Care Quality Commission

Ashley Healthcare Limited

Ashleigh 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 inspection took place on 11 December 2015 and was unannounced.

Ashley House is a residential home that provides accommodation and support to up to ten people with mental health needs in the London Borough of Lewisham. At the time of the inspection there were eight people living at the service.

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 2008 and associated Regulations about how the service is run.

People received their medicines as prescribed and safely. The service had robust systems in place to ensure the safe management of medicines. Staff received ongoing training in safe handling of medicines.

People were protected against the risk of abuse by staff that had clear knowledge on how to identify the different types of abuse and how to report their concerns. The

Summary of findings

service had clear risk assessments in place that identified known risks and guidelines in place to mitigate the risks. Risk assessments were regularly reviewed to reflect people's changing needs.

Care plans were person centred and where possible people were encouraged to contribute to the development of their care plan. Care plans were regularly reviewed and contained detailed information about all aspects of the care provided. Care plans accurately reflected people's changing needs.

People did not have their liberty restricted unlawfully. The service demonstrated good practice in protecting people's liberty and following the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

The service had undertaken the appropriate checks to ensure people were supported by staff deemed suitable to work within the service. The service provided new employees with robust inductions, which were extended should staff require additional support and training. Staff received regular support, supervisions and appraisals to help them reflect on their work and identify training and development needs. People were supported by sufficient numbers of staff, who received ongoing training in all mandatory areas to meet people's needs

People received care and support from staff that treated them with dignity and respect. Staff sought peoples consent prior to delivering care.

People had access to sufficient food and drink to meet their nutritional needs and were supported to access health care professionals to support and maintain their health care needs.

People were encouraged to participate in a wide range of activities both in the service and when accessing the local community.

The registered manager operated an open-door policy, whereby people, staff and visitors could meet with the registered manager to discuss any areas of concern or seek guidance and support. The registered manager valued people, staff input, and acted swiftly to concerns and complaints.

The service carried out regular comprehensive audits of the service and actively sought feedback of the delivery of care by way of team meetings, house meetings, review meetings and quality assurance questionnaires.

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?

Good

The service was safe. People were protected against the risk of abuse by staff that had comprehensive knowledge of the signs of abuse and the process of reporting concerns. Staff had a clear understanding of safeguarding people and their responsibility in doing so.

People were protected against known risks. The service had comprehensive risk assessments in place to safely minimise risks to people. Risk assessments were reviewed regularly to reflect people's changing needs.

People received their medicines safely and as prescribed. The service had robust systems in place to ensure the safe management of medicines.

People were supported by sufficient numbers of staff to meet their needs. Rotas reflected people's needs and the service increased staffing levels if people's needs dictated this.

Is the service effective?

Good

The service was effective. People received care and support from staff that were knowledgeable and had the skills required to carry out their role.

People's consent was sought prior to care being delivered.

People were supported to have sufficient amounts to eat and drink throughout the day. People were encouraged to maintain a healthy diet according to their needs.

People were supported to maintain good health. The service regularly supported people to access health care facilities to monitor and address any health care needs identified.

Is the service caring?

Good

The service was caring. People were supported to make decisions about the care they received.

People were treated with dignity and respect at all times.

People were given information and explanations in a manner they understood. Staff sought external support for people for who English was not their first language.

Is the service responsive?

Good

The service was responsive. The service had systems in place to ensure people's concerns and complaints were listened to and acted on in a timely manner.

Care plans were person centred and detailed people's preferences. Care plans were reviewed regularly to reflect people's changing needs.

People were encouraged to make choices about the care and support they received. Staff actively encouraged people's independence, which enabled them to gain further skills.

People accessed activities both in house and in the local community of their choice.

Summary of findings

Is the service well-led?

Good

The service was well led. The registered manager promoted an open and inclusive service where people were listened to and supported.

The service actively sought feedback on the delivery of care though meetings and quality assurance questionnaires. Feedback was reviewed and where appropriate acted on.

The registered manager actively sought partnership working with other health care professionals to improve the quality of the service provision.

Ashleigh 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 December 2015 and was unannounced. The inspection was carried out by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports, safeguarding and other information shared with us.

During the inspection, we spoke with three people, two care workers, the registered manager and the provider. We also carried out observations of staff interacting with people. We reviewed four care plans, four MARS (medicine administration recording sheets), three staff files and other documents related to the management of the service. After the inspection, we spoke with two relatives, a pharmacist, care co-ordinator and a consultant psychiatrist.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, “I feel really safe here”. A health care professional we spoke with told us, “I have no concerns and believe that people are safe”.

People were protected against the risk of abuse. Staff had a clear understanding of their roles and responsibilities in protecting the people they support and were able to clearly identify the different types of abuse. We spoke with staff who told us, “I would report any suspected abuse to the registered manager or the local authority or CQC. We are here to protect people and I will whistle blow if that’s what’s needed”. The service had the contact details of the local safeguarding team on display within the service for people to read.

People were protected against the risk of poor medicine management. People told us, “I take a lot of medicine. I’ve picked up and seen the different medicine, but I don’t know the names of them, I take several tablets.” A health care professional told us, “We have never had any concerns raised by the service or by others regarding the medicines managed by the service”. The service demonstrated good practice in the administration, recording and storage of people’s medicine. We looked at four medicine administration- record sheets (MARS) and found all had people’s names, date of birth and known allergies clearly recorded. The name of the medicine, dose, route and frequency of administration were accurately documented. The service carried out regular audits of medicine to ensure any errors were identified quickly and actions taken to minimise further errors. The service also had robust protocols in place for staff to follow when administering PRN [as and when required] medicines.

People were protected against known risks. The service had robust risk assessments in place, which identified known risks and provided staff with guidelines on how to minimise these risks. For example, we saw risk assessments relating to, mental health, accessing the community, communication and behaviours that others may find challenging. Risk assessments stated the risk, the objective, level of intervention and a review of the incident. Risk assessments were regularly reviewed to take into account incidents that had occurred and how to best reduce the risk of a reoccurrence. The registered manager told us that risk assessments were also amended to reflect people’s changing needs.

The service had robust systems in place to safely recruit suitable staff. Staff underwent thorough checks to ensure their suitability for example we looked at staff files and found that prior to receiving an offer of employment, necessary checks had been undertaken. For example, disclosure and barring services (DBS) criminal checks, two written references, and proof of address and photo identification. The service carried out assessments of staff’s competency to ensure they had sufficient knowledge and to identify any areas they may require additional support in order to carry out their role throughout their initial induction.

People were supported by sufficient numbers of staff to ensure their needs were met. One care worker we spoke with told us, “We don’t use agency staff; I don’t feel that we need more staff. There are enough of us [care workers] to cover sickness and holiday absences”. We looked at the rota and found there were sufficient numbers of staff on duty at all times to ensure people could participate in activities, access the local community, and attend appointments safely. Staffing levels were flexible, meaning that there could be an increase in levels if people’s needs indicated this was necessary.

People were supported by a team of staff who learnt from accidents and incidents. Accidents and incidents were recorded and reviewed by the registered manager swiftly and where appropriate action taken to minimise the risk of a repeat incident. We saw that the registered manager had ensured that a member of staff was present at each meal to support one person who had struggled to eat due to a risk of chocking.

Good

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff who met their needs. One person told us, "They [staff] help me with anything I need". A health care professional told us, "The staff are skilled to look after the people that live at Ashley House". Upon commencing employment, staff underwent an induction within the home to familiarise them with the people they would be supporting, the expectations of the service and to ensure they possessed the core skills in health and social care. Staff told us, "My induction was very thorough, it lasted about two weeks and I was supported". Another staff member told us, "My induction helped prepare me for the job".

Staff told us they found all training valuable and enabled them to effectively carry out their roles and responsibilities. Staff felt they could approach the registered manager and request additional training if they felt this would be of benefit to people they supported. A health care professional we spoke with told us staff were competent in providing care and support to people they supported. Records showed staff had undertaken all mandatory training including, principles of care, person centred care, first aid and safeguarding. The service also supported care workers to undertake NVQ level 3 (National Vocational Qualification). Both classroom based and E-learning was available to staff. This meant that people were supported by staff who received on-going and current training to meet their needs.

People were supported by staff who received regular supervisions and annual appraisals. Staff told us they found supervisions beneficial and could request additional supervisions if they wished. We looked at staff supervision files and found discussions around choice promotion, whistleblowing, affording equal opportunities and DoLS were documented. Supervisions evidenced the support and encouragement provided by the registered manager to improve the quality of care delivered by staff.

People were supported to eat and drink sufficient amounts of food and drink to ensure their nutritional needs were met. People told us, "I have a choice about what I eat and don't eat." During the inspection, we observed staff offering people choices for their lunch. We looked at the menu and saw that there were sufficient choices available to people. Staff told us and we observed people choosing when to have their lunch and people were given the choice of eating with their peers or in their rooms. We observed lunch being served in the main dining room and found staff supported people to help lay the table and clear away their own dishes. People were supported to eat their meals at a pace that suited them and the atmosphere was relaxed and unhurried.

Care plans detailed people's health needs including nutritional requirements and how these were being met. For example, we looked at one care plan that had detailed a person's fluid and food intake on a daily basis. Staff also monitored the person's BMI (Body Mass Index) and weight on a regular basis to ensure they maintained a healthy weight and were not at risk of weight related health issues. Details of concerns regarding people's nutritional needs were quickly reported to external health care professionals to gain further support and where required medical intervention.

People were not deprived of their liberty unlawfully. Both staff and the registered manager had good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities within the legal framework. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

People were encouraged to safely access the local community in line with agreed care plans and risk assessments, whether this be independently or with direct support from staff. Documentation confirmed that staff had received MCA and DoLS training. At the time of the inspection, one person was subject of a DoLS authorisation due to known safety issues when accessing the community. The service had followed the correct process to ensure the person was not deprived of their liberty unlawfully.

People's consent was sought at all times. People told us, "I do get to choose what happens with my life". A relative told us, "They ask [relative] what he/she would like to do and let him make his own decisions". Throughout the inspection, we observed staff seeking people's consent when interacting. For example, staff would ask people if they wanted support with daily living skills and if they wanted to access the community or remain within the home. Staff

Good

Is the service effective?

were observed respecting the decisions people made. When asked staff told us, “Its vital that we seek people’s consent and we do this with every aspect of care we provide”.

Good

Is the service caring?

Our findings

People told us staff were caring towards them and helped them when asked. One person told us, "Yes they [staff] care about me". A health care professional told us they found the staff to be caring towards people and that staff went the extra mile to meet people's needs. Throughout the inspection, we observed staff interacting with people in a kind and caring manner. Staff spent time talking to people, listening to their concerns and offering them solutions and guidance where appropriate.

People were treated with dignity and respect at all times. One person told us, "My bedroom door is locked, they [staff] do have a key and can open it if needed but they are respectful". We observed staff knocking on peoples doors seeking permission to enter their rooms at all times. Relatives told us they felt staff were respectful of their relative and that if they were not their relative would inform them. A health care professional told us, "Staff are respectful of people's privacy and whilst I don't see the day to day working environment, I do see staff affording respect towards people". Another health care professional told us, "I haven't noticed anyone not being treated with respect". Staff told us, "We ask them [people] if they want support, we get their permission first and always respect their privacy". Another staff member told us, "We respect people's religious beliefs, sexual orientation, choices and their freedom to express their dissatisfaction with the care they receive, respecting people is what we do".

People were encouraged to maintain their independence. People told us, "I can go out when I want to". A relative told us people were supported to be as independent as possible where appropriate and safe to do so. A health care professional told us, "People are encouraged to do things and make their own choices". Staff told us, "We help people to do things but we do try to get them to do things for themselves first". During the inspection, we observed people accessing the local community independently of staff.

People were given information and explanations about the care and support they received. A relative told us, "The staff keep us informed about what's going on with [relative] they always share any concerns they may have". A health care professional told us, "Staff are communicative, they provide us with helpful and accurate clinical information". During the inspection, we observed staff informing people of what the plans were for the day. Staff used their knowledge of people they supported to ensure the information and explanations was shared in a way that people could understand

Staff were aware of the importance of maintaining people's confidentiality and their responsibilities in ensuring this happened. Staff told us, "We [staff] wouldn't expect people to break our confidence and people should expect that we wouldn't break theirs." Another staff member told us, "If someone does ask to speak to us in confidence we would tell them that we may need to tell our seniors if it's something that means the person is at risk of harm".

People were supported by staff that advocated for them. Documents reviewed showed that during supervisions and team meetings staff had advocated on people's behalf, for example when planning activities, or purchasing items people required. We spoke with relatives and health care professionals who gave positive feedback regarding the care and support people received at Ashley House. Relatives told us that they were able to advocate for their relatives and involved in CPA meetings whereby they could share their views. One relative told us, "If there were any problems or we felt that the service needed to implement something, I know the registered manager would listen to us and take on board our suggestions". The registered manager told us, "People that have the capacity to make informed decisions do so and therefore do not have an independent advocate however one person who does require an advocate has one". The registered manager was aware of local organisations that provided advocacy services should it become evident this was required.

Good

Is the service responsive?

Our findings

People received person centred care. A relative told us, "I haven't been involved in the care planning but we are kept up to date of any changes and can share our views". A health care professional told us, "I have never been denied access to people's care records, the CPA's are person centred". Care plans we reviewed were person centred and contained relevant information that enabled staff to meet people's needs. For example care plans contained information about people's history, preferences, diagnosis, mental health monitoring and care needs.

People were supported by staff that had up-to-date information about their care needs The registered manager regularly reviewed care plans and updated them to reflect people's changing needs; and ensured staff were aware of changes made by documenting this in the communication book, which staff read at the beginning of each shift. Team meetings were also used to discuss changes to care plans.

The service held regular CPA meetings with key health care professionals to reflect on people's mental health needs and areas that require support. The Care Programme Approach (CPA) is a process that ensures services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. We spoke with two health care professionals who told us, the service provided them with clear information on people, which was accurate and reflected people's presentation. A relative told us, "I am invited to attend all CPA meetings which I attend. We discuss how my relative is doing and can suggest areas that require improvement if we felt this necessary".

People were encouraged to participate in a wide range of activities. People told us, "I can go out to the shops or visit a relative if I want to". Another person told us, "I sit and read. I just read the newspaper. At times I go down the road to get things." A relative told us, "It would be nice to see the staff encourage people more to engage in in-house activities more." A health care professional told us, "There are activities provided and people are encouraged to participate, but they have the capacity to decline to do so". At the time of the inspection people were participating in activities of their choice, for example, one person was watching television in the main lounge, another person was reading their newspaper they had purchased from the local shop and another person was out in the local community. When speaking with staff they told us, "We invite people to engage with their peers and participate in activities and we try to reflect people's cultural backgrounds in the activities we do like going to church. But people have the capacity to say they don't want to do things". The service had numerous activities for people to engage with including board games and a library of books and a house computer.

Staff had adequate knowledge of the impact of social isolation can have on people. A relative told us, "They [staff] do try to engage [relative] in activities but are also aware of when they need to give him/her his own personal space, they know [relative] well enough to know the signs". Staff were able to clearly describe the negative impact on social isolation however were respectful of people's choices and preferences.

People were not always familiar on how to raise complaints. One person we spoke with told us, "No, I don't really know. I've never made a complaint." A relative told us, "If [relative] has a concern or a complaint he/she would talk to us and we would address this for him/her". A health care professional told us, "I have never heard anyone [people] complain about the care they receive". The service had a complaints poster available to all in the main hallway, which highlighted who to contact if they wished to raise a complaint, for example the local authority safeguarding team. Staff told us, "People have raised concerns with the registered manager and he does take action and is very good at communicating the action he is/has taken". We looked at the complaints file and found the service had received two in the last 12 months. The registered manager had taken appropriate action in a timely manner, which lead to a positive outcome for those, involved.

Good

Is the service well-led?

Our findings

People, relatives, staff and health care professionals spoke highly of the registered manager. A relative told us, "He [registered manager] is good, he keeps us informed of what's happening with [relative]". A health care professional told us, "The registered manager is very helpful, the care he provides seems reasonable and appropriate. I am confident that we hear of any changes to a person's mental health status". Another health care professional told us, "The service is managed well". Staff told us, He [registered manager] seeks our ideas and views, he asks us what we think". Another care worker told us, "I would most definitely be happy if any of my loved ones lived here, If you have any doubts he [registered manager] will take the time to find out what is going on and go through things with you. He always informs us of what's going on."

People were supported by an inclusive, supportive and knowledgeable registered manager. People told us they could approach the registered manager at any time, this was visible throughout the inspection. The registered manager operated an open door policy, where people, staff and visitors could meet with him at a time that suited them. We observed people accessing the office to speak with the registered manager regarding any concerns they had. We also observed people accessing the office to inform the registered manager of positive news they had. The registered manager made himself available to people and worked on shift during the week to ensure he had hands on experience of people's needs and to maintain a positive working relationship with the staff.

The registered manager had encouraged an open and inclusive culture within the service, where people's views were regularly sought. One person told us, "The registered manager asks me for my views/opinions verbally". A relative told us, "We complete a questionnaire about the service and if we have any recommendations I know we would be listened to". The service questioned practice by sending out quality assurance questionnaires to people, their relatives, staff and other health care professionals yearly.

Questionnaires asked for feedback on the service provision in relation to staffing, health and safety, well-being, activities, choice and other aspects of the service. We looked at the 2015 completed questionnaires and found the service received positive feedback regarding the care provided. A relative raised one comment regarding the amount of activities, we spoke with the registered manager about this who told us, "We do try to encourage people to participate in activities that would be of interest to them however they do have the capacity to decline". This meant that the service was responsive in identifying areas of improvement and where appropriate acted on these in a timely manner.

The registered manager actively encouraged partnership working. The registered manager told us, "We have maintained positive relationships with health care professionals, they support and guide us to accomplish meeting people's needs". Records showed the service had sought involvement from health care professionals in delivering care to people that was person centred and tailored to their needs. For example, we saw evidence the service had requested involvement from the local mental health team when concerned about someone's presentation. This meant that the service worked in conjunction with external professionals to reach positive outcomes for people.

The service carried out regular audits of the service for example we saw documentation relating to audits of health and safety, fire safety, food and food hygiene, medicine and other audits relating to the ongoing management of the service. Audits were carried out daily, weekly, monthly and yearly and were up to date. The registered manager reviewed the audits to ensure areas of concern identified were noted and timely action taken to rectify them. We saw evidence that staff highlighted maintenance issues and the registered manager took immediate action to resolve the issues. For example issues relating to people smoking in their rooms had been addressed with the local fire officer to gain guidance and ensure people were kept safe within the service.