

Ashingham House Limited

Ashingham 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

What life was like for people using the service:

The service continued to provide high quality, person centred care. Potential risks to people's health, safety and welfare had been assessed and there was guidance in place for staff to follow to reduce the risks. Staff supported people to take positive risks to live their lives to the full.

Information from audits, incidents and quality checks were used to drive improvements and provided person centred support. Staff received training, supervision and were informed about new national guidelines to keep their practice up to date to meet people's individual needs.

Staff understood people's communication needs and had worked with people to provide positive behaviour support, to understand what people were trying to communicate. People were supported to be as independent as possible and learn new skills.

People were supported to take part in various activities that they enjoyed. Staff understood how this enabled people to have a good quality of life. The service was promoted links with the community and invited them to parties and celebrations.

More information is in the detailed findings below.

Rating at the last inspection:

Good (report published 15 July 2016).

About the service:

Ashingham House is a residential care home that accommodates up to 10 people living with learning disabilities or autistic spectrum disorder. At the time of the inspection eight people were living at the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen 'Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service continued to meet the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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.

Ashingham 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 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Ashingham House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

People living at Ashingham House were not able to fully share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas during the inspection. We

spoke with one person's family who were visiting the service. We spoke with three staff, one agency staff, the chef and registered manager.

We reviewed a range of records. This included three people's care records, reviewed medicine records. We also looked at two staff recruitment files, supervision and training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Checks on the environment had been completed and risk assessments completed to keep people safe. Where shortfalls were identified the registered manager had reported these to the provider and action taken. For example, carpets were going to be replaced in the main corridors and stairways, the registered manager will inform us when this is completed.
- Staff understood how to support people to reduce the risk of harm. Support plans contained detailed guidance for staff to support people safely, these included health conditions such as epilepsy. These explained how to support and promote people's safety to ensure their needs were met.
- When people experienced behaviours that may challenge others, staff knew how to respond to people. There were detailed person-centred support plans for staff to refer to about how to consistently support people, when they became distressed or anxious. We observed staff putting these guidelines into practice and they were effective.
- Staff supported people to take positive risks to live their life fully and be part of the community.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted upon to make sure people were safe.
- Staff had access to the local safeguarding and provider policy for reference. Staff were aware of the signs of abuse and to observe for changes in people's behaviour.
- Incident records confirmed that staff had reported concerns of abuse to the registered manager. They had taken appropriate action and had reported these incidents to the local safeguarding team.

Staffing levels:

- The registered manager calculated the number of staff required to meet people's needs including their one to one hours. When people had moved to the service, agency staff had been employed to ensure there were sufficient staff.
- Regular agency staff had been used and they had received an induction including shadow and buddy shifts, to get to know people's choices and preferences. During the inspection, we observed agency staff completing a shadow shift and another agency member confirmed they had received an induction.
- The registered manager followed the provider's recruitment policy. New staff had been recruited safely.

Using medicines safely:

- Medicines were stored, administered and disposed of safely. Medicines records confirmed people had received their medicines when prescribed.

- Staff completed training in medicines administration, their competency was checked annually or when an issue had been identified.
- When people had been prescribed 'when required' medicines such as to calm them when anxious or distressed, there were guidelines for staff to follow about when and how much to give the person. Records showed that these medicines were given when all other actions had not been effective.

Learning lessons when things go wrong:

- Incidents and accidents were recorded and analysed to identify any patterns or trends. The registered manager had acted when patterns had been identified to reduce the risk of them happening again. One person's one to one hours had been increased following a pattern of behaviour had been identified.
- Staff had recorded people's any changes in people's behaviour and this had been used to identify triggers. This information had been used to develop positive behaviour plans to reduce the behaviour and we observed people using the positive behaviour to tell staff what they wanted.

Preventing and controlling infection:

- The service was clean and odour free.
- Staff had received training in infection control and used personal protective equipment such as gloves, when required.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and were reviewed regularly by keyworkers.
- The registered manager met people before they moved to the service to make sure that staff could meet their needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments, this included people's needs in relation to their culture, religion and diet. The service had an equalities champion who worked with staff to ensure that people's equality and diversity needs were met.

Staff skills, knowledge and experience:

- People were supported by staff who received training appropriate to their role. Training was updated regularly including face to face and online training. Training topics included specific topics to meet people's needs including positive behaviour support.
- During the inspection, we observed staff putting their training into practice and supporting people effectively.
- Staff received regular supervision and appraisals. Staff were supported to improve their practice, skills and continue their development.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's dietary needs and preferences were met and people were involved in choosing their meals.
- Staff were aware of people's needs in relation to risks such as choking and followed guidance to reduce the risk.
- People were supported to make their own drinks and snacks during the day.

Staff providing consistent, effective and timely care:

- People had a health passport, this gives an overview of people's healthcare needs, this was reviewed regularly.
- People were supported to attend appointments with healthcare professionals including psychiatrists to make sure people were receiving appropriate support.
- People had access to health professionals such as dentists, opticians and chiropodists.
- Staff followed guidance from healthcare professionals to keep people as healthy as possible. Staff supported one person with a fluid restriction and understood the reason why this had been put in place.

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 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 MCA. The application 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.
- When it had been assessed as appropriate, the registered manager had applied for authorisations to legally deprive people of their liberty.
- Decision specific mental capacity assessments had been completed and when required best interest decision meetings had been held, involving people who know the person well.

Adapting service, design, decoration to meet people's needs:

- The building had been adapted to meet people's needs including the introduction of a wet room.
- People's rooms were personalised to reflect their choices and interests.
- People had access to a garden and all areas of the building.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; staff knew people well and understood how they wanted to be supported and this was observed during the inspection.

Ensuring people are well treated and supported:

- Relatives told us that their loved one was well looked after and their life had improved since moving to the service.
- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff told us that the service felt like a family. We observed relatives bringing treats for all the people in the service, which people really enjoyed.

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

- People were not always able to express their views and wishes verbally. Staff were observed using different ways of communicating with each individual. People responded to staff in a positive way.
- Staff observed and recorded people's behaviour, this was used to identify what people liked or disliked. This was then included in people's support plans.
- People were encouraged to make choices when shown objects such as clothing or meals. Staff respected these decisions and acted as an advocate with people's relatives to explain that people had made the choice, for example about the clothes they wore.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible. People were supported to do their own washing and help with the housework. People had been assessed and were supported to make drinks and snacks safely in the kitchen.
- People's privacy was respected. Staff told us how people liked to spend time in their rooms and it had been agreed with them that they would check on them regularly.
- People's confidentiality was supported, people's information was kept securely and staff understood how to protect people's confidentiality.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- Staff knew people well and their likes, dislikes and preferences, these were recorded in a person-centred care plan.
- The person's keyworker reviewed the care plan monthly and any changes were recorded and the care plan changed accordingly.
- Staff described in detail how they supported people, how they were individuals and their different needs and ways of communicating.
- We observed staff responding to people and communicating with them in the way they preferred.
- People had the opportunity to take part in activities of their choice, people were supported to go into the community, go swimming and shopping.
- Each person had a photograph album showing all the trips and activities they had taken part in.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy. Relatives told us they knew how to raise concerns with the registered manager and these were dealt with appropriately.
- The registered manager told us that each person had developed their own way of communication and staff recognised when people were unhappy. Staff responded to people when they thought they were unhappy. Support plans confirmed that people's behaviour had been responded to and this had been effective.
- There had been no formal complaints in the last year.

End of life care and support:

- The registered manager recognised that people's end of life choices needed to be recorded. People's relatives had been asked about people's wishes but not all had responded. When information had been received this was recorded.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

The service promoted person centred, high quality care and good outcomes for people:

- The registered manager told us they promoted people being treated as individuals and ensuring that the support they received empowered them to lead their lives to the fullest and be as independent as possible.
- Staff and relatives told us that the registered manager was approachable and supportive. The registered manager had a good understanding of people's needs and spent time with people.
- The registered manager kept staff informed of any new national guidelines and how these should be put into practice such as new medicines management guidelines.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was a quality system in place to enable the registered manager to identify any shortfalls in the quality of the service and act to rectify it. An action plan was put in place and this was signed as completed when the shortfall had been rectified.
- The provider completed quality assurance audits and gave the registered manager an action to complete before the next audit. The action plans were checked at the following audit.
- Systems had been put in place to reduce the risk of shortfalls happening again and during the inspection we observed that the systems had been effective.

Engaging and involving people using the service, the public and staff:

- Regular staff meetings were held, staff were kept up to date with any changes within the service and they could raise concerns and make suggestions. Following the meetings, action plans were developed if needed, to deal with any concerns raised, these were signed off when completed.
- Staff told us they felt supported and listened to by the registered manager.
- Resident meetings had been tried but these had not been successful as people had individual communication needs, however, people did attend the staff meetings if they wanted.
- Quality assurance surveys had been sent to relatives, staff and healthcare professionals. There had been no response from the healthcare professionals. The feedback from relatives and staff had been analysed and had been positive.
- When relatives or health professionals visited the service, they were asked to write a comment on a visitor's sheet, the comments seen had been positive about the visit.

Continuous learning and improving care:

- The registered manager attended registered manager forums and meetings with the provider's other

manager's, to keep up to date.

- The registered manager received updates from national organisations such as National Institute for Clinical Excellence, to continuously improve the quality of the service.

Working in partnership with others:

- The registered manager worked with funding authorities and the local safeguarding team to ensure people received joined up care.
- The service was pro-active in forming links with the community and local people were invited to the service for parties and celebrations of special occasions.