Ashurst House Limited

Ashurst House

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 the 16 February 2016 and was unannounced.

Ashurst House provides care and accommodation to up to eight adults with a learning disability. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. There were eight people using the service at the time of our inspection.

The service had a registered manager. 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. A senior member of staff was in day-to-day charge of the service whilst the provider was actively recruiting a new manager.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Staff respected people in the way they addressed them and helped them to move around the service. We saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs. They had access to health services and referrals for additional support were made when people needed it.

Medicines were managed, stored, disposed of and administered safely. People received their medicines in a safe way when they needed them and as prescribed.

People received the support they needed to eat and drink. They had a choice of meals from a varied menu. Mealtimes were a relaxed and pleasant experience for people.

People's care was planned and delivered in a personalised way. The service had been organised in a way that promoted a personalised approach to people's activities. People were involved in making decisions about their care and treatment and had been supported to decide how they would like to be occupied, for example social activities and going out. People were given individual support to take part in their preferred hobbies and interests.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. The risks to individuals, for example in moving safely around the service, had been assessed and action taken to reduce them. Staff understood how to keep people safe. The registered provider had taken action to ensure the premises were safe and met people's needs.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People knew how to make a complaint if they needed to. Complaints were responded to quickly and appropriately and people were given feedback in a way they could understand.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

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 by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the registered manager communicated with people in an open way.

Ashurst 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 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 16 February 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with four people, and five relatives about their experience of the service. We spoke with the registered manager and three staff members. We asked four health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 21 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

Some people were unable to verbally tell us about their experiences. However, people used facial expressions to indicate they had positive experiences and felt safe living at Ashurst House. One person said, "I am safe here". We observed that people were relaxed around the staff and in their own home, people chose to seek out staff and spend time in their company. Relatives told us their family members received safe care. Relatives said, "It is a safe place to live", and "Yes, safe absolutely".

A health and social care professional told us that staff support given to a person, had enabled them to feel safe.

There were enough staff with the right skills and experience to care for people safely and meet their needs. The staff duty rotas demonstrated how staff were allocated on each shift. We reviewed the rotas which showed that the required number of staff were consistently deployed. The rotas supported that there were sufficient staff on shift at all times. The registered manager told us if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, like going shopping or going out for a meal. Relatives told us there were always enough staff to support people. One relative said, "There is a good staff ratio".

Staff recruitment practices were robust and thorough. People were protected from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff told us the policy was followed when they had been recruited and their records confirmed this. The registered provider had a disciplinary procedure in place to respond to any poor practice.

Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. The policies were up to date and available to staff in the office. The registered manager had instructed staff to read the policy for safeguarding people from abuse and staff had signed to say they had done this. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. Individual risks had been assessed and action taken to reduce the risk and keep people as safe as possible. For example, all staff had signed to say they had read the guidelines in relation to liquidised meals, and action to be taken if a problem arose.

Staff knew how to report accidents and incidents in the service. The registered provider monitored accidents and incidents. They looked for patterns of behaviour or recurring incidents so that they could respond to try and stop them happening. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised and that safe working practices were followed by staff.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. There was a system in place for checking the temperature of the medicine storage areas each day to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Where people were able to manage their own medicines staff ensured they were safe to do and provided any support they needed. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. There was a contract for servicing mobility equipment. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that they could make their own decisions about their care and routines. Some people were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. One relative said, "My relative likes structure, and the staff at Ashurst House provide that". The 2015 survey responses from people included comments, "I feel supported and happy" and "I am happy with my home and support". Staff asked people what they would like for lunch, how they wanted to spend their time and whether they wanted help with personal care.

A health and social care professional had told us, "Yes, effective for social care and health needs. Whenever there has been a need or concern, the service tries its best to get a resolution".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 un the MCA. The application procedures for this in care services 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. We heard staff asking if people wanted to have support to eat. Staff acted on people's responses and respected people's wishes if they declined support.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff received refresher training in a variety of topics such as

infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and diabetes. This showed that management set the standards of work and staff understood what was expected of them to care for people safely and effectively.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Team meetings took place regularly and staff said that they felt able to voice their opinions, and that they were listened to.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. People's changing needs were observed and recorded on a daily basis. The information was monitored and reviewed by staff. People's needs were monitored and reviewed on a regular basis to ensure that their needs were met. This meant that people were appropriately supported and staff had clear guidance concerning how to help people if they became distressed, minimising potential risk from behaviours that challenged.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from. The staff knew people well and asked each week if people had any special requests or any requests. Staff supported people to make hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight.

People had plans in place for meeting their health needs. They were supported to access health services including their GP, dentist, optician and chiropodist. Management and staff had a good understanding of people's health needs and had made referrals to health professionals where needed. A health and social care professional told us, "They (staff) keep me informed of even the smallest change in the health or circumstances of my client. The manager always follows through with any suggestions brought up at the reviews, regarding health, well-being and improved quality of life".

Good

Is the service caring?

Our findings

People told us they liked the staff. We saw that staff had good relationships with people and treated them kindly. We observed the way that staff interacted with people living at the service and found that they responded sensitively to their needs. One relative told us, "It is the best place she has ever been. I think they do a good job". The responses to the 2015 relative surveys included the comments such as, "I think they do a wonderful job of looking after my relative, he is so happy", and "My relative is well supported by Allied Care, we know she is very happy with her care".

A health and social care professional told us, "I cannot fault this service. The team have supported one of my clients with end of life care and were exceptional".

Staff recognised and understood people's non-verbal gestures and body language. Staff used a variety of communication methods with people depending on their needs. Some people used sign language and others used pictures to help their understanding and communication. This enabled staff to be able to understand people's wishes and offer choices. Staff chatted and joked with people and ensured that the people felt comfortable. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Support was individual for each person.

People were supported to maintain their independence. Where people expressed they wished to do things for themselves, staff respected this and ensured they had the equipment or facilities they needed. We saw people taking their plates and cutlery to the kitchen, ready for washing up. One person said they helped with the washing up.

People were involved in making some decisions on a day to day basis, such as what to eat and where and when to get up. We saw that staff asked people what they wanted to do with their time and did their best to accommodate their wishes. People were supported to attend a monthly house meeting where they had an opportunity to raise any concerns or make suggestions. Records showed that people met monthly and talked about what they would like to eat, activities and any maintenance issues. People could receive visitors when they wanted and could make use of the private visitor's room on the basement level. Relatives told us they felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. People felt confident to make a complaint if they needed to. One relative told us, "I have no complaints". The responses to the 2015 professionals survey included the comments such as, "When there are difficulties they get sorted, cannot ask for more than that. They are open and happy to look at practices and respond with a proportional response", and "Staff are professional and are committed to the people they support. They are always welcoming and ready to help".

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I am supported by one member of staff to move around the home in my wheelchair. I use the stairlift to get upstairs". The care plans had been completed by staff that worked regularly with people to ensure that people's views were included. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. One relative told us that staff support their daughter to do activities. Activities included, games, puzzles, in-house music, shopping, meals out, and visits to relatives. People visited local places of interest for example, nature reserves and going to see shows. One relative said, "Staff encourage my relative to go out independently". There were links with the local services for example, social clubs. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people.

People's family and friends were able to visit at any time. People were supported to stay in contact with their friends and relatives. One relative told us that her daughter comes for a home visit once a month.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice, demonstrating an understanding of person centred care.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability understand. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy.

Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that management dealt with them appropriately and resolved these. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people.

Good

Is the service well-led?

Our findings

People told us they liked living at the service and were happy there. People were confident to raise concerns about their care and said they could speak to any staff if they were worried about anything.

Relatives and staff told us that they thought the service was well-led. Relatives spoke highly of the staff. One relative said, "The manager has always been excellent. Another relative said, "I would recommend the service to other people".

Health and social care professionals told us, "I think it is well led, the manager is a listening person", "Excellent leadership. The manager sets exceptional standards to her team and is always focused on the client. Longstanding and well respected staff team", and "The manager and the rest of her staff, are a credit to her company and to the care sector".

Management had a clear vision and set of values that stated, 'To enable and encourage each individual to fully exercise their rights and live their lives to the full'. These were described in the Statement of Purpose, in a pictorial format, so that people had an understanding of what they could expect from the service. It was clear that staff were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste. The registered provider was making available the required resources to drive improvement in the service. This had included an increase in staffing numbers. Management promoted an open culture by making themselves accessible to people and visitors and listening to their views. They regularly kept in touch with families.

Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that these managers were approachable and supportive, and they felt able to discuss any issues with them.

Management worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. Referrals had been made to health professionals for advice and training as part of the improvement plan for the service, Health care professionals we spoke with told us that they had seen improvements in the service.

There were systems in place to review the quality of all aspects of the service. This included infection control, medication, safety of the premises, staff records, training and care planning. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe. We viewed the Internal Quality Audit Report dated 14 October 2015. This was comprehensive and included an area that showed any corrective action that needed to be taken. For example, signage for locations of first aid boxes to be displayed around the home. This had been signed as completed on the 28 October 2015.

People were asked for their views about the service in a variety of ways. These included monthly keyworker meetings, house meetings and 1-1 discussions with people about their care. People were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with management and staff.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. Management understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Management were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.