Livability

Ashley Place

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

Ashley Place is a residential care home which is registered to provide accommodation for up to 18 people living with a physical disability and associated needs. Nursing care is not provided. The home has been specially adapted to accommodate wheelchair users with communal areas and bedrooms adapted to meet individual needs. On the day of our visit there were 16 people living at the home.

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.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Currently non one was subject to DoLS. We found the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were able to make day to day decisions for themselves. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and people were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities and outings on offer which people could choose to

do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Activities were available according to people's preferences and staff supported people to access the local community.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The service had an open and positive culture. Staff told us that the registered manager and staff team were supportive and approachable.

People, relatives and staff were supported to question practice and asked for their views about the service provided through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

Ashley Place

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 24 April 2017. One inspector undertook this inspection and the inspection was unannounced

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. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people. We chatted with people and observed them as they went about their day-to-day tasks and activities. We looked at care records for three people and also looked at risk assessments, incident records and medication administration records (MAR). We looked recruitment records for three members of staff. We also looked at staff training records and a range of records relating to the management of the service such as activities, menus, accidents and complaints as well as quality audits and policies and procedures.

During our inspection, we spoke with six people who used the service, the registered manager, four care assistants the cook and a member of the administrative staff.

This was the first inspection of Ashely Place since the service was registered in April 2015.

Good

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at Ashley Place. One person said, "Yes everything is fine I have no concerns". Another said "I always feel safe here, if I use my call bell someone always comes quickly".

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse. This meant that people's safety was promoted because staff understood how to identify and report abuse. The registered manager told us that they would co-operate fully with the local authority with any investigations.

Risks to people at the service were managed so that people were protected. Risk assessments were kept in people's plans of care and staff knew the measures needed to keep people safe Risk assessments were regularly reviewed and gave staff the guidance they needed to help keep people safe. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. We saw risk assessments included risks regarding, wheelchair safety, catheter care, bathing, showering and for personal finances. For example one risk assessment was for a person's emotional well being. This identified that the person could become withdrawn and find it hard to talk about the way they were feeling. The control measures instructed staff to encourage the person to share their thoughts and feelings with staff and to help the person to engage in conversation. Staff were also instructed to observe the person so they were not left on their own.

Ashley Place had been specifically adapted to support people with a physical disability. Each person's bedroom door opened by means of a push button. Each room had overhead hoists and adapted bathrooms which were ensuite. There was an adapted bathroom should anyone wish to have a bath rather than a shower. Access to the upper floor was via a wheel chair accessible lift which had plenty of room and this was designed so it could be used in the event of a fire. This lift had a sensor which recognised when anyone was waiting for the lift and operated automatically without the need to press buttons. There was also a passenger lift. The entrance to the home was via automatic doors which were wide to allow wheelchair access and communal areas where spacious to allow people in wheelchairs to move freely around the home.

There was a personal evacuation plan for each person and the home had a specially adapted lift that could still be used in the event of a fire. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a detailed staffing rota which covered the needs of each resident. This detailed the person who would give support to each resident at different times of the day and this included personal care, activities, meal times

and one to one support sessions. The registered manager told us that there was always a senior member of staff on duty and they were assisted by between six and eight care staff. This was dependant on the support needs of each individual and what appointments or activities they were planning to do. A senior support worker told us the staff rota was very flexible and was made up depending on any planned activities, any appointments and house routines. We looked at the staffing rota for the week of our inspection visit this confirmed that staffing levels were maintained and reflected the needs of each individual resident. The registered manager told us and staff confirmed there were enough staff on duty to meet people's needs. Residents and relatives also told us they felt there was always enough staff on duty.

There were effective staff recruitment and selection processes in place. The registered manager said that the provider had a human resource department which assisted in recruitment. Once a potential new staff member had been identified and short listed they were subject to an interview. The registered manager told us that a resident was always involved in the interview process and their views and opinions were valued and taken into consideration. The provider kept paper documents to a minimum and recruitment records were kept on the provider's computer system to which the registered manager had access. Recruitment records were scanned in and we were able to look at recruitment records for three members of staff. These contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

Staff supported people to take their medicines safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. Each person had secure storage arrangements for their medicines in their rooms. There was also a medicines room which was kept locked and this room contained a fridge should there be any medicines that were required to be kept refrigerated. The medicines room also contained any medicines that were not able to be kept in people's own rooms. All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. Medicine Administration Records (MAR) sheets were kept with people's medicines and these showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date with no omissions. A local pharmacy provided medicines to the home in a monitored dosage system and medicines were ordered, received, administered and disposed of safely. The systems in place meant that people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. There were positive comments and people we spoke with told us they were happy living at Ashley Place and that they were well supported by staff. People said the food at the home was good.

The registered manager told us about the training provided for staff. Training was delivered via on line training, group training and individual face to face training. A qualified moving and handling trainer worked at the home and they ensured all staff were up to date with this training. Other training undertaken by staff included; Health and safety, infection control, food hygiene, mental capacity act (2005), deprivation of liberty safeguards, first aid at work, active support, maximising independence, medicine administration, confidentiality, nutrition and hydration and any training required to meet people's individual needs. Training records were kept on the computer system and the computer flagged up when anyone was out of date or required refresher training. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. People also confirmed staff supported them well and were well trained. The registered manager told us that additional training would be provided if necessary to meet the needs of the people they were caring for.

The registered manager said that all new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff for a minimum of two weeks so they could get to know the people they would be supporting and working with. The registered manager told us that new staff completed the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 30 care staff at Ashley Place. 20 members of staff had completed additional qualifications up to National Vocational Qualifications (NVQ) level three or equivalent and three members of staff were currently working towards these qualifications. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. 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).

The registered manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager told us that all people living at Ashley Place had capacity to make day to day decisions. The registered manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. Currently no applications had been made under Deprivation of Liberty Safeguards (DoLS).

Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported. Supervision for staff and relief staff was conducted by the deputy manager and senior carers who in turn were supervised by the registered manager. Topics covered in supervision included, training and development needs, staff performance and issues around the individual people they supported. Staff confirmed they received individual supervision. One staff member said that their supervision provided them with the support and guidance they needed to carry out the work that was required of them.

We spoke to people and staff about the meals provided at the home. Breakfast was normally cereals and toast and people could choose what to eat. Supper was a snack type meal suck as sandwiches. Lunch was the main meal of the day and the cook sent round a menu each week and people made their own choice from the menu of what they would like each day. The cook told us that if the choice on the menu was not to someone's liking then an alternative could be made. Two people required a soft diet and they had been assessed by a Speech and Language Therapist (SALT) to ensure that the food provided was suitable for the person. The cook said there was always a range of food in the fridge so that staff could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. Staff encouraged people to be involved as much as possible in preparing meals and drinks. The dining area had tables that could be height adjusted to suit individual people and there was a resident's kitchen area with an height adjustable work top and sink, with cooking equipment at a suitable height for people in wheelchairs. One person was being supported by staff to become more independent and they cooked many of their own meals in the resident's kitchen area.

People's healthcare needs were met and everyone was registered with a local GP. Each person had a health section in their care plan and this contained information about the person's health needs and medical conditions. There were contact details of the person's GP, dentist, optician and other healthcare professionals who worked with them. Appointments with health care professionals were normally made by people themselves with staff support as and when required. A record of all heath appointments were kept together with any treatment given and details of follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff are very good and they look after me". People also confirmed they were well looked after, the staff treated them well and they were able to make their own choices.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always call them by name and engaged with them. They checked if they needed any support and gave people options so they could make their own decisions. One member of staff told us, "It's a nice atmosphere everyone gets on well".

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them. We saw that when staff were speaking with people they sat down next to them so they could be at their level. This meant that people sitting in their chairs did not have to keep looking up and could maintain eye contact.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. There was a good rapport between people and staff with lots of good interactions taking place.

We observed staff supporting people in the communal areas of the home. Staff always enabled people to do as much as possible for themselves and only intervened when needed. We saw one person who was waiting for their meal and the staff member asked 'Do you want me to help you' the person replied 'No I will be fine' and the staff member respected their decision, but stayed around just in case some support was needed.

Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. From our observations we found all staff were polite and respectful when speaking to people. One staff member told us they always made sure any personal care was given in private and made sure doors were kept shut when personal care was given.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the

opportunity to be involved as much as possible in how their care was delivered. There were also monthly residents meetings and the dates for these meetings were displayed on the notice board in the entrance to the home.

Good

Is the service responsive?

Our findings

People were well looked after and told us they liked living at Ashley Place. People told us they liked living at Ashley Place, they said they could be as independent as possible but knew there was someone to help if needed. One person said "I can do my own thing and staff do not try and do everything for me".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan. The registered manager told us that the assessment also helped to ensure the potential person moving in would fit in and not disrupt the people already living at Ashley Place.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified people's support needs and informed staff on how this should be given. There was information such as 'How I like to be supported' and 'My goals and aspirations'. There was also a description of the person's history. We saw care plans were in place for a number of support needs including; personal care and support, communication, mobility, eating and drinking, health, emotional well being and finances. We saw a personal care plan for one person around having a bath. The care plan said 'I will take myself to the bathroom to have a bath, I will need staff to carry all of my toiletries to the bathroom for me and I will need staff to help me undress and use the hoist to get me into the bath. The care plan explained to staff what was required at each stage and included information about bath slings to be used. There was also information about how much water the person liked in the bath and what was required to keep the person comfortable so they could enjoy a soak . The care plan went on to explain in detail how the person wanted to be supported to get out of the bath, dry and get dressed. These clear guidelines ensured people got the support they needed and were responded to appropriately.

Staff said care plans were clear and detailed. One staff member said each person needed different levels of support and staff gave individual support to people whenever it was needed. Another staff member said "We all work together and know what support people need. We always talk with people and explain as much as possible and give them the information so they can make their own decisions as much as possible.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

The provider was responsive to people's changing needs and care plans were reviewed monthly. This ensured staff provided care that reflected people's current needs. For example we saw a review that stated the person was having more difficulty swallowing. A Speech and Language Therapist (SALT) was contacted. They advised that a special drinking device should be obtained and that the person had their food blended with drinks thickened to a stage 2 consistency. We saw that the drinking advice had been obtained and the care plan had been updated to reflect the persons changing needs. Records showed the home had liaised with healthcare and social care professionals when required to ensure people's needs were met.

Each person had a daily report which was compiled by staff. This detailed the support people had received throughout the day and night and these followed the plan of care. Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and were given any information they needed to be aware of. This ensured staff provided care that reflected people's current needs

Activities were organised and people could make their own decision on what activities they wanted to take part in. The registered manager told us that people set the direction and staff provide the support. There was a picture board in the entrance area and this had pictures of people engaging in a range of activities. A local arts and crafts group used facilities at the home which some residents attended. Other activities organised included trips to local shops, meals out in the community, day trips and mini bus outings, a drama group, computer games, DVD's, TV, shopping trips. One person worked as a volunteer for a local community group.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with the registered manager, deputy manager or a member of staff. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints were recorded on the provider's on-line system and investigated by an appropriate person. The registered manager said to date there had been no complaints. Staff told us they would support anyone to make a complaint if they so wished. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff were good and they were always around to listen to them. They told us they were consulted about how the home was run and were involved in regular meetings. They said their views were listened to and taken into consideration.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. Staff said there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that they worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular staff and residents meetings took place which enabled them to influence the running of the service and make comments and suggestions about any changes. The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. When we asked about the culture of the service, one member of staff told us, "It's basically that we put the people we support first".

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. The registered manager said she was a qualified social worker and kept her registration up to date. She said she attended any training courses organised by the provider. She said she also regularly monitored professional websites to keep herself up to date with best practice. If appropriate she would pass on information to staff so that they, in turn, increased their knowledge.

The provider had a policy and procedure for quality assurance and had a quality team that carried out visits to Ashley Place both announced and unannounced. The quality team checked the quality of the service provided by carrying out a range of audits and by speaking with residents and staff. Following the visit they produced a report and if any concerns or issues were identified the manager would produce an action plan to state how and when these would be addressed. If any actions were identified a follow up visit was carried out to check that actions had been completed. The registered manager also carried out regular audits and records showed these included; financial audits, health and safety, care plan monitoring, audits of medicines, infection control audits, absence monitoring and audits of accidents or incidents and concerns or complaints. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and stake holders were supported to question practice and asked for their views about Ashley Place through a quality questionnaire organised by the provider. These were sent out by the provider who then received and collated any responses. Results of the surveys were then passed to the registered manager who produced an action plan to address any shortfalls identified. The registered manager said the questionnaires enabled her to tailor the service to meet the needs of the people being supported at Ashley Place.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.