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The Ashurst

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 ●

Summary of findings

Overall summary

This inspection took place on 19 April 2016 and was unannounced.

The Ashurst provides accommodation and personal care to up to 19 people who have a learning disability or autistic spectrum disorder. People who use the service may also have mental health needs, a physical disability or dementia. On the day of our inspection there were 16 people living in the service.

The service has a registered manager in place. 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 were safe because staff understood their roles and responsibilities in managing risk and identifying abuse. People's care needs were identified and they received safe care and support which met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways they needed and preferred.

People's health needs were well managed by staff who sought guidance from relevant health care professionals when required.

People were treated with kindness and respect by staff who knew them well. Staff respected people's wishes with regard to privacy and time alone.

People were encouraged and supported to take part in a variety of activities that they enjoyed. They were supported to develop and maintain relationships with friends and family.

There was an open culture and the management team demonstrated good leadership skills. Staff morale was good and they were enthusiastic about their roles.

The management team had systems in place to check and audit the quality of the service. The views of people, their relatives were sought regularly.

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 from abuse and avoidable harm by staff who understood the risks and knew how to report and deal with concerns.

There were sufficient staff available to meet people's individual needs. Appropriate checks were carried out before care staff were employed.

Medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's health and nutritional needs were met by staff who understood how people preferred to receive their care and support.

Where a person lacked capacity there were correct processes in place to ensure decisions were made in accordance with the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided support.

People were treated with respect and their privacy and dignity were maintained.

People were involved, as much as they were able, to express their views and be actively involved in making decisions.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and used this knowledge to take their views and preferences into account when providing care and support.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good ●

The service was well-led.

The service was run by a management team that promoted an open culture and put people at the centre of what they did.

Staff were provided with the support and guidance they needed to provide a good standard of care and support. Staff morale was good.

There were system in place to seek the views of people and others.

The Ashurst

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 19 April 2016 and was unannounced.

The inspection team was made up of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of supporting a person with learning difficulties.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with three members of staff, the registered manager and the owner of the service.

We spoke with eight people using the service and two relatives. We carried out informal observations in the service. We contacted two health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

Is the service safe?

Our findings

One person told us they felt safe and liked living at the home. They said, "I love it here, much better than where I used to live. I feel safe." We observed interactions between staff and people. All were very positive, everyone (people and staff) addressed each other by name and each interaction was accompanied by smiles from both parties. This demonstrated people felt secure in their surroundings and with the staff that supported them.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Records demonstrated that safeguarding allegations were investigated and dealt with appropriately.

We spoke with one person who had experienced an incident whilst out in the community. This had caused them to become concerned about their safety in the service. We observed the registered manager patiently explaining how the person would be safe in building. They also talked to the person about remaining confident, going out on their own again and not giving up their independence.

Risks to people's health and welfare were assessed and regularly reviewed. Risk assessments were specific to the individual, for example, the risks a person encountered because of their sensory impairment and another person's risk of choking. Where appropriate other professionals such as speech and language therapists had been involved in advising on safe practices and equipment required.

There were sufficient staff to keep people safe and meet their needs. One person said, "There is always someone able to take me where I want to go." Interactions we observed between people and staff had clearly taken time to develop demonstrated that staff were not rushed and had time to build up relationships with people. We observed that there were sufficient staff to accompany people out into the community, for example to go shopping, and to meet the needs of those who remained in the service.

The registered manager explained that they were able to monitor staffing levels as they worked closely with care staff in to provide care in the service. They did not need to use agency staff as their own care staff would cover for holidays and sickness. Sufficient staff were available to accompany people into the community, where required, and still leave enough staff back in the service to support those who did not wish to go out. If required, extra staff were brought in to cover for emergencies and unexpected events. This was demonstrated when the service recently supplied a member of care staff to sit with a person who was in hospital. The registered manager also told us how they tried to match staff with people to ensure that people had their individual needs met. For example one person and member of staff supported a local football team and went to matches together. This meant that people were supported by care staff they were familiar with and who knew their needs.

The registered manager told us about the process that new staff underwent to ensure a thorough and robust recruitment process was undertaken. Records we saw confirmed that appropriate checks were

undertaken to ensure that new staff were suitable to work with people living in the service.

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. We shadowed one member of staff when they were administering medicines. They followed good practice checking the medicine was being given to the correct person and offering support such as a drink. Records confirmed staff received training in the safe administration of medicines. This included the administration of specialist medicines relevant to the needs of the people living in the service. Medicines were stored securely and administration record sheets were in order.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills, knowledge and experience to provide effective care and support. Relatives were positive about the skills of staff. One relative commented, "The staff know what they are doing."

Staff received regular supervision with their line manager. Supervision meetings were where a member of care staff meet with their manager to review their performance and any concerns they may have about their work. Staff meetings were held regularly. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service.

The registered manager was able to demonstrate new staff were supported through a formal induction. Staff completed the Care Certificate that was introduced in April 2015. There is an expectation that all new staff working in the care industry should complete this induction. New staff members were subject to a probationary period. During this time they worked alongside more experienced staff and completed relevant training. This enabled them to gain confidence and get to know the people they were supporting before working independently.

People were supported by staff who had received appropriate training to perform their role. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling and safeguarding training.

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 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.

The registered manager told us they had submitted applications in respect of DoLS for seven people living at The Ashurst, two had been authorised and they were awaiting a response from the authorising body regarding the others.

People's rights were protected because the staff acted in accordance with the MCA 2005. We observed staff involving people in day to day decisions regarding their care. For example where they would like to sit, whether they wanted to go out and where to.

People were supported to make choices about menu options and encouraged to eat a healthy balanced diet. For example, the registered manager gave us an example of the support one person was given to encourage them to eat more vegetables. One person's relative told us how the service had supported the person to maintain a healthy weight.

Care plans contained information about people's specific nutritional requirements such as if people required their food mashed. Referrals were made to the speech and language team where appropriate. People's weight was regularly monitored and action taken if concerns arose.

People were supported to maintain good health and had access to healthcare services and receive on-going healthcare support. One local healthcare professional confirmed that they had seen people living in the service regularly for many years. Relatives described how people were supported by staff to attend healthcare appointments such as the dentist and GP. Records showed what the outcome of any healthcare appointments was allowing care plans to be amended if required.

Is the service caring?

Our findings

We observed that staff supported people in a kind, patient and respectful way at all times. They clearly knew the people they supported very well and had established positive and caring relationships with them.

One person told us about a recent bereavement. They were very clear about what had happened, what was going to happen next and that they were waiting to hear when the funeral would be. It was evident that this had been discussed with them in a caring and meaningful way ensuring they understood what had happened. Another person was starting a cross stitch, they told us that they loved doing this and once it was finished staff would help them hang it on their wall. They went on to say that staff had supported them to buy the canvas and silks in their favourite colour.

Each person living in the service had a key worker where they were allocated one member of care staff to be particularly responsible for their support. This included going shopping with the person, supporting them with family contact and making time to talk with the person. The registered manager told us that this had resulted in some close relationships being developed between people and their key worker and that it was not unusual for a person to go to a staff member's home for tea during one to one support time. They told us that staff were aware of their professional boundaries and these were discussed when the staff member received one to one supervision.

During our inspection we saw many instances of staff listening to people, reassuring them, laughing with them and sitting having a chat. Staff knew people well and talked with them about their interests. Regular residents meetings were held. The registered manager told us, and records confirmed that people's opinions and preferences regarding the running of the service were sought and acted upon at these meetings. For example where people wished to go on holiday and for day trips. The registered manager also told us that the way people treated each other was addressed in this forum. They gave us an example of how this had resolved some tensions between some people living in the service.

People did not always fully understand their care plans. The management team involved people with the care planning at whatever level they were able to engage in so that they were involved in the process. The registered manager told us, and care staff confirmed, that key workers discussed people's care plans with them regularly. Communication was tailored to meet the ability or preferences of people so they could understand their care plans. For example some parts of some care plans were in easy read format.

People's right to privacy and to have time to themselves was respected. We observed one person spending a considerable amount of time engaged in an activity. They were very absorbed in what they were doing, staff checked in with them regularly offering drinks but were respectful of what they were doing and did not intrude. We observed another person in the lounge. The television was on but it was not clear if they were watching it. After a few minutes a member of staff came and asked, "Would you like to do something?" They offered a range of activities to the person, all were discussed but eventually the person said they were happy just sitting in the lounge.

Is the service responsive?

Our findings

Care and support was individualised and centred on the person. Care plans contained clear information about people's needs, such as their preferences including food and how they liked to sleep. Relatives told us they were involved in people's care and support. One person said, "Yes, we are very 'hands on' with [relative]. We get involved in helping with trips to Yarmouth and Norwich." A social care professional told us, "I have spent quite a few days in the home and have observed how the staff interact with the customers and the support that they give them and think the standard of care is very good."

People were able to take part in the type of activities that they enjoyed both at the service and in the wider community. The service had a minibus which was used to take people out on trips. One person told us, "I'm going to choose my birthday present next week. I've seen some jumpers that I want in town. I'll be [age] so having a party, I want to have a disco here." Another person joined in our conversation and told us that it would be their birthday soon, but that they did not want a disco, they were going out for a meal. Another person said, "I used to go to church but I don't like it any more so I don't go now. I go to Highways [local activity] with [person] much better." Staff also told us how people were supported with their individual interests. They gave us examples of how one person had an interest in the Royal Family and had been supported to visit Sandringham Estate and another person had an interest in monkeys and had visited the local Monkey World. People's individual bedrooms reflected their tastes hobbies and interests. For example one person's bedroom contained their collection of furry animals. This demonstrated that people were supported to follow their interests and take part in social activities which interested them.

People's changing needs were regularly reviewed and the support they received changed to meet their needs. For example, the provider told us how one person had started to become disorientated and unable to find their bedroom. They showed us that they had painted this person's door red so that they could find their bedroom easier. Care plans were reviewed and updated regularly. Any changes to a person's care or support needs were recorded and brought to the attention of staff with an update at the front of the care plan.

People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person told us, "They help me to go and see my girlfriend on Saturdays." A relative told us how the staff were, "Very friendly," and went on to describe how they were involved with their relative's support.

The provider had a process in place to deal with concerns and complaints. Not everybody living in the service would be able to make a formal complaint but we saw that staff listened to people. One relative said, "If [person] had a problem I know they would speak to the staff." Where people did not have family members they were supported by advocacy services. A social care professional told us, "I have undertaken several reviews at the Ashurst recently and have only positive things to say about the things I have seen. During my review I came across a couple of issues which the home were happy to address and addressed these issues promptly." The registered manager told us that they had not received any formal complaints in the past year. They believed that the constant interaction between staff and people meant that any issues were

identified early and dealt with promptly before they became a problem.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the registered manager and wider management team. Relatives said, "All in all it's a lovely place," and, "We are very happy, very pleased." Staff were motivated about their work and enthusiastic about the service. Staff comments included, "It's a brilliant home, it starts from the top. We are a fantastic team," and, "It is a lovely place to work, like a family."

The registered manager and one of the providers were present on the day of our inspection and demonstrated a good rapport with people and staff. A clear management style of leading by example was demonstrated. We observed the registered manager prioritising speaking with people over other routine matters.

The management team were aware of the day to day culture within the service with both the registered manager and the provider being visible and accessible to people and staff. Regular residents, staff and senior staff meetings enabled open communication at all levels. Relatives told us they felt listened to when they approached the management team and staff said, "We can have an open discussion at staff meetings."

The registered manager was enthusiastic about the service and ensuring that the care and support provided met people's needs. They were aware of their responsibilities regarding the submission of notifications to the CQC and other legal obligations. This was demonstrated by notifications we had received.

We discussed with the registered manager the quality monitoring systems. Regular audits were undertaken to ensure the service was safe, for example medicines and care plans. Where problems were identified these were addressed. The provider showed us a revised quality assurance review they had ready to introduce which gave a more structured approach to quality assurance. This demonstrated that they had recognised that the current process could be improved and had taken action.

A quality assurance survey, to check people were satisfied with the quality of the service they were receiving, had been carried out in July 2015. This had been produced in an easy read format to ensure that everybody could participate. The registered manager had monitored the results which had all been positive.

We discussed with the provider and the registered manager the quality of the environment. This, although clean, was looking tired. They told us that they had a maintenance book where staff could note any problems such as broken light bulbs and these would be addressed. The provider told us they were reviewing their plans for improving the service. Plans had been in place to install a shower on the ground floor of the service but this was now being reviewed due to people's changing needs.

The service actively participated in the local community with people attending a variety of organisations outside of the service and members of the community coming into the service. Planning was underway for a summer fete organised by people living in the service to be attended by members of the local community and relatives. This was being organised following discussions at the residents meeting.

The provider and registered manager ensured they were up to date with changes in good practice and best practice guidance to ensure that people were receiving up to date care. They attended meetings with other providers of similar services in the area and subscribed to a number of internet update services.