Leonard Cheshire Disability

Ashwood - Care Home Learning Disabilities

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

The inspection took place on 6 August 2015 and was unannounced.

Ashwood is a large detached Victorian house that provides care for up to eight people with a learning disability and/or other complex needs. It is situated near to the town centre and shops, a local park and the beach. At the time of our inspection, there were eight people living at the home, some of whom had lived at Ashwood in excess of 20 years. All bedrooms are single occupancy, apart from one room, which two ladies share. All rooms are equipped with wash handbasins. Bathrooms on the ground and first floor are fitted out as wet rooms. People have access to the kitchen and laundry room beyond, a sitting room and a dining room. The property is surrounded by gardens which are accessible to people.

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

Summary of findings

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 were protected from harm by trained staff who knew how to keep people safe and what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. When accidents or incidents occurred, risk assessments were updated as needed. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Regular supervision meetings were organised and the new team leader was in the process of planning supervisions with staff as well as annual appraisals. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager was seeking authorisation for people under the Deprivation of Liberty Safeguards legislation. People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided comprehensive information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. Some people went to a day centre during the day and there was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy, but there had been no formal complaints logged in the previous year.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. The provider organised on-line national surveys for friends, relatives and staff to feedback their views about the service. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

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Summary of findings

each shift. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager was seeking authorisation for people under the Deprivation of Liberty Safeguards legislation. People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

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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 were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had received all essential training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and specialist diets were catered for. A variety of professionals supported people to maintain good health.

Good

Is the service caring?
The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were encouraged to express their views and communicated these in a variety of ways.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Many people went out to a day centre during the day. Other activities were also available according to people's preferences.

Complaints were acted upon in line with the provider's policy. No complaints had been received in the last year.

Good

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

People gave their feedback about the service provided by communicating their views to their keyworker.

Staff were supported to question practice and asked for their views about Ashwood through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

Good

Ashwood - Care Home Learning Disabilities

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.

This inspection took place on 6 August 2015 and was unannounced. One inspector undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection we met with eight people living at the service. Due to the nature of people's complex needs, we did not ask direct questions. For some people, being asked questions by an inspector would have proved too distressing. We did, however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the team leader, an administrator and a support worker.

The service was last inspected in September 2013 and there were no concerns.

Good

Is the service safe?

Our findings

In our observations during the inspection, people were supported by staff to be safe. People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report it firstly to [named team leader]. If he couldn't deal with it, then [named registered manager]". Another member of care staff said, "I'd speak to my manager. If she was away, I would go to the manager on call" and added, "If I saw evidence of harm I would complete an incident form". Staff had received training in adults at risk and were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Accidents and incidents were dealt with appropriately, recorded and reported promptly to the registered manager by staff. The registered manager would then investigate the accident or incident, take any further necessary action and log this information on to the provider's database. Risk assessments were reviewed when needed following an accident or incident, but at least annually and care records confirmed this. One person's care record showed they had been identified and assessed as at risk in relation to taking a shower, safety in the kitchen, finances, falls, in their room at night and out in the community. General risk assessments such as pedestrian access to the home, using a wheelchair, use of the kitchen and infection control were all in place. Risk assessments provided information to staff and guidance on how people should be looked after to keep them safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A minimum of two care staff were on duty throughout the day and night. In addition, the registered manager was also available to provide additional cover. The registered manager was in the process of recruiting to staff vacancies that had recently occurred. Where necessary, agency staff were used to ensure people were safely supported. One of the staff told us, "We try to use the same agency staff", so that people were familiar with the staff who were caring for them. Safe recruitment practices were followed and staff records confirmed that new staff were vetted before they were allowed to start work, to ensure they were safe to work with adults at risk.

Medicines were managed so that people received them safely. Medicines were stored in individual lockable cabinets in people's bedrooms. These cabinets were only accessible to staff who kept the keys safely and were trained in the administration of medicines. Staff confirmed they had been trained and that their training was regularly updated. A 'medication profile' had been completed for each person which showed the prescribed medicines that needed to be administered and any topical creams to be applied. Topical creams were kept in individual, transparent bags for people in a locked upstairs office; where necessary, creams were stored in a refrigerator to maintain their effectiveness. The provider had a medicines policy which had been read by all staff who administered medicines. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. Medicines were ordered in a timely fashion and any unwanted or out of date medicines were disposed of safely.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff followed the provider's induction programme 'Welcome to Leonard Cheshire Disability' and commenced their training. In addition, they would shadow experienced staff as they learned about their job role and began to get to know the people they would be supporting. One member of staff described the induction programme at one of the provider's other locations and said, "Then I came here and did two shadow shifts and then I did a shift and [named team leader] followed me".

Staff received all essential training, which was managed by the provider, in a range of areas. These related to safety: fire, manual handling, food hygiene, infection control, food and nutrition and training that focused on people and on communication. Staff were also encouraged to work towards external qualifications, for example, some staff had achieved a National Vocational Qualification Level 3 in Health and Social Care. The provider had an online system where reminders were sent to the registered manager when staff training was due. The registered manager then contacted staff and arranged for them to attend the training. Records confirmed that staff training was up to date.

Staff had supervision meetings with their managers and staff records confirmed that staff had received at least two supervisions in 2015. Issues such as people, holidays, handovers, keyworking, learning and development and medicines were discussed. Progress was measured against the previous supervision, strengths and areas for improvement were discussed and action points set. Not all staff, who had been in post in excess of a year, had received an appraisal within the last 12 months. However, only a few staff met this criterion. The registered manager said that some appraisals had been undertaken by the team leader, but then they left. A new team leader had been appointed and was in the process of organising supervision meetings and appraisals for all staff.

Team meetings were held with staff, usually every quarter. At a team meeting held in March 2015, the minutes recorded that discussion had taken place on health and safety, night duty, sleep-in staff, laundry, an allergen quiz and issues relating to people living at the service. Handover meetings were held three times a day between shifts and these afforded regular opportunities for the registered manager and staff to meet and discuss issues informally.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. Some people had good verbal communication skills and were able to make day-to-day decisions, whilst others with more complex needs used signs or body language to indicate their agreement to care. People had been assessed on their capacity to make decisions and records confirmed this. Where people had been assessed as being unable to make a decision, then a Best Interest meeting was held. This is where health and social care professionals, and people's relatives, get together to make a decision on the person's behalf. A Best Interest meeting was held for one person when they left hospital, to ensure that the provider could meet their changed needs on their return from hospital. A member of staff, referring to these meetings, told us, "Nobody here has capacity. Other people make decisions for them". Another member of staff demonstrated their understanding of the MCA and said it was about, "Looking at someone and assessing whether they fully understand a certain situation".

Everyone living at the home was subject to Deprivation of Liberty Safeguards (DoLS) and the registered manager had applied for authorisation of DoLS from the local authority. None had yet been authorised, due to the high volume of DoLS that had been submitted to the local authority from across the county. DoLS protects the rights of people by ensuring 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.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. The main meal of the day was served in the evening as the majority of people were out during the day. Menus were planned over a three week cycle and took account of people's likes and dislikes. Main meal choices for the current week included minced beef and vegetables, chicken curry and rice, fishfingers, mashed potato and beans and lamb hot pot. If people did not like the main meal on offer, then there were always alternatives available. The registered manager said that people liked to

Good

Is the service effective?

have a takeaway meal too, for example, if it was someone's birthday. Care staff prepared and cooked the evening meal and people were encouraged to help with this. A member of staff said, "Sometimes we eat with the residents". Some people were at risk of malnutrition and had been assessed by a speech and language therapist. Appropriate diets were in place that were of a higher calorific value or were blended so that people could eat their food easily. Records were kept of the amount people ate and drank. Weights were recorded monthly for each person, so that any increase or decrease in weight could be monitored and managed safely.

People were supported to maintain good health and had access to healthcare services. People received support from a variety of professionals such as a GP, dentist, optician and chiropodist. A member of staff told us, "We take them to hospital, their doctor or dentist. The chiropodist visits every six weeks". Care records confirmed that people had visited a range of healthcare professionals. Hospital passports had also been drawn up for people. These provided essential information about people if they had to be admitted to hospital.

People's individual needs were met by the adaptation, design and decoration of the service. Bathrooms were fitted out as wet rooms which made them more accessible for people. People's rooms were decorated in their favourite colours and were personalised, with photos and posters on display. Every room had some sort of cooling system which could be operated during the hot weather.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people were cared for by kind, caring and attentive staff who understood their individual needs. When asked about people's preferences and choices, one member of staff said, "A lot of it's written in their care plans. Just by getting to know them really and asking". People could choose whether they wished to be cared for by male or female staff. Many people chose to attend a day centre and communication books were completed and travelled with people. This enabled staff at either the home or the centre to understand how people were feeling and what they had done during the day.

The service supported people to express their views and to be actively involved in making decisions about their care, treatment and support as much as possible. One member of staff described this as a challenge and said that many people were unable to communicate verbally. They referred to, "The detective work of trying to find out why people are behaving differently". Staff were able to understand people's body language and various signs were used to enable people to understand and communicate effectively.

Care plans had been signed by some people to indicate they had been involved in decisions about their care. People were allocated their own keyworker who co-ordinated all aspects of their care. Keyworkers met regularly with people to review their care on a monthly basis.

People's privacy and dignity were respected and promoted. When staff were asked about this, one said, "It's their home, it's about treating them like you would anyone else". Another member of staff said, "I try and imagine that everyone I'm caring for is like someone I loved to be cared for". When asked how they would assist someone with their personal care, a member of staff told us, "I always ask them. We try and encourage people to be as independent as possible". They added that they would also give people privacy by making sure that they were covered up, curtains were closed and people's bedroom doors were shut. A member of staff explained, "I'm proud of the fact that I always try my best and treat them respectfully".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans reflected how people liked to receive their care, treatment and support. 'Essential lifestyle plans' had been drawn up for people. These plans provided information about people such as: 'People who are special to me. What I enjoy. Things in my life. What people who know me say is not so good about me'. One plan recorded, 'I can be lazy at times. I break my personal things when I am bored of them and want something new'. Care records were person-centred and included personal profiles about people including areas where they needed support, such as mobility, communication, eating and drinking and personal care. People's interests were also included, as well as their aspirations and hopes for the future. A member of staff told us, "Every person has a keyworker. It's my job to update everything" and referred to care plans. Care plans provided comprehensive information and guidance to staff on how they should support people.

People enjoyed going out with staff, for example, for a coffee and cake, hot chocolate and marshmallows or a meal. There were also opportunities for people to walk to the park or go to the beach and have an ice-cream. Daytime activities were organised for everyone, according to their preferences. The majority of people chose to attend a day centre. A visit to the pantomime was planned at Christmas. A couple of people stayed at home during the day we visited. We observed them looking at magazines and store catalogues which they appeared to enjoy. Another person spent the day out on the river with staff and had liked feeding the ducks.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. We were told that, if people had a complaint, "They will tell you immediately and it can often be about food". Formal complaints had to be recorded on the provider's on-line system within 48 hours. The registered manager said she would always check with the complainant to ensure they were happy with the outcome and any action taken as a result of the complaint raised. No formal complaints had been received by the service within the last year.

Good

Is the service well-led?

Our findings

The service promoted a positive culture and people were involved in developing the service as much as possible. Residents' meetings were not held as these had been assessed as not being an appropriate method of obtaining people's views. Instead people met with their keyworker on an individual basis. Any views could then be listened to and addressed. The service did not have any feedback from friends and family that related to Ashwood specifically. However, the provider did invite friends and families to complete a survey on a national basis. The last survey, completed between June and December 2014 showed that 87% of respondents were either happy or very happy with the service their friend or relatives received. Respondents had also given their views about the accommodation provided, food, laundry, transport and activities provided for people. The provider had received responses across its various service types: residential care, day support and people receiving care at home.

The culture of the home was one of 'homeliness' and we observed this throughout the day. When people returned from their various activities they had been involved with during the day, they were enthusiastic to share with staff what they had done. Empty lunch boxes were collected for washing-up in the kitchen and people were encouraged to take their coats and outdoor shoes off and have a drink and biscuit. One member of staff said, "We're kind of like a big family really. We have a small staff team who see each other regularly". The registered manager said she was proud of, "The fact that we're a family. I'm passionate about not being institutional". She gave an example whereby pasta bowls were used to enable people to eat their food independently, rather than plate guards which could have been utilised.

Staff were supported to question practice and there was a whistleblowing policy in place. One member of staff explained, "If I've got a problem I would go to [named registered manager] or her manager or Head Office".

The service demonstrated good management and leadership. Staff were asked for their views about the service through a staff survey organised by the provider. This was done on-line on a national basis. One member of staff said, "I just enjoy it. I feel I've achieved something. I can make a difference to them. I organised a boat trip to Chichester recently". The registered manager felt well supported by her manager and from head office and had supervisions every two months and an annual appraisal.

The provider and registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, laundry and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Audits were undertaken on a monthly basis and each month a different part of the service was audited. Where action was required to be taken, the evidence underpinning this was recorded and plans put in place to achieve any improvements required. The provider's operations manager also visited regularly and checked on any audits undertaken, which were submitted on-line to the provider.

Charitable funding from the provider and from individuals enabled the home to buy two new cars for staff to transport people. There were plans to build a garden room at the side of the property. Additional funding had enabled the patio area to be updated and new garden furniture to be bought.