, prompting and supporting. For example, "Using the flannel, have him pour shower gel and wash his body." and "When finished, prompt him to remove the plug from the drain and use shower head to rinse off the soap and shampoo."

Staff told us that people's care and support plans needed to be very detailed because of their individual complex needs. All the staff we spoke with had an in-depth knowledge of people's needs, preferences and their daily routines. The registered manager told us that staff always spoke with people in private when discussing issues, such as, behaviour, continence, medical and financial matters.

The registered manager and staff told us that people were involved in developing and updating their care plans to "Ensure that staff members can deliver consistent care according to the person's wishes." People were involved in planning and booking medical appointments and this was discussed with people in a way they could understand. Each person had a keyworker. A keyworker is a member of staff allocated to take a lead in coordinating someone's care. The registered manager told us that this was, "An important role to ensure that people's wishes were listened to and acted on".

People were supported to maintain their independence. Staff told us that they encouraged people to attend local community events. One person chose to go out every day on their own. The registered manager said, "His friends do not live at Ashdene House so this important for the person's social needs. Together with this person we developed a way of monitoring his safety without putting a restriction to the time he should be home by". Staff had implemented a system to minimise any risks to this person. For example, they checked that they had their mobile phone with them and how much credit was on it; checked where they were going and made sure they had money

Is the service caring?

with them. A note was made of what this person was wearing when they left the service to identify them quickly if needed. This person rang the service every few hours to update them of where they were and that they were alright.

Is the service responsive?

Our findings

People indicated, using a thumbs up sign, that staff looked after them well and knew how to support them. People were supported to achieve their goals and aspirations. These included activities like attending the local library or planning their own transport for holidays. Some people chose to regularly do voluntary work in the community and were supported by staff to do this. There were effective arrangements in place to support people to have regular contact with the relatives and spend weekends and holidays with them. The registered manager said, "We have good relationships with people's families and this helps us to better understand people's needs".

Each person had a detailed, descriptive care plan which had been written with them and their relatives. They were written in an individual manner and contained information that was important to the person, such as their likes and dislikes, their personal life history, how they communicated and any preferred routines. Plans included details about people's personal care, communication, mental health needs, health and mobility needs. Risk assessments were in place and applicable for the individual person. Care plans were regularly reviewed and any changes to people's needs was noted to make sure that staff had up to date knowledge of people's needs.

The range of activities at the service was directly linked to people's choices and the service employed an activities co-ordinator. Shortly after we arrived House there was an 'armchair exercise' session which most people joined in with. There was a lively atmosphere with music and singing. People followed the movements shown to them. People were smiling and laughing, looked happy and appeared to be enjoying it. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated. During the day people chose to use the service's activity centre to draw and paint. People showed us their pictures and told us that they enjoyed making them. Staff supported people with games of catch using a variety of brightly coloured balls and beanbags. Staff told us, and records confirmed, that people were each asked what activities they would like to do. Responses included swimming, photography, bowling, a puppet show, horse racing and the pub. Staff were seeking out opportunities for people to be able to do the things they wanted.

Regular meetings by staff with people gave them the opportunity to discuss the day to day running of the service and to suggest new activities. They had discussed having a take away meal which was being planned. Minutes of a recent meeting showed that people had discussed having a Halloween party. On the day of the inspection the service was full of shop-bought and handmade Halloween decorations. People showed us that they had made costumes to wear for the party in the evening which staff had helped them to paint and were excited about the party. Two people had been supported by staff to shop for a Halloween tea. Towards the end of our inspection people had changed into their costumes and had their faces painted. They all looked very happy and were enjoying their themed tea. People using the service were able to influence the choice activities and meals. People were supported with daily activities like cleaning and cooking.

People had different religious and cultural preferences. Staff told us how they supported people to follow these and there was clear documented guidance for this. The registered manager told us that they liaised closely with people and their relatives so people were supported to attend churches, mosques and temples. They told us that one person had recently expressed his wish to go to church. Staff had supported them to do so when they wanted to attend.

The registered manager told us that they valued feedback from satisfaction surveys, meetings and supervisions and also from conversations with people and their families, staff, care managers and health professionals to continually improve the service. Responses from these questionnaires were positive.

There was a complaints procedure which was also printed in an easy to read format with pictures. This told people how to make a complaint and who they could raise any concerns with. The registered manager told us, and records confirmed there had been no formal complaints. People we spoke with indicated that they didn't have any complaints and that they were happy. When we asked people who they would talk to if they were worried about anything they pointed to the staff and the registered manager.

Is the service well-led?

Our findings

People benefitted from living in a service that was well-led and managed and that respected people's individuality. People knew the registered manager and staff. The registered manager had been in post for a few months but had worked at the service in different roles for 11 years. He told us that this had allowed him to have an established rapport with people and staff.

The registered manager told us that it was their mission to "Further improve people's community presence by exploring opportunities, events". The registered manager worked with the staff each day to assess the quality of the service. There was a clear management structure for decision making and accountability which provided guidance for staff. Staff were confident and aware of how to raise any concerns and said that they would initially report to the registered manager. We saw examples of when this had happened and that concerns had been dealt with appropriately. The registered manager had a clear understanding of their responsibilities and told us that, where needed, they were supported by staff at the head office. They submitted notifications to us in an appropriate and timely manner in line with our guidelines.

The registered manager told us, "We try to have a medication system as simple as possible so less mistakes are made". It was not possible for staff to carry out administration of medicines in any particular order because of people's varying needs. The registered manager and staff had implemented a system using laminated cards with people's initials on – this enabled staff to mark off when each person had received their medicine and helped avoid the risk of missed medicine. This system had been specifically designed to meet the individual needs of the people using the service.

Staff were positive about the leadership of the service. Staff we spoke with told us that there was an open yet respectful and professional relationship among everyone. Staff said that they were, "Well supported" and that "Everyone works together closely as a team".

Regular staff meetings highlighted any changes or concerns with people's care and support. Organisational changes including policy changes and health and safety and training were discussed. Where lessons could be learned from achievements, concerns, accidents or incidents these were discussed. Staff were involved in identifying ways to improve the quality of the service people received. They told us they were encouraged to put forward ideas and that they felt they were listened to. The registered manager listened to ideas from staff and had made changes. An example of this was the laminated medicine cards with people's initials on.

There was an effective system in place to monitor the service people received. Regular quality checks were completed by the registered manager on key things, such as, fire safety equipment and medicines to make sure that they were efficient and safe. Accidents and incidents were appropriately recorded, formed part of the quality assurance process and were analysed by the registered manager to identify any patterns or trends and to minimise risks to people. Feedback on the service was gained through surveys to people, their relatives and visiting healthcare professionals. All the comments we saw were very positive and complimentary of the service, the staff and the registered manager. Staff spoke with people to assess that their needs were being met.

The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.