

Edge View Homes Limited

Ascot House - Oldbury

Inspection report

23 Joinings Bank
Oldbury
West Midlands
B68 8QJ

Tel: 01215526317

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20 January 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Our inspection was unannounced and took place on 20 January 2016. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to a maximum of six adults who lived with a learning disability and/or mental health needs. At the time of our inspection six people lived at the home.

At our last planned inspection of January 2013 and responsive inspection of October 2013 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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 offered their medicines as they had been prescribed but processes to ensure full safety needed to be enhanced.

Although processes were in place additional actions were needed to fully ensure that recruitment systems were robust.

People felt safe. Risks to people had been assessed appropriately and were monitored. Systems were in place to protect people from the risk of abuse.

There were enough staff on duty to meet the care and support needs of people.

Staff felt that they had received adequate training to equip them with the skills and knowledge they needed to provide safe and appropriate support to the people who lived at the home.

Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed to prevent any unlawful restrictions.

People felt it was a good place and that they were happy there. People were encouraged and supported to be as independent as possible.

People felt that the staff were helpful and kind. They confirmed that staff were respectful, polite and helpful.

Complaints systems were available for people to use if they felt they had a need.

People felt that the quality of service was good. The management of the home was stable. The registered manager knew when they needed to send us notifications about incidents that occurred. Audits were undertaken to determine if changes or improvements were needed.

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 not consistently safe.

People were offered their medicines as they had been prescribed but processes to ensure full safety needed to be enhanced.

Although processes were in place, additional actions were needed to fully ensure that recruitment systems were robust.

Systems were in place to protect people and minimise the risk of them being abused.

Requires Improvement ●

Is the service effective?

The service was effective.

People and staff felt that the service provided was good.

Staff felt appropriately trained and supported to enable them to carry out their job roles.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

Good ●

Is the service caring?

The service was caring.

People felt that the staff were helpful and kind. They confirmed that they were respectful, polite, and helpful.

People felt that their dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Good ●

Is the service responsive?

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and

Good ●

preferences.

People were encouraged to engage in or participate in activities that promoted their independence and met their needs.

Complaints procedures were in place for people to use if they had the need.

Is the service well-led?

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by team leaders. Staff felt supported and guided by the management team.

People knew who the registered manager was and felt they could approach them with any problems they had.

The registered manager and provider had undertaken regular audits to ensure that the home was run in the best interests of the people who lived there.

Good ●

Ascot House - Oldbury

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.

Our inspection was unannounced and took place on 20 January 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us and we spoke with the local authority to get their view on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection and corroborate our inspection findings.

We met all six people who lived at the home. We spoke with three people in detail, a senior care worker, three other care workers, the registered manager and two relatives. We spent time in communal areas observing daily routines and the interactions between staff and the people who lived there. We looked at the care files for two people, medicine systems and medicine records for two people, and staff training records. We also looked at complaints, the audit processes the provider had in place to monitor the service, and two reports that had been produced following independent advocacy provider visits.

Is the service safe?

Our findings

We found that the temperatures of the cupboard where medicines were stored were taken and recorded daily. However, there were no records to confirm that the temperature of medicines stored in the medicine trolley were monitored. The registered manager and staff could not confirm that the temperatures had been taken recently. This highlighted that the provider would not know if the medicines had been stored within the correct temperature range to prevent any risk that they may not be effective. The registered manager told us that they would address this.

We found that one person had been prescribed a mouthwash. Staff told us and records confirmed that the mouthwash had been offered to the person but they had refused this regularly. The staff told us that they had not reported back to the person's GP that they had refused the mouthwash so that alternatives could be considered. The registered manager told us that they would action this.

A person said, "The staff look after my tablets and I like that". Records that we looked at confirmed that people had been asked about being given their medicine and had given consent to take their medicine. We saw that care records highlighted how people liked to take their medicine.

A person said, "The staff give me my medicine correctly and at the proper time". The registered manager told us that only staff who had been trained and deemed as competent to do so were allowed to manage and administer medicine. This was confirmed by staff we spoke with and records that we looked at. We looked at the medicines for two people. We counted their medicine against the number highlighted on the medicine records and found that they balanced correctly.

We saw that medicines and medicine records were audited by staff. This showed that systems were in place to ensure that people were offered their medicines as they had been prescribed.

Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed and would not be given when it was not needed.

A staff member told us, "All checks are done before new staff can start work". We saw that a recruitment process was in place. The registered manager told us of the processes they followed to ensure that only suitable staff would be employed. Records that we looked at confirmed that before staff started to work references were obtained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. The processes would prevent unsuitable staff being employed and minimise any risk of harm to the people who lived there. However, we noted that in one case a staff member had declared on their application that they had a health condition. There was no risk assessment to confirm that they would be safe to work. The registered manager told us that they would rectify this.

People we spoke with told us that they did not have any concerns regarding abuse. A person shook their head and said, "There is that scares me here". All staff we spoke with told us that they had received training in how to safeguard people from abuse, knew how to recognise the signs of abuse, and how to report their concerns. Staff told us that they felt confident that they could raise concerns with the registered manager or provider and that they would be acted upon. We observed that the people who lived at the home looked comfortable when staff and the registered manager were present. We observed that they were calm and relaxed when they approached staff or spoke with them. The registered manager was fully aware that any safeguarding issues would need to be reported to the local authority team and us to ensure that people were safe. We saw that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

A person said, "I feel safe". Another person told us, "I am safe here". A relative told us, "They [their family member] are safe". Staff we spoke with told us that they felt that all of the people who lived at the home were safe. We saw records to confirm that risk assessments were undertaken to prevent the risk of incidents, accidents and injury. A staff member said, "We [the staff] are aware of what is in risk assessments and we make sure that people here remain safe. We have processes that we follow to ensure their safety. For example, if people go out into the community alone, we ask them to let us know where they are going and what time they will be back". No person had needs that required moving and handling and all people could mobilise independently.

The registered manager told us that all equipment in the home was in good working order and was safe. We saw certificates to confirm the emergency lighting and the fire alarm system had been assessed as being in good working order by an external fire prevention provider.

A person said, "I think there are enough staff". Another person said, "Staff are always here to support us and take us out". Staff we spoke with told us that they felt there were enough staff to meet people's needs. We saw that staff were available to give people support in the home and to go out into the community with people. A staff member said, "If someone goes off sick other staff cover. When staff are on holiday leave the staff team covers that too". This was confirmed by the registered manager. This highlighted that contingency planning was in place to ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

Is the service effective?

Our findings

All people we spoke with told us that they felt that the service provided was effective. One person said, "It is very good here. I like it. Another person said, "I think it is a good place". A relative told us, "It is a good service". All staff we spoke with told us that the service that was provided to people was, "Good", or "Very good". One staff member said, "We do a good job". A report prepared following an independent advocacy provider read, "The home provides a standard of care which could act as a benchmark for other homes in similar situations".

A staff member told us, "I had a good induction. I went through all the care plans, got to know people, and worked with other staff". The registered manager told us that the provider had introduced into the organisation the new nationally recognised Care Certificate and showed us documents to confirm that staff were working with this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A person said, "The staff have training and I think they know what needs to be done". Staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. A staff member said, "We are given training and I feel able to do my job". Another staff member told us, "We are supported well on a daily basis". Staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that staff supervisions had taken place but not regularly. The registered manager told us, "I am aware that needs to be addressed and am working to get it sorted out".

A staff member said, "We have a handover meeting between day and night shifts. The staff going off duty tells the staff coming on duty how people have been, any changes and what appointments people may need to attend that day so that we all know what needs to be done". This showed that processes were in place to provide staff with the information that they needed to support people on a daily basis.

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).

A person told us, "The staff give us choices and we go out when we want to". We checked whether the staff were 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 that no person required a DoLS as they all had capacity and were able to make their own day to day decisions. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer and support people to make everyday choices.

A person said, "I go for hospital appointments and to the doctor". Another person told us, "I see the dentist". A relative said, "They get to see doctors when they [person's name] needs one". Staff and records both confirmed that referrals to relevant mental health services were made if people's mental health conditions changed or deteriorated. We found that other healthcare services were accessed on a regular or as needed basis. This showed that processes were in place to monitor and support people's mental health conditions and promote good physical health.

A person told us, "We can go shopping and do cooking. It is good". People who lived at the home were encouraged to go food shopping and some cooking. We saw that a separate kitchen was provided for this purpose. One person went out and when they came back they were cooking a pizza.

We saw that care plans highlighted what people liked to eat and did not like. We also saw that care plans encouraged people to eat a healthy diet to prevent health risks. We found that risks relating to food and drinks were known by staff. Staff had a good knowledge of these.

A person said, "The food is nice and we have choices". A menu was on display that had been produced in words and pictures to inform people what meals were on offer. We sat in the dining room at lunch time and heard that people were offered meal and drink options. A cook was provided to prepare main meals. They told us how they would cater for specific medical needs and people's individual preferences.

Is the service caring?

Our findings

All people we spoke with told us that the staff were kind and helpful. A person said, "The staff are nice". Another person told us, "The staff are good". We observed interactions between the people who lived at the home and staff were good. We saw that staff listened to people, gave them time, complimented them on tasks that they had achieved, and showed an interest in their individual circumstances.

People we spoke with confirmed that staff promoted their dignity and privacy. A person told us, "We [the people who lived there] shower and bathe on our own. It is private". A staff member told us, "All people here are self-caring regarding their personal hygiene needs". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space, making sure that toilet and bathroom doors were closed when in use and not going into people's rooms unless they had permission.

A person said, "I think the staff treat me right. They are polite". Our observations showed that staff were polite and respectful to people in the way they spoke and engaged with them. Staff had asked people how they wished to be addressed and this had been recorded on people's care files. We heard staff calling people by their preferred name.

A person said, "I wear what I want to wear". All people were able to select what they wanted to wear each day and go to the shops to purchase new clothes when they needed some. Staff we spoke with confirmed that all people were independent regarding their appearance but knew of people's individual wishes and preferences. People told us that their appearance was important to them.

A staff member told us, "Confidential records are locked away and we do not talk about anyone's personal circumstances to others". We saw that the provider had a confidentiality policy and that staff had signed to say that they had read and understood it.

We found that people's independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or other conditions and to give them the support they required to achieve this. A person said, "It's my turn to do the bathrooms today". Staff supported people to enhance their daily living skills regarding cooking, cleaning, doing their laundry, finance management, and making and attending health appointments. A person said, "We all do what we can. If we do need help we ask the staff".

All people we spoke with told us that contact with their family was important to them. A person said, "I see my family it is really good". Records confirmed that people spent time with their families. A relative told us, "I am visiting them [their family] member soon". Staff told us that people's relatives and friends could visit when they wanted to.

People who lived at the home had a variety of needs which may require a range of support mechanisms. We saw that information was available to inform people how they could access an advocate to provide independent advice or support. People we spoke with knew that the information and support was available.

Is the service responsive?

Our findings

A person told us, "I came and looked around here [the home] a few times and met the staff and other people. I liked it. They asked me lots of questions about me". A staff member told us, "We give everyone the opportunity to visit and see if they would like it before they decide if they want to live here". The registered manager told us, "A full assessment is carried out to make sure that we can meet any new person's needs". Records that we looked at confirmed this. These processes would give the provider and the person the opportunity to determine the suitability of the home.

A person said, "I think the staff know me well". Other people also told us that staff knew them and their needs well. Records that we looked held information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs. Staff we spoke with all had a good knowledge of each person.

All people we spoke with told us that staff asked them how they preferred to be cared for and supported. A person said, "The staff give me choices and help me decide about things". Another person said, "The staff encourage me to make my own choices". We heard staff asking people what they wanted to do for the day and what time they wanted to go out. We found that people's needs and their care plans were reviewed regularly especially when there were changes in their circumstances or condition. A person said, "I have signed to say I am happy with my records". Staff knew it was important that people continued their preferred religious observance if they wanted to and would support them to do so. People we spoke with told us that they did not want to at that time. This showed that staff knew the importance of providing personalised care to ensure that people were supported appropriately, in a way that they wanted to be.

In-house activities promoted independence and life skills. People told us that during the day they went to appointments, went shopping, or did other chosen activities and that staff supported them where there was a need. We observed people going out of the home and returning throughout the day. At one point in the afternoon all of the people were out in the community with their staff. We were told that if people wanted to pursue a college course or apply for work staff would provide support. One person told us that they were going to look into college courses. A person was smiling when they told us about the trips and a Skegness holiday that they had been on, supported by staff, the year before. They told us how much they enjoyed these. Another person enjoyed fishing and told us that they went regularly. During the afternoon we heard staff and people having a quiz. We heard people answering the questions. They were having fun and were chatting and laughing.

A person said, "I would speak to the staff or the manager if I was not happy". A relative told us, "I am happy with everything I have got no complaints. If I had I would go to the manager". We saw that a complaints process was available within the home and included in the 'service user guide document'. No complaints had been made.

Is the service well-led?

Our findings

People and the relatives we spoke with felt that the service provided was good and indicated that it was well-led. A person said, "It is very good here. The staff do well". A relative told us, "The service is very good". All staff we spoke with told us that they worked in a well-led service.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by team leaders. A person said, "The manager is good. She is very nice". People we spoke with knew who the registered manager was and felt they could approach them [or any of the staff] with any problems they may have. The registered manager made themselves available and was visible around the home. We saw that people were familiar with the registered manager. We saw the registered manager speak with and interact with people. People responded to the registered manager by smiling and communicating with them. Our discussions with the registered manager confirmed that they knew the people who lived at the home and their individual circumstances well.

Providers are required by law to notify us about events and incidents that occur these are called notifications. The provider had sent us notifications when incidents occurred to meet this requirement. This highlighted that the manager knew what was required of them regarding informing us of incidents and accidents. Incidents and accidents that took place within the home were recorded appropriately following the provider's procedures. The staff monitored these for trends so appropriate action could be taken to reduce any risks to people.

The registered manager told us and staff and records that we looked at confirmed that audits were carried out regularly these included audits of money, care records, and medicine systems. The registered manager told us, and records confirmed that monthly a senior manager carried out an audit and had a discussion with the registered manager about what was happening in the home and any issues there may be. They then produced a report and when needed an action plan. Records that we looked at confirmed this. This showed that the provider had systems in place to ensure that the service was being operated as it should be to benefit the people who lived there.

A person told us, "We have meetings and staff ask us if we are happy". Records we looked at and people and staff we spoke with all confirmed that the provider used methods to involve people in the running of the service and for them to voice their views if they wanted to. Meeting records highlighted that people were asked about meals, trips, meetings and holidays. People told us, and it was confirmed by staff and record, that a monthly review was held for each person. During the reviews people had the opportunity to raise any issues and to make plans for the following month. A person told us, "I think the staff do listen to us and change things when we want them to be changed".

We found that support systems were in place for staff. A staff member said, "There is always someone we can go to if we need advice". Staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. Staff told us and records confirmed that meetings were held for staff. The meeting minutes confirmed that the meetings gave staff information and guidance.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I had any concerns at all I would report them straight away". A second staff member said, "We have policies and procedures regarding whistle blowing. We would follow these if we had any concerns. This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.