

Ashford House Limited

Ashford 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

Ashford 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, both were looked at during this inspection. Ashford House provides care and accommodation for up to 10 people living with mental illnesses such as schizophrenia and learning disabilities. At the time of this inspection, there were nine people living at the home.

At our last inspection, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People said they felt safe the service, staff and the registered manager were aware of their responsibilities for ensuring that people were kept safe and that any concerns were reported. Checks such as identity and criminal records checks continued to be carried out on new staff as part of the recruitment process. Staffing levels were suitable to meet the needs of people who used the service and were adapted when needed depending on activities and if people's needs changed. Medicines continued to be managed safely and staff were assessed to ensure they were competent to support people to take their medicines. People said they were supported to take their medicines how they were able to.

People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to have their needs assessed and care was planned using best practice guidance. People said they were involved in reviewing their care and relatives and healthcare professionals were invited to attend reviews. People were observed making choices throughout the inspection and were supported to maintain a healthy lifestyle. Staff received training and support which allowed them to provide care to people in a safe way and allowed them to develop within their roles.

Staff were observed being kind to people and respecting their privacy, dignity and independence. People were asked for their views about the service. Staff were aware of how people communicated and were sensitive people's individual needs regarding understanding information and were patient with people who needed more time to communicate. People told us they liked the staff and got on well with them.

People's preferences and choices were reflected in their care plans. The service took account of people's individuality and supported them to maintain their individual interests and spiritual beliefs. Staff were supported to learn more about people's beliefs and how they practiced them individually. People knew how to raise concerns and were provided with information in a way they understood.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. People told us they liked the registered manager and staff and were comfortable at the service. Staff felt they were able to approach the manager and felt listened to and supported to share their opinions. Governance structures had been put in place by the provider so that information could be shared and lessons learned in the service. People and their relatives were asked for their views and action plans were put in place to address any shortfalls in the quality of the service.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good,

Ashford 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 27 March 2018 and was unannounced. The inspection was carried out by an 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. The expert by experience had experience of learning disability services.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed this and information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We used this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with five people who used the service, four relatives, the deputy manager, and three support staff who were on duty. We also carried out general observations of the care and support provided to people.

We looked at three people's care records which included risk assessments and other associated records. We also reviewed records relating to the management of the home including the provider's quality assurance records, records related to the administration of medicines, staffing records including recruitment for two members of staff, staffing rotas and training records and records relating to the environment.

Is the service safe?

Our findings

People told us that the service made them feel safe. One person said, "If something is not right I just tell staff and they give me advice". Relatives told us, "They are very safe, whether they are at home or when they are out in the community". People and their relatives told us they thought there were enough staff to meet people's needs, one relative said, "My relative hasn't had any incidents as he is being supported". One person said, "They've got the right staff ratio".

People continued to be protected from the risk of abuse. People said that staff kept them safe. Staff had a good understanding of how to keep people safe and what to do if they had any concerns such as people putting themselves in dangerous situations. Staff had access to the local authority policies and protocols and had received training in how to protect vulnerable people from abuse.

Risks to people's safety were assessed and mitigation actions were put in place to minimise risks. Individual risk assessments were in place in people's care files which were specific to their needs. For example, one person had a risk assessment in place for accessing the community which identified hazards which could affect the person's behaviour and cause incidents. There was clear guidance for staff on how the likelihood of incidents could be reduced.

Fire evacuation procedures were displayed around the home and include pictures to make the procedure easier to understand. All fire equipment was checked regularly and the home carried out fire drills which people were involved in. People said they knew what to do if the fire alarm went off. All environmental checks such as checks of equipment and the building were carried out weekly and monthly.

Staff continued to be recruited robustly and all relevant checks were carried out before they began working at the service. Both files reviewed contained appropriate checks such as disclosure and barring checks, and obtaining references.

There were appropriate numbers of staff to meet people's needs. Staffing numbers were calculated based on the support that people needed each day. Some people required additional support when they accessed the community and we saw on the rota that this was taken into consideration. The service used agency staff to cover the short falls in permanent staff however agency staff were the same staff who had worked at the service before. We spoke to an agency member of staff who had worked at the service for two years. People and their relatives told us that they thought there were enough staff.

People continued to be supported to take their medicines. People said that staff supported them to the level they were comfortable with. Some people were prompted when to take it and other people knew when they needed to go and ask staff for it. There were protocols in place for people who were prescribed medicines which could be taken 'as required'. These had guidance and information about when people could take them, what dosage people could have and when a GP should be contacted. Staff had received training in how to safely administer medicines and had their competency was checked annually.

Infection control was safely managed by the service. The home was clean and tidy and odour free. There was an infection control lead who was responsible for ensuring that there were enough cleaning materials and personal protective equipment (PPE) available for staff. They also made sure clinical waste was disposed of in line with requirements.

Incidents were analysed and learning was put in place to reduce the likelihood of them happening again. For example, a person had not returned their bank card when they should have done as part of their support plans around managing their finances. Their support plan and risk assessment around this had been reviewed and additional processes had been introduced to prevent them from mismanaging their finances in future.

Is the service effective?

Our findings

People said that they felt that staff were well trained to be able to support them. People's relatives also said that they felt staff were competent to support their family members. People said they were supported to live healthier lifestyles and maintain balanced diets.

Staff were knowledgeable about when they should refer people to other services for additional support with their physical and mental health needs. Referral documents in people's care records confirmed that people were accessing other services and visited by healthcare professionals when they needed to be. Staff continued to assess people's health and well being on a daily basis and completed daily journals to enable them to monitor and assess changes to people's needs as well as identify patterns.

Staff continued to receive training and support for their roles. The service used a variety of methods to provide training for staff including online, DVD and classroom based. This covered training such as safeguarding, fire awareness and first aid awareness. Staff were also able to access additional training which was relevant to people's health needs such as schizophrenia, psychosis and substance misuse which staff said helped them to understand how they could respond to people when they were in crisis. The deputy manager and one of the team leaders also delivered mini workshops to staff for extra support and guidance in areas such as completing daily logs and medical services received. Staff said that they had found them useful and were able to refer back to the training notes which were kept if they were unsure of anything later. New staff were supported to complete the care certificate.

Staff had annual appraisals with their managers which allowed staff to self assess their performance and identify if there were any areas for more training or development and set goals to achieve in the next 12 months. Staff also received regular one to one supervision where they were able to discuss how they were feeling, if there had been any significant events and workload. Staff were also able request additional training or support such as a further medication competency assessment.

The service worked with other providers such as mental health teams to ensure that people's care was delivered effectively in line with their needs. People were supported to attend appointments with other healthcare professionals and it was evident in people's support plans when advice had been given by other professionals, that care plans and risk assessments were updated to reflect the advice. For example, one person had a behaviour monitoring chart that had been requested by the mental health team. This had been completed and included daily behaviours and when they had occurred so that any patterns could be identified.

There was information in people's care files regarding both their mental and physical health and people were supported to attend health appointments such as dentists, blood screenings and medication reviews. A schedule was kept of each person's appointments so that staff were able to keep track and appropriate arrangements could be made for people to be accompanied to appointments. The outcome of appointments was kept in people's files as well as dates that people should expect the results of tests back so that staff were able to follow up on people's behalf.

There was clear guidance in people's support plans about how staff should support people to minimise their anxieties in different situations such as accessing the community or when there are loud noises. People said that staff were good at calming situations down and relatives told us that they were kept informed if there were any incidents. We observed staff carrying out support as described in people's care plan during the inspection.

People's nutritional requirements continued to be taken into consideration when meals were planned. For example, people who had specific dietary requirements such as vegetarians had options on the menu every day. People were supported to maintain their independence with eating and drinking and preparing their own meals. People said that staff gave them information and advice about healthy choices. Staff told us that they did their best to help people remain healthy however they didn't restrict anyone from eating what they chose to.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Capacity assessments had been carried out to assess whether people required a DoLS authorisation for specific decisions such as how they received their care. Applications had been made however the service was awaiting authorisations from the local authority and had a tracking document in place to ensure they were aware what stage of the process each one was at. One person had an independent mental capacity advocate (IMCA) in place to support them with making informed decisions about their support and treatment.

Is the service caring?

Our findings

People said that staff were kind and considerate and treated them with respect. Relatives said that they always observed staff respecting people's choices and listening to people. Staff said that they had received training in equality and diversity which had helped them to take people's individuality into consideration.

People told us that they were involved in planning the support that they received. People had three monthly reviews and also an annual review which their relatives were invited to. Relatives confirmed that they were invited to attend reviews and were kept up to date on any changes to people's health, this was also recorded in people's records. Where people declined to take part in reviews, this was also recorded in their records and reviews were carried out based on observations and using people's daily and monthly journals for information about their progress.

People's privacy was respected and staff were observed knocking on doors before they entered. One person told us "They knock on my door for me to get my meals and my medication". People had keys to their bedrooms and were able to keep their belongings locked away when they were not in their bedroom. One person told us that they sometimes lost their key however staff always arranged for them to get a new one quickly.

People's friends and relatives told us that they were made to feel welcome when they visited. One relative told us "I'm made to feel very welcome and am always offered a cup of tea". People said they were able to contact friends and relatives whenever they wanted and did not have any restrictions.

People were able to express their views and make decisions about their care and support and also their daily living. Some people needed advance information before making decisions which staff aided them to do by giving them written information a couple of days in advance. Consent was recorded in people's care files when decisions were needed as well as consent to be able to discuss medical needs on their behalf. People said that they were able to choose what they did each day such as activities and outings. Staff said that they were flexible when people changed their minds about planned activities and people had control of what they did each day.

People were able to maintain their independence and people gave us examples of what they were able to do for themselves such as make sandwiches, do their washing and access the community. Risk assessments were in place to support these which were reviewed when people's ability changed such as when they became more confident.

Is the service responsive?

Our findings

People said that they knew how to raise complaints and told us that there was a box that they could put their comments in if they wanted to. People said that their individuality was respected and they received care that was specific to their needs.

People's personal choices and preferences were reflected in their care records and support plans were developed with their preferences taken into consideration. For example, we saw that people who had religious needs had clear details for staff on how they liked to practise their individual religions and gave an overview of information for staff about different religions including religious festivals that people may wish to celebrate. One person said, "I don't really celebrate my religion, but they supported me to go to church and light a candle when someone passed away".

The service responded to people's individual needs. For example, one person had rituals that they carried out due to their condition which meant that it was difficult for them to share a bathroom with other people. The service recognised this and as soon as they were able to, moved the person to a bedroom where they would have their own bathroom. The process and consultation was documented in the person's records.

People continued to get involved in the local community. People told us that staff supported them to do voluntary work, arts classes and accessing the gym. People's relatives said, "They are offered activities to try, sometimes they like them, sometimes they don't, but they respect that".

People received information in a format they understood. Some people were unable to read and staff used pictures and basic sign language to support communication with them in line with the accessible information standards. One person was able to communicate verbally however in order for them to understand fully when they to make decisions, the service gave it to the person in writing in advance so they had the opportunity to take in the information and make an informed decision. How people communicated with staff was clearly recorded such as how people demonstrated when they were in pain if they were unable to communicate verbally.

There was an accessible complaints process in place which had been followed when concerns were raised. The complaints policy was displayed around the home in both a written and pictorial format. There was a complaints log in place which was reviewed monthly to ensure that all on going complaints were being investigated and responded to. There had been six complaints recorded in the last 12 months, all of those had been responded to within the timescales set out in the policy and action had been taken to prevent the concerns being raised again. Staff were encouraged to raise any grievances and complaints during supervision which was recorded. No staff had raised any concerns in the supervision records reviewed.

There was no one identified as being at the end of their life, however some people had made some advanced decisions such as who they would like contacted at the end of their life. Relatives told us that they had been asked whether their relatives had expressed any preferences to them. Some people had declined to discuss their end of life wishes and this was recorded. Staff said that they asked people again when they

had their annual reviews.

Is the service well-led?

Our findings

People said they knew who the manager was and were able to approach them. Staff said that there was an open culture and they felt included in the development of the service. People and their relatives said that they were asked for their feedback about the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to.

People and their relatives were asked for feedback about the service. There were monthly service user meetings where people were able to discuss how they felt about the service and if there was anything that they thought could be improved and if there was anything new they wanted to try. People were also asked individually for feedback when their support plans were reviewed monthly. Relatives said that they hadn't formally been asked to provide feedback but they were always asked when they visited.

Staff said they felt supported by the manager and were encouraged to develop within their roles. One member of staff said, "I really enjoyed being able to get more involved in training and supporting other staff as well as doing my normal job". There were regular staff meetings held which staff were able to discuss the service and how people were supported as well as put forward suggestions such as new activities to try. There was also a staff satisfaction survey carried out which staff had responded positively to and all staff said they were happy within their roles.

The vision of the service was visible throughout the inspection and in the care records reviewed. People were supported to become part of the local community and test new experiences. For example, one person attended a gardening club and another had a voluntary job. Staff said that they enjoyed trying new opportunities with people and relatives told us that they had seen the service try different activities with their family members.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a governance structure in place which ensured that the provider had oversight of how the service was performing. The provider carried out quality assurance visits where they checked all aspects of the home and highlighted areas for improvement. Action taken was documented such as discussions with individual staff during supervision. The registered manager continued to carry out monthly audits of areas such as care records, complaints, incidents and environmental issues. An overall action plan was in place to

address any areas where shortfalls had been identified.

The registered manager worked with other healthcare professionals to provide continuity of care for people whose care was supported from a number of organisations such as mental health teams and district nursing teams. There was evidence in care records of advice and guidance being sought and implemented into people's care plans such as how to manage a person's long term condition. A healthcare professional said that they were always contacted for advice about the person they supported and were made aware when there were any concerns about the person deteriorating. Staff said that they attended training with other healthcare professionals for specific conditions which meant they were able to ensure that people were supported how they needed to be on a daily basis.