

# Ashdown Care Homes Ltd







# Eastbourne Avenue

## Inspection report

285-289 Eastbourne Avenue  
Gateshead  
Tyne and Wear  
NE8 4NN  
Tel: 0191 420 6368  
Website: [www.ashdowncare.com](http://www.ashdowncare.com)

Date of inspection visit: 27 November and 7  
December 2015  
Date of publication: 02/02/2016

### 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

We carried out an inspection of Eastbourne Avenue on 27 November and 7 December 2015. We spoke with relatives over the phone on 10 December. The first day of the inspection was unannounced. We last inspected Eastbourne Avenue on 2 April 2014 and found the service was meeting the relevant regulations in force at that time.

Eastbourne Avenue is a seven bed care home that provides care and support to people with learning disabilities. Nursing care is not provided. At the time of the inspection there were seven people accommodated there.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

# Summary of findings

We observed staff provided care safely. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. New staff were subject to thorough recruitment checks. These checks included input from people using the service.

Medicines were managed safely for people and records completed correctly. People received their medicines at the times they needed them and in a consistently safe way.

As Eastbourne Avenue is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant safety related training for their role and they were well supported by the registered manager. Training included care and safety related topics and further training was planned.

Staff were aware of people's nutritional needs and made sure they were supported with eating, drinking and maintaining a healthy diet where necessary. People's health needs were identified and external professionals involved where necessary. This ensured people's general medical needs were met promptly.

Activities were arranged in house and people accessed community based activities as well as council provided day care. We observed staff interacting positively with people. Relatives told us about the caring approach of staff. We saw staff treated people with respect and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and we saw care plans were person centred.

People using the service, relatives and staff spoke well of the registered manager and care provider and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

# 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 said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans. Good nutrition was promoted.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Good



### Is the service caring?

The service was caring.

Staff displayed a caring and attentive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good



### Is the service responsive?

The service was responsive.

People were satisfied with the care provided. Activities were provided with regular trips out, particularly for those people who did not attend council provided day care.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People and their relatives were aware of how to make a complaint should they need to.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service had a registered manager in post. People using the service, their relatives and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken to address identified shortfalls and areas of development.

# Eastbourne Avenue

## 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 27 November and 7 December 2015 and the first day was unannounced. We spoke with relatives on 10 December 2015. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We contacted an external professional from the local council and received no negative feedback.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with seven people who used the service and contacted people's relatives. We spoke with the registered manager, and four other members of staff.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, three staff files, staff training and supervision records, policies and procedures and audit documents.

# Is the service safe?

## Our findings

People who used the service confirmed they felt safe at Eastbourne Avenue and were comfortable with the staff team. One person we spoke with said “yes” when we asked if they felt safe. Another person told us “I’d speak to my key worker” if they were worried or concerned.

A relative we spoke with said; “They look after my relative very well, she’s treated like the queen there.” Another told us, “Yes my relative’s safe, I think he’s well looked after and seems to be fine.”

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the registered manager would respond to and address any concerns appropriately, as were the relatives we spoke with. Staff stated they had been trained in safeguarding and this was confirmed by the records we looked at. The registered manager was aware of when they needed to report concerns to the local safeguarding adults team. We reviewed the records we held about the service and saw that no safeguarding alerts were received in the last year.

Staff in the service helped manage people’s personal cash allowances. We found there were clear records kept. Expenditure entries had corresponding receipts or other forms of proof, such as a counter signed petty cash slip, kept. Periodic audits were carried out by the registered manager to reduce the risk of financial abuse being undetected.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Staff took practical steps to keep people safe. For example we saw staff reminding a person to put their slippers on safely, reducing the risk of accidental falls. When viewing people’s care plans we saw risks to people’s safety and wellbeing in areas such as going out independently, displaying distressed behaviour and those associated with health needs, were assessed. Where a risk was identified, there was clear guidance included in people’s care plans to help staff support them in a safe manner. Staff kept records of individual incidents. De-brief sessions were held to discuss what had happened, to explore if the incident could have been avoided and ideas that had been

discussed were recorded. This meant staff had the opportunity to discuss what had gone well and what actions could be taken to avoid similar incidents in the future.

Risk assessments were also used to promote positive risk taking, so people could maintain their skills and independence. For example, we saw a risk assessment for a person independently using the stairs and another for when a person was accessed community facilities. These risk assessments were reviewed periodically to ensure they remained accurate and up to date. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

The home was in a good state of repair and decorative order and items we highlighted to the registered manager (including the need for a radiator cover in a person’s own room and the need for disposable paper towels in a shared toilet) were addressed by the second day of our inspection. Corridor, bathroom and lounge areas were free from obvious hazards. Domestic chemical products were stored securely. The home was free from unpleasant odours. The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors.

Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee’s criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for three staff members. Appropriate documentation and checks were in place for all three staff and they were not confirmed in post before all the DBS and references had been received. People using the service were also consulted in recruitment decisions, with their views recorded and retained within the employee’s records.

On the first day of inspection there were five members of staff on duty, including the registered manager and deputy manager. This enabled suitable levels of observation and support for people living in the home and allowed for good

## Is the service safe?

levels of support for activities. Several people attended council run day services during the week. Those staff we spoke with told us they felt current staff levels were adequate to keep people safe.

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures

and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support needed by each person. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

# Is the service effective?

## Our findings

People who used the service and their relatives made positive comments about the staff team and their ability to do their job effectively. One person told us, “They’re good cooks.” A relative we spoke with said, “They seem to have the skills and knowledge. The owner must explain the situation (to the staff).”

Staff received training relevant to their role and were supported by the registered manager. A staff member described the training as, “useful.” Staff also told us about the training they had received to help them identify and de-escalate challenging situations and distressed behaviour. This was called ‘NAPPI’ (None abusive psychological and physical interventions) training. The registered manager was an approved trainer and so was able to support and train staff on this topic. Records showed staff had received on-line safety related training on topics such as first aid, moving and handling theory and food hygiene. Epilepsy awareness was not evidenced in the training records we were shown, although through discussion staff were able to demonstrate an awareness of this area of need. Staff had access to additional information and learning material on conditions that may be associated with or contribute towards a learning disability. The registered manager told us her forthcoming training priorities included continuing to deliver NAPPI training to all staff.

New staff were undertaking a detailed induction programme, following the Skills for Care ‘Care Certificate’ framework. This meant their training and induction could be used as evidence towards gaining a formal care qualification. Staff were working through an e-learning programme sourced through a national training provider.

A staff member told us they were provided with the opportunity for formal supervision meetings every three months. They told us they were supported by the registered manager and could raise issues with them at any time. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staff’s role and their general welfare.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People’s capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Gateshead Council). The registered manager told us for everyone living at the home, DoLS authorisations had been granted which related to people’s need for 24 hour care and for supervision when leaving the home. The registered manager told us one application was pending authorisation by the local authority. Another application for a DoLS had been authorised for a person who needed specific support with their medicines. Staff training records did not include reference to the MCA and DoLS. One application had been notified to us over the 12 months prior to this inspection, with a further six notified to us during the period of our inspection.

People told us they liked the food provided and confirmed they got enough to eat. We observed food choices being discussed with people, who were all able to eat independently. People’s nutritional preferences were individually recorded. Where necessary a care plan had been developed, however at the time of the inspection nobody was at nutritional risk. There were records to track people’s weight and body mass index on a monthly basis, to monitor unexpected changes, and referrals had been

## Is the service effective?

made to the dietitian for further advice. We saw for one person the last weight and BMI entry was June 2015, although a referral to a dietitian was made to gain further support around promoting a healthy, weight reducing diet.

Records showed us people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. People's

healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

# Is the service caring?

## Our findings

People using the service and their relatives told us they were treated kindly. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, “I like it here.” A relative said, “I like it there, my relative’s got their freedom.” Relatives confirmed they were invited to care reviews and were kept up to date with significant events. We observed staff members’ care practice and saw they had time to chat and build positive relationships with people, in addition to carrying out other care tasks and duties.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. When asked, people using the service were aware of whom their key worker was.

A relative told us they were involved in review meetings, used to discuss and plan people’s care. One comment made to us was, “Oh yes, we always get a letter to attend the review.” Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed people being asked for their opinions on various matters, such as activities and meal choices, and they were routinely involved in day to day decisions and life within the home. People’s views on prospective staff were also sought.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. People had brought their own possessions, as well as photographs and posters for their walls. This

personalised their space and contributed to a homely atmosphere. Practical steps had been taken to preserve people’s privacy, such as door locks fitted to toilets and bathrooms.

People were encouraged to express their views as part of daily conversations, during ‘residents meetings’ and in care reviews. Records of the meetings demonstrated that a variety of topics had been discussed. People’s involvement in the development of their care plan was also recorded and care plans were very person centred. We saw individual preferences had been clearly recorded. People using the service were aware of local advocacy arrangements and one person had active support from an advocate to help give them voice to their views about their current and future care needs.

We observed staff encouraged people to maintain and build their independent living skills. For example some people were able to use the kitchen area independently. People were supported by staff to access community facilities regularly throughout the week. Staff were able to provide clear examples of how people were either supported to remain as independent as possible or situations where people needed more assistance. We saw staff interacted with people in a kind, pleasant and friendly manner. This meant staff adopted a caring and courteous approach.

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerably and staff were seen to be polite. People were able to spend time in the privacy of their own rooms and in different areas of the home. Personal relationships were respected and supported. Staff were able to explain the practical steps they would take to preserve people’s privacy, for example when providing personal care or by always knocking on people’s doors and awaiting a response before entering.

# Is the service responsive?

## Our findings

People told us the service was responsive to their needs and they were listened to. With regards to complaints a person told us, “If I was unhappy I’d speak to (Name) staff.” Staff responded to people’s requests and supported activities within and outside the home. At the time of our inspection some people were attending day services and other people attended activities supported by staff.

When we observed the care provided we saw staff responded to people’s various requests promptly. Other aspects of the service were responsive, and a relative told us they felt involved in and informed about the provision of care. They confirmed their suggestions and views were listened to and one relative outlined when they had a concern this had been acted upon and resolved.

Staff identified and planned for people’s specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. People had all lived at the home for at least several years, and some since it first opened in the 1990s. When people had come to live at the home there had been an initial assessment of their needs undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw that, if new areas of support were identified, then care plans were developed to address these. Care plans were evaluated monthly and

included updates on areas such as activities, behaviour and mental well-being. Care plans were, on the whole, sufficiently detailed to guide staff care practice. The input of other care professionals had also been reflected in individual care plans. One of the registered manager’s stated priorities was to develop care plans, as well as empowering people to do more for themselves.

A daily record was available for each person. It was individual to each person and written in sufficient detail to record people’s daily routine and progress. Such records also helped monitor people’s health and well-being. This meant staff had accurate information to ensure people could be appropriately supported in line with their preferences and needs.

Written information was available that gave staff information about people of importance in a person’s life. Staff told us people were supported to keep in touch and spend time with family members and friends.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided care that was important to the person. Staff were readily able to explain each person’s preferences, such as those relating to leisure pastimes.

People using the service and their relatives told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns. People were aware of external agencies and organisations they could contact should they be unsatisfied with the registered manager’s or provider’s response. There were no complaints made by people using the service which had been recorded during the past year.

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered prior to the establishment of the Care Quality Commission in 2009. The registered manager was present and assisted us with the inspection. They walked round with us for part of the inspection and appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements as a registered person to send CQC notifications for certain events.

We saw the registered manager had a visible presence within the home and was involved in caring as well as management activities. The registered manager told us her values and vision for the home was to promote people's privacy, listen to their views and treat people with respect. She told us, "I want people to live a happy life here." There was a stated commitment to working in an open and transparent way. People using the service, their relatives and staff all expressed confidence in the registered manager. A relative told us, "They run everything spot on. (Provider name) is always up front with us."

The care provider told us about their vision for the service and their goals for the future. In their 'provider information return' they outlined what improvements they planned, including changes to questionnaire surveys and updates to human resources policies. They told us of their goal to provide 'superb support for people with a learning disability' and to 'allow people to control their own life.' Ultimately they expressed their wish to achieve an 'outstanding' inspection rating for the service.

We saw the registered manager carried out a range of checks and audits at the home. The provider also visited on

a monthly basis to carry out a quality check; covering areas including the environment, well-being, catering, care planning and staffing issues. Each area was given a score, all of which were positive. The reports of these checks were brief, not detailing what areas had been assessed to inform the judgement reached. Annual questionnaire surveys were carried out and those received from relatives and staff in December 2014 provided mainly positive feedback. Comments included; "I consider this to be an excellent well run home with good care for residents," and "I know how to complain if necessary. However staff are always prepared to listen to any comments."

We reviewed our records as well as records of incidents held at the home. The registered manager notified us of relevant matters in line with the current regulations although there was a delay in submitting some notifications regarding Deprivation of Liberty applications. There was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred recently. De-briefing meetings were held after incidents of distressed or challenging behaviour to help identify any triggers and what could have been done differently to avoid the incident. This allowed for learning from incidents to take place and for staff interventions and practice to be improved.

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case and also that these were well attended. There was a broad range of topics discussed, which were reflective of the registered manager's stated vision and values. Topics included activities, home improvements, meal time arrangements and food suggestions. This gave people the opportunity to be involved in the running of the home and consulted on subjects important to them.