

# Ashingdon Hall Care Limited

# Fortescue 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

### About the service

Fortescue House is a supported living service providing personal care and support for up to ten people who have enduring mental health difficulties. At the time of our inspection, five people were using the service.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### People's experience of using this service and what we found

People told us they felt safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks within people's lives. People received their prescribed medicines by trained staff. Effective infection control processes were in place. Staff had received infection control training and understood the importance of following government guidance in relation to COVID-19.

Recruitment procedures were safe. Staff had been recruited following relevant checks being undertaken. Staff received training to develop their skills and knowledge, were well supported and worked effectively as a team. There were enough staff available to meet people's needs.

People were complimentary about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted. Staff supported people to safely stay in regular contact with friends and family through video, telephone calls and garden visits during COVID-19.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals to health care professionals were made and recommendations followed by staff. Where required, people were supported with their nutritional needs.

Care plans detailed how people liked to be supported. People were consulted over their care and support needs and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged and supported to follow their interests and hobbies and join in with social activities staff had introduced during COVID-19 to support people's well-being.

The service was well led. The registered manager provided clear leadership and was committed to providing high quality care. Staff felt valued and well supported by management. Effective systems were in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 09/01/2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Fortescue House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 23 April 2021 and ended on 4 May 2021. We visited the office location on 4 May 2021.

#### What we did before the inspection

We reviewed information we had held about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had the skills and knowledge to identify and raise any concerns.
- Whistleblowing procedures were in place and staff knew how to access these.
- Staff told us they felt confident any safeguarding concerns would be dealt with effectively by the management team.
- The registered manager demonstrated an understanding of their responsibilities to report any safeguard concerns to the local authority and to notify CQC.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed; these included risks such as self-neglect. Staff were aware about the risks for each person. A health care professional said, "I viewed the care plan and risk assessments and spoke with the patient and a member of support staff. The risk assessment was accurate and the care plan covered all their needs."
- The service was not risk adverse. Staff encouraged people to make choices, enabling them to enhance their wellbeing and lead fulfilling lives.
- People told us they felt safe with staff. One person told us, "Without a doubt I feel very safe."

Staffing and recruitment

- There were sufficient numbers of staff to support people safely.
- People were supported by a consistent staff team.
- Safe recruitment systems were in place. This included references to evidence the applicant's conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Staff supported people to take their medicine in line with their assessed needs.
- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Staff completed training in the administration of medicine and regular assessments of their on-going competency to administer medicines were undertaken.
- Medicine administration records (MAR) were accurate and audited regularly.
- When a dispensing error had occurred, appropriate and immediate action had been taken to make sure the person was safe.

### Preventing and controlling infection

- People were supported to live in clean and hygienic surroundings.
- Staff received training in infection control and food hygiene and had access to personal protective equipment (PPE) such as gloves, aprons and masks.
- The provider had carried out COVID-19 risk assessments to support staff's and people's safety during the pandemic. One person told us, "They wear face coverings all the time and they take people's temperatures."
- The provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The registered manager told us there had been no significant incidents since the service had become operational.
- Accidents and incidents were recorded and included details of the event and actions taken. The registered manager said all incidents and accidents would be reviewed and any lessons learnt shared with all staff to mitigate the risk of reoccurrence.
- Staff told us they were confident they could speak up if mistakes were made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to them using the service.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported them to have a good quality life.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. This included getting to know people and shadowing other members of staff. One member of staff said, "I shadowed staff and read care plans. I had to understand people's needs before I could support them and work alongside the manager before I was signed off."
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. They told us they felt they had all the training they needed to meet people's care needs.
- Staff received regular supervision, observations of their practice and a yearly appraisal of their performance. A member of staff told us, "The registered manager does supervision and works alongside us to observe our practice."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to maintain a healthy diet. This included supporting people to plan, purchase and prepare their meals. Although staff encouraged healthy eating where possible, they respected people's rights to make their own decisions.
- A daily hot meal was available for people. One person told us, "We have a cooked meal each day. The food is very nice and is cooked well. We get asked what we want to have." They went on to say they could access the kitchen at any time to make themselves drinks and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals such as social workers, GPs and community psychiatric nurses to help support people to maintain their health and wellbeing and achieve good outcomes for people.
- Where required, people were supported to access health care appointments. One person said, "They take me to appointments and listen if you're worried."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and supporting people to make decisions.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they were happy at the service.
- People consistently said they were treated well and respected. Feedback included, "All the staff are very caring, they sit and talk with you."
- Throughout our inspection we observed staff interacting with people in a kind and sensitive manner.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in the development, and on-going review, of their care plans. One person told us, "I am involved in my care plan. It has just been updated and they go through it with me. They are all up to date with the paperwork."
- People were given the opportunity to provide feedback about the service and the care they received. This included regular 'in-house' meetings.
- Staff described how they supported people to make choices and how they respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to regain their independence and lead fulfilling lives. For example, learning local bus routes, going shopping, attending appointments and meal preparation. One member of staff said, "It is good to see them reclaim their independence and to be a part of that. Some come here not being able to do day to day things but we have helped to give structure and confidence to enable people to access the local community."
- People's privacy was respected. One person told us, "Staff respect my privacy. If I want to be alone I tell them I want my meds or my dinner saved and they respect that."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the development and review of their care plans and supported to make choices about every aspect of their daily lives.
- Care plans were person centred and reflected people's individual needs. They contained clear guidance for staff on how people wished to be supported.
- Staff knew people well and demonstrated their responsiveness to any changes in people's behaviours to mitigate the risk of their mental health deteriorating.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded.
- The registered manager told us they would always ensure people received information in a format which they could understand; for example, large print, audio or braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to partake in hobbies and activities which interested them.
- Due to COVID-19 restrictions, staff had actively encouraged people to participate in activities to support their well-being and prevent the risk of self-isolation.
- One person described how they had been unable to attend the gym or attend their regular yoga classes. Yoga mats had been purchased by the registered manager and staff were supporting the person to carry on with their yoga. They described the positive impact this had on their mental well-being and how this had helped them during the pandemic.
- Another person told us they had participated in a range of activities including baking cakes, cooking pizzas from scratch and gardening.
- During COVID-19 people had been supported to maintain contact with family and friends via video/telephone calls and garden visits in line with government guidance.

Improving care quality in response to complaints or concerns

- There was an effective complaints system in place.

- There had been one complaint since the service had become operational. This had been responded to appropriately in a timely manner.
- People knew how to raise a concern if they were unhappy about anything.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The registered manager told us they would work with healthcare professionals and organisations to support people with end of life care. They said personalised end of life plans would be put in place to ensure staff had the guidance they needed to support people.
- All staff had been trained in end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff.
- The registered manager and staff demonstrated their commitment and passion to providing a high quality, personalised service to people, achieving good outcomes for them.
- People were encouraged to feedback their views on the service. For example, through daily interactions with staff, feedback forms and regular 'in-house' meetings.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff told us they felt supported by management.
- Effective communication processes were in place to ensure staff had up to date information on people's care and support needs. This included detailed handovers at the beginning of each shift.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.
- The registered manager had oversight of the service on a day to day basis and knew people well. They delivered care and support to people alongside their staff and were knowledgeable and committed to providing high quality care.
- Quality assurance systems and checks were in place to monitor the quality of the service and help drive improvements.
- Staff enjoyed working at the service and were clear on their roles and responsibilities. Without exception they told us they felt supported and valued by the registered manager and provider.
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team. One staff member said, "Morale is good especially through these difficult times. Everyone goes above and beyond."

Continuous learning and improving care; Working in partnership with others

- The registered manager recognised the importance of learning and improving the quality of care. They saw, as a priority, the importance of well-trained staff to support people's mental health and wellbeing, enabling them to lead fulfilling lives as independently as possible.
- Staff worked in partnership with other professionals to meet the needs of people. For example, GPs, social workers and mental health teams.