Ashness Care Limited

Ashness Two

Inspection report

41 Cranleigh Road
London
N15 3AB

Tel: 02088099958
Website: www.ashnesscare.org.uk

Date of inspection visit:
21 February 2017

Date of publication:
10 April 2017

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

We inspected this service on 21 February 2017. The inspection was unannounced. Ashness Two is a care home registered for a maximum of five adults who have mental health needs. At the time of our inspection there were four people living at the service. A fifth person was in the process of gradually moving into the service.

The service is located in a large terraced house with access to a back garden.

The last inspection took place on 26 November 2015. At that inspection we found two legal requirements were not being met in relation to safe care and treatment, as medicines were not being safely managed and there was insufficient action taken to prevent fire in people's bedrooms.

At the time of this inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us staff were kind, caring and offered them support as they needed. There was a calm and relaxed atmosphere at the service on the day of the inspection. We saw staff talking and working with people in a calm and respectful manner.

People told us they felt safe and that the service was a good place to live in. We spoke with staff who were aware of the importance of safeguarding adults and knew what to do if they had any concerns.

The majority of people living at the service were independent and went out to meet friends and participate in hobbies and activities without support. But staff offered assistance with appointments when required, monitored and supported people with their mental health needs and ensured they had appropriate additional professional support if their needs changed.

Care and support plans were comprehensive and up to date. Risk assessments were in place for identified risks, but not all gave clear detailed advice to staff in how to manage these.

Medicines were stored safely and within the correct temperature range. We noted that records did not show tablets carried over from one month to the next so it was not possible to check stocks against records for all medicines, but this has been rectified since the inspection.

Supervision took place regularly and staff received training in key areas to ensure they were skilled to carry out their role.

The provider had ensured that recruitment checks, including Disclosure and Barring Service (DBS)

certificates, were completed before staff started working with people. For some staff the provider had obtained verbal references but was still awaiting written references. However, these staff had worked as agency staff prior to becoming permanently employed so at that point the provider had received historical references. In this way they had satisfied themselves staff were considered safe to work with people who used the service.

We found the premises were tidy and whilst it was clear that daily cleaning took place there were areas where the service had built up grime. The registered manager undertook to carry out a deep clean of the service by the end of March 2017. A number of rooms had been decorated in the last six months and there were plans in place for other areas to be decorated by the end of March 2017.

We found that measures were in place for infection control through the use of specific mops for particular areas and chopping boards for specific food stuffs. However we found a fridge in the kitchen with a meat product that was cooked but not entirely sealed or labelled. It had been cooked just prior to our arrival. Also staff had stored their own food in the fridge that required freezing. These issues were resolved by the end of the day of the inspection.

One person had their money managed by the service and we saw the process was robust with records maintained and receipts retained.

Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety.

The provider had quality assurance processes in place to monitor the quality of the service. Quality checks of the service took place by a member of the management team monthly, and management minutes showed the findings were discussed by the management group. The deputy manager also carried out checks of medicines and the management of people's money.

Staff, people living at the service and relatives told us the management was a visible presence within the home, and the registered manager and deputy manager were well regarded.

We have made a recommendation in relation to risk assessments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments did not always give detailed guidance to staff in how to manage risks.

The provider did not have a robust system to check stocks against records for all medicines.

Staff recruitment was safe.

People's money was managed safely and staff understood safeguarding and knew what to do if they had any concerns about a person living at the service.

Is the service effective?

Good

The service was effective. Staff received training in key areas and had regular supervision.

People were supported to maintain good health and to eat well.

Staff understood the importance of consent when supporting people.

Is the service caring?

Good

The service was caring. We could see staff were kind and caring and this was confirmed by people living at the service and their relatives.

People were shown dignity and respect and their cultural needs were met.

People were encouraged to be independent and their views were respected.

Is the service responsive?

Good

The service was responsive. Care and support plans were detailed, up to date and contained information on people's needs and preferences.
People were supported to transition into and out of the service in a supportive and professional way.

There was a complaints process in place which people were aware of.

People were supported to meet their goals and were supported with activities if necessary.

Is the service well-led?

Good

The service was well led. The registered manager and deputy were approachable and open, and were viewed well by people living at the service, relatives and other health and social care professionals.

There were quality assurance processes in place to check the quality of the service.

Ashness Two

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 21 February 2017 and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 improvements they plan to make. We also looked at information CQC held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the visit, we spoke with the registered manager and two members of staff.

We checked medicines storage and records related to medicines for three people. We looked at care records for three people using the service. We talked with four people living at the service and one person who was moving into the service.

We looked around the premises and saw two people's bedrooms. We looked at records relating to the management of money and maintenance of the service. We looked at training records for the team and supervision records for three members of staff. We also looked at the recruitment process for three members of staff.

After the visit we spoke with two relatives of people who used the service and two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. "I feel safe, I can go to the GP down the road and I can talk to people and do things that I want to do." Another person told us "I get scared at night, you know, just in the way I feel about things. But it is peaceful here. I feel safe a lot of the time."

The registered manager told us that on occasion there were issues between people living at the service but they supported people through disagreements, and assisted with negotiating compromises. When people were being considered for suitability to the service, their temperament, character and mental health were evaluated in relation to the existing people living at the service. This was positive for people living at the service.

Staff knew about the importance of safeguarding adults and knew what to do if there were any concerns. Staff understood whistleblowing which is how to raise concerns about poor practice to the employer. We could see that safeguarding concerns in the last 12 months had been dealt with appropriately by the registered manager and staff.

At the last inspection the service had been in breach of the regulations in relation to individual fire risk assessments. At this inspection the provider was enforcing the rule that people did not smoke in their rooms. An outside covered area in the garden was available for smoking and people used this facility. There was no odour of cigarettes within the service.

The registered manager completed a detailed document 'Referral Assessment, Risk Management and Support Plan." This outlined extensively the range of risks and gave detailed background for the context of given risks, some risk assessments lacked detailed information for staff in how to respond if certain events took place. For example, very detailed advice was given regarding how to manage a person's health condition if they were to experience an acute attack, but for another person there was no information as to what to do if this person were to try and leave the premises without staff support. In discussion with staff, they knew people's needs well and were able to tell us what they would do. But staff told us that agency staff were used approximately one shift a month so it was important all advice was detailed on records.

The registered manager told us that sharp knives were held in the office to minimise their usage as a weapon. This was a policy related to the whole the service and was reviewed regularly. As such it was not specified on each person's risk assessment.

We recommend all risk assessment are reviewed to ensure they offer detailed guidance and advice for staff.

At the last inspection there had been a breach of the regulations in relation to medicines as staff had given a dispersible medicine without water and it was unclear that people's ability to self-medicate was being monitored. At this inspection we found one person managed the administration of their own medicines. One type of their medicine administration was overseen by the local mental health team. The deputy manager at the service checked this person took the second prescribed medicine. We could see from

records that this person was taking this medicine.

Medicines were stored securely and within the correct temperature range. We checked stocks against records for a boxed tablet and found that whilst the medicine administration sheet (MAR) was signed, it was not possible to reconcile stocks as any tablets carried over from one four week cycle to the next were not recorded. Two other tablets were in containers and without a 'tablet counter' it was not possible to reconcile stocks and MAR hygienically. Any tablets carried over from one period to another for these medicines were not recorded. There are a range of ways to ensure medicines are audited robustly, this may include using a tablet counter or asking two people to sign giving medicines. Following the inspection the registered manager has amended the MAR to include an entry to show any tablets carried over from one cycle to the next. The registered manager has also purchased a 'tablet counter' and will consider how best to evidence medicines are audited at the service.

Staff recruitment records had references in place prior to staff starting work. Evidence of the person's right to work in the UK, and up to date DBS disclosure checks were on file for all staff members. The service pays for staff to remain registered with the online checking service so their status can be checked annually. Staff are asked to confirm on an annual basis if their status in relation to disclosure has changed. This meant staff were considered safe to work with people who used the service.

We found the premises were tidy and whilst it was clear that daily cleaning took place there were areas of the service where grime had accumulated. The registered manager undertook to arrange a deep clean of the service by the end of March 2017. A number of rooms had been decorated in the last six months and there were plans for other areas to be decorated by the end of March 2017. People at the service were supported to clean their rooms on a weekly basis, the standard of cleanliness reflected the person's choice of level of support.

We found that measures were in place for infection control through the use of specific mops for particular areas and chopping boards for specific food stuffs. However we found a fridge in the kitchen with a meat product that had been cooked that morning that was not entirely sealed or labelled, and staff food had been stored in the fridge that required freezing. These issues were resolved immediately. The registered manager told us the kitchen fridge was no longer for use by staff and checking its cleanliness was now a daily task for staff on the rota log. People using the service also had an individual fridge in their rooms to store their own foodstuffs so the fridge in the kitchen was not used by the majority of people living at the service.

One person had their money managed by the service, with their agreement, and we saw the process was robust with records maintained and receipts retained.

Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety.

Good

Is the service effective?

Our findings

People told us the staff working at the service were able to support them in ways they wanted and were available and approachable. Relatives told us they thought staff were skilled to do their jobs and one family member told us they thought the service "did a brilliant job" in providing the service to their relative. Staff spoke eloquently about people's needs and circumstances and understood their preferences and choices.

Staff had received training in all the key areas including safeguarding, medicines management, first aid, food safety, forensic mental health and manual handling. Additional courses had been attended in managing epilepsy, understanding personality disorder and managing challenging behaviour. Staff had Qualification and Credit Framework (QCF) Level 3 qualifications relevant to their role and all were studying the Care Certificate modules with a planned end date of 31 March 2017. The deputy manager was studying for a Level 5 QCF course and had completed his Care Certificate trainer's award in 2016.

People told us there was support available for managing health needs. We were told "The staff make sure I have my inhaler, I take this mainly in the morning and night and during the day I am not too bad." "I have my blood pressure checked often and the local doctor is easy to talk to." Another person told us "I have a GP down the road, I don't see them too often as I don't need them, but I go about once a year." A health and social care professional confirmed that people were supported to keep GP and other health appointments.

One person's mental health had deteriorated in the recent past and the service supported this person to remain at the service rather than being admitted to hospital. The staff identified behaviours that indicated this person was becoming unwell and notified the care co-ordinator and worked with the mental health services to support this person. This person spoke with us and told us "I had a setback a while ago but I didn't need to go back to hospital. Staff supported me here. And I am getting back to how I felt before. That is progress for me." This person told us he really liked living at this service.

The majority of people living at the service were able to buy their food of choice and cook for themselves. The provider gave each person money each week to buy food and asked for receipts to evidence it was bought. People who were able preferred to be autonomous eating when they chose and buying their choice of food. One person told us "The staff know I like to have my main meal in the morning. It is easier for me and I prefer to have it at this time. It is good to have the choice, I was making steak and chips this morning and I enjoyed it."

At the last inspection CQC recommended the provider seek advice on how best to support people to meet their health and nutritional needs. Since the last inspection we could see that people had either undertaken training in nutrition or were booked onto the course the day after the inspection visit.

The service weighed people monthly to ensure there was no significant weight loss, and we saw records of this. A log was kept of what one person living there ate on a daily basis to ensure he had a varied and interesting diet, and a nutritionist was being invited to visit to offer guidance to staff once a new person had fully moved to the service.

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).

One person had recently moved into the service and the staff found this person needed support going outside as they had some level of confusion. A previous assessment for DoLS had been refused in their previous care home, but the registered manager was applying for a re-assessment as staff had found that this person was quite vulnerable when out alone and they were concerned he would not find his way home without support. Staff were currently supporting this person outside of the service.

The three remaining people were able to make their own choices of what to do and when to go out and come back to the service. There was a waking night staff to let people in at any time of the night, and a minimum of two people on duty during the daytime. People did not have a key to the premises, but they had keys to their personal rooms.

Staff understood the importance of gaining consent to support people and it was clear they were non-judgemental although they had to enforce certain rules at the service. One person told "I want to drink, but sometimes when I drink alcohol outside I want to come back in, it's complicated. It leads to heavy discussion, but staff do talk about it." This showed a level of skill in the staff regarding the use of alcohol and negotiation of rules and risk at the service.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and we witnessed kind interactions between staff and people at the service. One person told us "I have the flu at the moment, so the staff have been helpful and get me what I need. I am well looked after."

A person who was transitioning into the service told us "I am about to be discharged from hospital soon and the staff here have made it easier They gave me time to move in and to take my time." Another person told us "The staff are easy to talk to."

Relatives confirmed that staff were caring and kind. One relative told us some staff had been "exceptionally kind" to their family member and this was much appreciated.

People told us they were treated with dignity and respect. Staff told us it was important to be non-judgemental in their approach and to respect people's choices. We saw people were supported to cook food of their choice and their culture. One person attended a day service for people from the Caribbean.

People were encouraged to clean their rooms, shop and carry out activities of daily living where they were able. Where they needed support this was provided by staff. One person was assessed as able to self-medicate and this was positive for his self-esteem. He told us "I look after my own medication, it is written down for me and I store it. I want to do things with my life and get back to where I have been before. I spent a long time in hospital before and to be able to do this shows I have made progress with support."

We saw that care and support plans were signed and had detailed information regarding people's histories, family and friendship networks and hobbies or interests. Staff tried to understand the context of people's anxieties. For example, one person's mental health needs meant they were anxious their belongings were being stolen. Although there was no evidence this was the case the registered manager bought a lockable box for his room to allay his fears.

People's rooms were personalised as they chose and three of the bedrooms had been decorated recently with the remainder due for decoration by the end of March 2017.

The living room area and office space had changed locations within the building recently. The office was now located in an area which enabled staff to monitor people leaving and returning to the service better. The living room area was small and could not comfortably fit all the people living at the service sitting in it at once. We discussed this with the registered manager who told us that people had rarely chosen to sit together, and the living room as it was now meant people talked to each other as they walked through it on the way to the kitchen. There was a dining area separate to the living room which people also used.

Staff were facilitated to keep connections with family and friends. We were told "They talked to my [relative], they trust him, he visits me a lot and they know, he will take care of me when outside. The staff come with me sometimes, as well." The registered manager told us he kept contact with family members with

agreement from people living at the service. Family members told us the service was good at communicating with them and this was helpful.

Good

Is the service responsive?

Our findings

Care and support plans were detailed and included information relating to people's past history, current diagnosis and current needs and risks. The information gave a useful background to people's lives and detailed guidance regarding their current needs. They were regularly updated.

They also provided information regarding people's interests and goals and emphasised what people could do and wanted to do. People had key worker sessions every two months to discuss their goals. Records were detailed and showed extensive discussions took place for the majority of people. One person was reluctant to engage with key working sessions.

One person told us "I have been through a lot in my life and had a recent setback, but my keyworker is really great. They understand me and want me to do well." Another person told us "they are so easy to talk to and we get on."

People had their own personal aspirations and goals. One person had been volunteering and attending the gym locally prior to a recent period of ill-health, but planned to re-start more activities in the coming months. One person attended a day centre which had been commissioned prior to them starting at the service. The provider had initiated contact with a local Caribbean day service to provide additional activities for this person.

One person told us "I like to draw, a friend taught me when I was younger. I go to the shops and I buy pads to draw on. Some things are harder to draw than others. I like to play cricket too, I was a bit of an all rounder. I don't like pace bowling though. I have my cricket stuff here, my football stuff here." Staff knew what people liked to do with their time and supported them when necessary and encouraged them.

The service supported people with moving into and out of the service, and we saw detailed pre-admission information had been gathered by the service for this person and all others at the service. One person told us "I am moving in gradually from hospital. The place here is quiet and peaceful it is what I need. The staff have worked to support me moving in a bit at a time, so it is not too rushed and does not make me feel as anxious." A health and social care professional confirmed the provider worked in a professional way with their service to facilitate a smooth transition into the home for this person.

The registered manager told us that in the past few years a number of people had moved from the scheme to supported living schemes and some had eventually moved to their own flats. One person told us he was keen to keep moving forward with his life, to feel he was making progress and the staff were helping him to do so.

There was a complaints process in place at the service and people were given information about how to complain as part of their 'Welcome Pack'. There had not been any formal complaints in the last year but people told us they knew how to make a complaint, and there had been one issue between people living at the service that had been mediated by staff in the last 12 months. This was now resolved satisfactorily but

staff continued to check people's experience. Relatives told us they hadn't had any complaints to make but the registered manager was very responsive and approachable so they had confidence in issues being resolved.

The registered manager told us people had opportunities to share their views or raise issues in a number of ways; at key working sessions with staff; with their care co-ordinator who they met regularly or at residents meetings which occurred on a regular basis.

Good

Is the service well-led?

Our findings

The registered manager told us the service aimed to support people through care to make a recovery and develop independence safely.

There was a new deputy manager in post who oversaw the day to day running of the service. A health and social care professional told us the new deputy manager was viewed as responsive by the local mental health team. People at the service knew both the registered manager and the deputy manager well. One person told us "The manager is approachable, you can speak to them and offer your view." Family members spoke highly of the registered manager. One relative told us the registered manager "was as trustworthy as you can get" which they valued, and considered the service deserved "gold stars". They were "very happy" with the service offered to their family member and the way the service communicated and worked with them as a relative.

Staff also told us the registered manager was accessible and open to suggestions. Team meetings took place on a regular basis and staff told us they felt supported by the registered manager and the management structure of the organisation as it provided 24 hour support for staff. Following any accidents or incidents there was a debrief for those people involved and any learning was shared across the service.

The registered manager told us he employed staff who had extensive life experience so they had maturity to work with people whose lives were complicated through circumstance and or ill health. From discussion with staff we found them non-judgemental and warm and open in their approach to working with people. This was very positive for people living at the service.

We could see that regular management meetings took place incorporating managers from this service and other services run by the provider. The deputy manager regularly audited finances and medicines. A qualified nurse commissioned by the service undertook a monthly audit which covered medicines, care plans and people's experience of the service. The audit results were then discussed at the next management meeting so actions were followed through.

The registered manager retained his professional qualification as a registered social worker and encouraged and supported his staff to obtain and improve their qualifications. The registered manager had also developed links with academic institutions, and was able to accept social work and psychology students on placement to the organisation as part of their training. A recent student had carried out a survey of the views of the people living at the service and we saw from the results they were positive about the service. One person would prefer to have a key to the front door, but in the interests of all the people living at the service and to support the maintenance of an alcohol and drug free environment, the provider has risk assessed this was not safe.

The registered manager attended the local authority providers' forum and attended forums run by the local NHS Trust related to mental health issues. In this was he was keen to continuously develop the service and maintain good relations with other key stakeholders locally.