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The Ashurst

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: The Ashurst is a residential care home located on the sea front. It provides personal care for up to 19 people. On the day of our inspection 16 people were being supported.

People's experience of using this service:

- People told us that The Ashurst was a good place to live. One person said "This is quite a nice place to live in, I wouldn't want to move from here. The staff are so helpful."
- The staff team were consistent and knew people and their needs well.
- Staff were recruited safely and received on-going support and training to be effective in their roles.
- Risks had been assessed and actions put in place to mitigate any identified risks. These supported people's independence as far as possible.
- People were supported by staff who were caring and supportive to their needs.
- People were supported to engage in a variety of activities which interested them.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The service was well run and there were systems to assess and monitor the service and continuously improve.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Rating at last inspection: The service was rated Good at our last inspection.

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective,

Details are in our Safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Safe findings below.

Good ●

The Ashurst

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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. The expert by experience on this inspection had experience of supporting a person with learning difficulties.

Service and service type:

The Ashurst 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. It accommodates up to 19 people in one adapted building.

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 unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and two relatives to share their views about the support they received. We spoke with four staff members, the registered manager and the provider.

We looked at the care and review records for two people who used the service. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

After the inspection visit the registered manager sent us further information about the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Ashurst. One person said, "It's safe here and we're well looked after." Another said, "It's nice and safe here, staff are fine, they're nice to me."
- Staff knew how to recognise abuse and protect people from it. They continued to receive training in how to keep people safe. They were able to describe the actions they would take if they thought a person was at risk of harm.
- The manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.

Assessing risk, safety monitoring and management

- Each person had a risk profile so that risks were assessed and managed to keep them safe. This included risks such as diabetes, cooking and road safety.
- People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- People were aware of the evacuation procedures. One person said, "(Manager) is one of our best fire marshals, it's important to know what to do if there's a fire!" The service fire safety guide was available in easy read format.
- Systems were in place to ensure that equipment was safe to use and well maintained.

Staffing and recruitment

- There continued to be sufficient staff available to meet people's needs. A relative said, "I'm very happy with the staff ratio whenever I have visited."
- The manager told us that they did not use a formal tool to assess staffing levels. However, as the service was small and the registered manager worked in the service they were aware of the staffing needs. They gave us examples of when staffing levels had been changed to meet people's individual needs.
- People were supported by a consistent team of staff. Some staff members had been at The Ashurst for many years.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Using medicines safely

- Medicines continued to be managed safely. Regular audits of medicines and medicine administration records were carried out.
- Staff were trained in medicine administration and their competencies were checked to ensure they followed safe practice.
- People had been encouraged to take part in learning about their medicines. When they completed this

training, they received a certificate. The registered manager told us that this encouraged people to participate.

- There were no protocols in place for people who had been prescribed medicines to be administered as required. We discussed this with the provider who assured us these would be put in place.

Preventing and controlling infection

- The service was clean throughout. Toilets and bathrooms were seen to be very clean.
- Staff were observed to practice good hygiene and were provided with aprons and gloves.

Learning lessons when things go wrong

- The manager carried out regular reviews of accidents and incidents in the service to identify any trends or if lessons could be learned and improvement actions taken to minimise future risks.

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

Good: □ 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 needs were assessed before they moved into the service.
- Care plans contained information on how people's physical and mental health needs were being met. Where people had specific health needs, advice had been sought from health professionals.

Staff support: induction, training, skills and experience

- Staff told us they had access to the training which gave them the skills and knowledge to carry out their roles. Training included dignity and diversity, autism and diabetes.
- One member of staff said, "Lots of training, they are always offering us training."
- Staff told us they received regular supervision. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

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

- People were supported to eat and drink meals of their choice and maintain a healthy balanced diet. There was a two-week menu displayed in the service but staff told us that if a person wanted something not on the menu this would be provided.
- People had access to a kitchenette area and could help themselves to snacks, as well as being encouraged to prepare their own meals. One person told us they made their own breakfast on the morning of our inspection.
- The service had produced a guide entitled 'Drink Well' in easy read format which explained to people why they should drink sufficient amounts.
- Care plans contained information on people's specific dietary requirements as well as their food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- People had 'Hospital Passports' which provided relevant and helpful information to hospital staff if people had to attend.

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

- The general impression of the communal areas was one of untidiness and clutter however residents seemed relaxed and happy in this environment. A relative said "I don't want my sister living in something like a four-star hotel, I want her somewhere homely like the Ashurst."
- People's rooms contained personal items and had been decorated to their taste.
- The walls were almost over-flowing with pictures of residents and some of their art work which was fun

and pleasant. However, noticeboards were overcrowded to such an extent that if a new, important notice were added people may not realise it was there.

- People had access to a small, enclosed garden area with astroturf and some seating.

Supporting people to live healthier lives, access healthcare services and support

- There were arrangements in place for people to have the support of GP services, community health support services and mental health support services.
- A relative told us, "I'm always made aware if she has a doctor's appointment."
- A certificate displayed on one of the notice boards in the service demonstrated that one person had been supported to attend a local slimming club and had lost weight.

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

- People told us they were able to live their lives as they wished. One person said, "They usually come in about 7.30-8am to see if I'm awake and okay. I go to bed when I want, between 10-11pm mostly and have a tv in my room so sometimes watch that."
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA. We found that staff were aware of the MCA and that the registered manager had made appropriate applications under DoLS.

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

Good: 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 told us that staff treated them with respect and were caring. One person said, "(Carer) is my Key Worker, she knows me well, she's special and I think the world of her. She knows what I need."
- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff used appropriate body language and facial expressions as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One person said, "I like shopping with my Key Worker, we have regular chats so she understands me."
- People's rights were respected and consideration was taken of anyone's cultural, religious or other protected characteristic under the Equality Act 2010.

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

- Whilst people generally only had a hazy understanding of their care plan and most did not believe they had seen them, there was a general understanding that they existed and were used by staff. All clearly knew who their Key Worker was. One person said, "I have a Key Worker – she sorts me out. There is a care plan, it's in the cupboard. I don't see it but it's got our names in it so they know what we like."
- Since the inspection the registered manager has told us that this may have been because people call the care plans by different names such as, "my folder" and "black folder." They have assured us that people are able to express their views and are involved in their care planning and making decisions about their care.
- Care plans were written in a person centred way which demonstrated people and/or their families had been involved in the planning of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the service supported them to maintain their independence. One person said, "We help clean our rooms and they help if it needs it. I can do most things myself but they do my back when I have a bath."
- All of the people said staff were courteous and always knocked on doors before entering.
- Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy.
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were assessed prior to their move to The Ashurst. The assessment checked people's needs could be met by the service and their preferences for care were known. The registered manager told us that when assessing people to live at the service they considered the physical and social needs of the person and of the people who were already living at the service.
- Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them.
- People were supported to take part in a variety of activities. One person said, "We have trips out, I'm going to Great Yarmouth next week with (two people and carer). We have days out in the Summer."
- Some information was in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. For example, fire instructions with symbols and easy read information. The registered manager has told us they have plans for further developments in this area.
- The service provided an individualised service able to flex as people's needs changed. For example, one person had been attending a day centre but was developing increased anxiety when visiting that service. This was reviewed and the person stopped attending which resulted in an improvement in their well-being.
- Each person had a key worker who knew them well. The key worker got to know the person and liaised with their family. People knew who their key worker was. One person said, "I like shopping with my key worker, we have regular chats so she understands me."
- People enjoyed activities to their personal taste and individual needs. For example, we observed one person doing a jigsaw. A member of care staff told us that the person enjoyed jigsaws and they had been out to the local town that morning to buy the new jigsaw with the person.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure.
- There had been no formal complaints since our last inspection but people and relatives told us that they would speak to the registered manager or provider if they had a concern. One person said, "There's no need to raise concerns or complaints but if there were I'd go to (provider) or (manager). They would sort anything."
- If concerns were raised the service took action. A relative told us, "I tried to phone through on a weekend once and no-one picked up the phone because no-one was near it at weekends. I told them and now one of the carers carries it and I can get through anytime."

End of life care and support

- Care plans contained some information about people's end of life wishes. For example, if they wished to be resuscitated.
- The service had received positive feedback from the relative of a person who had received end of life care at the service. They had written, "Just a note to say thank you for all the care that was given to (person) whilst she was at the Ashurst especially during her final days. It was a comfort to know she was being well looked after."

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager were a visible and active presence in the service.
- We observed one person asking the provider for their hand print as they were constructing their family tree and the provider was part of their family.
- Staff told us that the management team were open and approachable. One member of care staff said, "It's a home, it is a family. Management are easy to get on with. You can go to them with any problem, even personal. Really approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had changed since our previous inspection. The previous manager still visited and provided support to the new manager. People and staff told us that the new manager was working to improve the quality of the service. One person said, "Staff listen to me, it's moved up a big level under the new manager."
- Managers and staff were clear about their roles and their part in providing good quality care. Staff told us that communication in the service was good with regular meetings and feedback.
- Systems ensured performance remained good. The governance system included regular checks on the medicines, care plans and risk assessments. Structures were in place to support staff through team meetings, supervisions and ongoing training.
- The registered manager and provider were aware of their regulatory responsibilities. For example, notifications were made appropriately and the Provider Information Return had been submitted on time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they felt involved with the running of the service. One person said, "I'm keeping them (provider and manager) on their toes, I like talking to them a lot and keeping their finances under control!" A relative said, "I'm not asked for formal feedback but (provider) knows me well enough to know if I'm not happy. I'm not involved so much now as she's been there such a long time and they know her well enough. I just pop in from time to time"
- The manager's office was situated next to the front door of the service. We observed people, relatives and staff visiting the office to talk to the manager and provider. The manager told us that they had put in a stable type door which was opened at the top so that their door was always open but which prevented people

accessing the office inappropriately.

- Staff told us they felt listened to and involved with the service. Several described the service as a family environment. They also told us that they could raise any suggestions formally at a staff meeting or informally with the manager and that they would be listened to.
- The service had well developed links with the local community. On the day of our inspection people were going out to a club at the local community church. The registered manager told us that this was run by local volunteers and that people enjoyed meeting their friends there. These included a person who had previously lived in the service but had now moved on.

Continuous learning and improving care

- The manager was developing their knowledge. They told us that since becoming the registered manager they had enrolled on a variety of courses to develop their knowledge. These included autism, resilience and preparing for an inspection.

Working in partnership with others

- The management had developed links with the local community. For example, with local churches and other places of worship.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.