Ashgables House Limited

Ashgables House

Inspection report

Oak Lodge Close
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ashgables House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashgables House accommodates up to 26 people in one adapted building. At the time of our inspection 18 people were living at the home.

This inspection took place on 4 October 2018 and was unannounced. We returned on 5 October 2018 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who used the service were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded promptly to requests for assistance.

People told us they felt safe when receiving care. People were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

Sufficient staff were deployed to meet people's needs. Staff had the right skills and knowledge to provide the care and support that people needed.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People were supported to take part in social activities they enjoyed and to keep in contact with friends and family.

Staff demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The management team regularly assessed and monitored the quality of care provided. Feedback from people was encouraged and was used to make improvements to the service. The registered manager had a good understanding of improvements they wanted to make to the service and had plans in place to implement them.

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 who used the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs.

Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and they were supported by staff to stay healthy.

Staff understood whether people could consent to their care and treatment and supported people to make decisions.

Is the service caring?

Good

The service was caring.

Care was delivered in a way that took account of people's individual needs.

People's dignity was maintained and their rights upheld.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

There was a clear complaints procedure and action was taken in response to concerns people raised.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who promoted the values of the service, which were focused on providing person centred care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who used the service, their relatives and staff. Their feedback was used to improve the quality of the service provided.

Ashgables 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.

This inspection took place on 4 October 2018 and was unannounced. We returned on 5 October 2018 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed all the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager, deputy manager, five people who use the service and four care staff. We spent time observing the way staff interacted with people who used the service. We looked at the care records for six people and records about the management of the service. Feedback was received from a health professional who has contact with the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in July 2017, we recommended that the provider reviewed their medicines procedures to ensure they were always following best practice. At this inspection we found improvements had been made and the medicines management systems were safe.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Medicines and the administration records were regularly checked to ensure people had been supported to take their medicine correctly.

Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Staff followed these protocols and kept a record of how effective the medicine had been, for example whether it had reduced the pain people were experiencing or reduced their level of distress. We observed staff following safe practices when they were supporting people with their medicines. Records demonstrated medicines were stored within the temperature range required by the manufacturer, with daily checks of the fridge and storage room temperatures. Where people were prescribed topical creams, there were body maps indicating where the cream should be applied.

People said they felt safe living at Ashgables House. Comments included, "I feel safe here. Staff listen to me and try to help" and "Of course I feel safe. The staff are very good people."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The registered manager was aware how to report allegations of abuse to the police, Wiltshire Council (the lead safeguarding authority for the area) and the Care Quality Commission. They had attended regular training to keep their knowledge up to date. Safeguarding was regularly discussed in team meetings to ensure all staff were aware of the actions they should take to report any concerns. Where concerns had been raised, the management team had worked with the safeguarding team and taken action to ensure people were safe.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their rights. Examples included assessments about how to support

people to remain safe when out in the community, to minimise the risk of falls and to manage the risks when people became distressed. The assessments contained detailed information about the way staff should support people and information about what they should monitor to identify increased risks. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and updated as the risks people faced changed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed thorough checks were carried out before staff started providing care to people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "The staff are available when I need them" and "There are staff to help us if we need it."

Staff told us they were able to provide the support people needed, with comments including, "Staffing levels are good, we are able to provide the support people need. Sometimes we are a bit short, but this is usually covered by people doing some overtime" and "Staffing levels are good, we are able to provide the support people need and to get out and about regularly." The registered manager told us they had recently recruited new staff and once one person had completed all their employment checks they would be fully staffed.

All areas of the home were clean and smelt fresh. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. Staff understood the infection prevention and control systems in place.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. The registered manager had recently introduced a process of reflective practice following incidents. This encouraged staff to review the actions they had taken during an incident and reflect on whether any other actions would have provided better support for people. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in July 2017 we recommended that the provider gave additional training on the Mental Capacity Act to staff and reviewed their processes. This was because some staff did not know who was subject to restrictions and some recorded information was not clear. At this inspection we found improvements had been made. Staff had a good understanding of the Mental Capacity Act and there was clear information about people's capacity to consent.

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. Staff had completed training on the MCA and were aware who lacked capacity to consent to their care and treatment. Staff checked with people before providing any care or support. They asked people questions in different ways to help ensure they understood the decisions they were making.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for six people had been approved by the local council and a further five were being assessed at the time of the inspection. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us staff provided the care and support they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's mental health conditions and periods of distress, skin integrity and continence care. Staff had worked with specialist health professionals where necessary to develop care plans, for example, community nurses, occupational therapists and the community mental health team.

Staff told us they received regular training to give them the skills to meet people's needs. This included an induction and a comprehensive training programme. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff.

Training was provided in a variety of formats, including on-line, group sessions and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff said the training they attended was useful and relevant to their role in the service. None of the staff identified any training they felt they needed but was not available. The registered manager had a record of all training staff had attended and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

People were supported to eat meals they enjoyed. Staff had consulted people about their likes, dislikes and any specific dietary needs. Comments from people included, "The food is very good" and "I like most of the meals". People chose where to eat their meals, with some eating in the dining rooms and some choosing to have meals in their room.

People were able to see health professionals where necessary, such as their GP, specialist nurse or to attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. The health professional who provided feedback to us said they felt staff were "open, honest and always willing too discuss any concerns / issues they may have."

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "I am happy living here. The staff are very nice and kind" and "The staff are brilliant." Throughout our visit staff interacted with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

Staff had recorded important information about people; for example, personal history, future plans and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked care to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, which took into account any sensory impairment that affected their communication. There was clear information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they understood. Examples included details of how people used verbal and non-verbal communication and how people's mental health could affect their communication.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. There were regular meetings for people who used the service. These were used to receive feedback about the support they were receiving and make decisions about the running of the home.

People's privacy and dignity were respected. Staff called people by their preferred names and supported people to move to a private area when they wanted to have a personal conversation. Staff said this way of working was followed by all staff and they had not seen other staff working in ways that did not demonstrate respect. Information held about people was kept confidential and records were stored securely.

The registered manager said they had recently introduced 'dignity champions' to the service. These staff had run several events for people and staff to highlight dignity issues. Information was shared on the provider's expectations about the way people should be treated and actions people could take if they felt they were not treated in the right way.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to ensure these values were being reflected in the care and support provided.

Good

Is the service responsive?

Our findings

People had care plans which contained information about their needs and how they should be met. The plans included information on maintaining health, managing risks people faced and people's preferences regarding their personal care. Care plans set out how people wanted their needs to be met, following consultation with them. The plans were regularly reviewed with people and we saw changes had been made following their feedback. Staff told us the care plans were useful and helped them to provide care that met people's needs. We discussed two errors in the care plans with the registered manager, where people's needs had changed but some parts of the plan had not been updated. This resulted in the plans containing contradictory information. The registered manager said these errors were oversights when the plans and been updated and took immediate action to amend them. Despite these errors, staff demonstrated a good understanding of people's needs. The registered manager said they were in the process of re-writing all the plans with people.

People were supported to take part in activities they enjoyed and keep in contact with family and friends. People said they had liked trips out to local places of interest, shopping, meals out, a knitting group, watching films and socialising. People were supported to go out with one to one support from staff, or in small groups. Some people went out independently, with support from staff to plan their trips and how they would respond to any difficulties they faced.

The registered manager said that following feedback from people, they had obtained several pet rabbits and guinea pigs. People spoke positively about the pets and said they enjoyed having them around. The registered manager had converted an outhouse for the pets, which met the needs of people who did not want animals in the house.

People had also been supported to grow fruit and vegetables in the garden and greenhouse. One person told us they had particularly enjoyed this and liked to eat the garden produce. Another person said that while they did not want to take part in the gardening, they had enjoyed watching the crops growing and ripening.

There were regular 'service user' meetings organised by the home. An action plan had been developed to address the issues people raised. These included the activities that were organised, décor of the home, meals and layout of the communal areas of the home.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the registered manager if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. The procedure had been made available in a more accessible, easy read format.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they

would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions.

People's preferences and choices for their end of life care were discussed with them and their representatives and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people the person wanted to be involved. Staff worked with a local hospice and palliative care nurses to plan how to meet people's end of life care where needed. Staff had recently completed some additional end of life training, which they said had been very helpful.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. In addition to the registered manager, the management team included a deputy manager and a regional management team who provide oversight of the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "Things are much better than last year, and that is down to [the registered manager]. She is a very good manager and provides good support for us. She listens and takes action to sort out any problems." The registered manager's reviews of the service included observations of staff practice. This was used to ensure staff were putting their training into practice in the way they were working.
The health professional who provided feedback to us felt the home was well managed. They said the registered manager was excellent, managed staff well and created a relaxed and supportive atmosphere.

There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The registered manager reviewed incidents in a systematic way, analysing events and assessing whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

There was a quality assurance process, which focused on different aspects of service delivery. Examples included feedback from people, health and safety audits, medicines audits, infection control audits and checks of people's money the home held for safekeeping. In addition to these reviews by operational staff, the provider had a central team, who completed comprehensive reviews of the service. These visits were unannounced and followed a similar structure to our inspection process.

Information from the audits and reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated regularly by the registered manager. Actions were assigned to a specific staff member, with a time-scale for completion. This ensured actions were being implemented where necessary.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

Satisfaction questionnaires were used to ask people and their relatives their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce how the registered manager expected staff to work. Staff said they were encouraged to raise any difficulties with the

way the home was running or their ability to meet people's needs.