Mr & Mrs D Rogers

Ashdown Residential Home

Inspection report

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Date of inspection visit:
31 March 2016

Date of publication:
03 May 2016

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

Ashdown Residential Service is a long established care service in Teignmouth that provides personal care for up to 12 people primarily with learning disabilities. Some people had lived at the service for many years, and were now developing long term physical health conditions associated with ageing or their learning disability. Other people had been newly admitted with long term health conditions.

This inspection took place on 31 March 2016 and was unannounced. The previous inspection of the service had taken place on the 7 August 2014, when the service was not meeting standards in relation the management of environmental risks, for example from unprotected hot surfaces. The provider sent us an action plan telling us what they had done to put this right. On this inspection we checked and saw that improvements had been made.

The service had a registered manager. 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. The registered manager had changed since the last inspection of the service.

Risks to people's health and well-being had been assessed and actions recorded on how the service was mitigating the risks. Improvements had been made to the safety of the home, for example with the provision of hot surface protection. The home had employed a maintenance person and systems for responding to maintenance issues had improved. The premises had been adapted to meet people's needs and wishes, and provided a comfortable environment. All areas seen were clean, comfortable.

People said they were cared for well, and we saw people interacting positively with staff and being treated with respect. Staff understood their responsibilities with regard to safeguarding people, had received appropriate training and there were policies and procedures in place to help staff identify and report abuse. Staff received the training they needed for their job role and were knowledgeable about people's care needs. Staff were positive about the changes they had supported people to make in their lives. Staff took care to support people with their clothing and personal grooming in accordance with their wishes.

People were supported by sufficient numbers of staff. Staff were flexible with their shifts to meet people's needs and interests outside of the home, for example in attending clubs in the evening. Staff were employed following a full recruitment process, and updated information annually, for example to confirm they had not been convicted of any offences.

Medicine practices were safe. Staff understood how people's medicines needed to be stored and administered in line with the prescribing instructions.

People's rights were being protected. The service was supporting people in line with the Mental Capacity Act. Assessments of decisions made in people's best interests were being carried out, including consultation with relatives or other advocates where appropriate but were not always recorded in line with the principles of the MCA. We found people had not been disadvantaged by this, and the areas we looked at were not unduly restrictive. People's communication was supported and understood. Staff learned the signs people used to communicate and were making information more available to people in formats they could understand.

People had access to community healthcare professionals, to support their healthcare needs. A community healthcare professional told us the home was managing people's healthcare needs well. Where additional medical support was needed this was quickly accessed, for example with people taken to hospital appropriately when their needs increased. Support had been given to help people feel more comfortable about attending medical appointments where people had expressed anxiety about this. People were supported to make choices about meals and help prepare food with support if they wished. People were being supported to follow healthy eating principles, and lose weight if they wished to do so.

People were supported to live their lives the way they chose, and their preferences and choices were respected. Care files and plans reflected people's needs and aspirations. Plans for emergency support such as for people with epilepsy were clear and were understood by staff. People followed activities of their choice. The home was a busy and active place. For people with increased needs, for example who did not leave the home, staff ensured they spent time with them regularly, and had frequent checks to ensure they were kept comfortable.

People were confident that any complaints or concerns would be managed well. The registered manager of the service was well liked and respected by staff and people living at the service. They were able to manage the service effectively, and had appropriate levels of responsibility and accountability for their role. Records were well maintained, and systems were in place to ensure the registered manager was aware of areas that needed to improve through a series of audits.

People were involved in having a say about the service, and improvements were made as a result of their comments and suggestions. Quality assurance and quality management systems were in place to ensure people received a consistent high quality experience of their care.

We recommend the service takes advice from a reputable source on the management of laundry workflow systems to reduce the risks of cross infection.

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.

Risks to people had been assessed and actions recorded on how the service was mitigating the risks.

Staff understood their responsibilities with regard to safeguarding people. Policies and procedures were in place to help staff identify and report abuse.

People were supported by sufficient numbers of staff. Staff were employed following a full recruitment process.

Medicine practices were safe.

The service was clean and comfortable. Systems were in place to manage the risks of cross infection, however we have recommended the service seek advice on the safe management of laundry systems.

Is the service effective?

Good

The service was effective.

Staff received the training they needed for their job role and were knowledgeable about people's care needs.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out but not always recorded in line with the principles of the MCA. People had not been disadvantaged by this.

People had access to community healthcare professionals, to support their healthcare needs. Additional support was available where people had anxiety attending community services.

People were supported to make choices about meals and help prepare food with support if they wished. People were being supported to follow healthy eating principles, and lose weight if they wished.

The premises had been adapted to meet people's needs and wishes, and provided a comfortable environment. All areas seen were clean, comfortable and well maintained.

Is the service caring?

Good

The service was caring.

People said they were cared for well. We saw people interacting well with staff and being treated with respect. Staff took care to support people with their clothing and personal grooming in accordance with their wishes.

Staff respected people's privacy and dignity. We saw people had a good relationship with the staff supporting them.

People's communication was supported and understood. Staff learned the signs people used to communicate and were making information more available to people in formats they could understand.

Is the service responsive?

Good

The service was responsive.

People were supported to live their lives the way they chose, and their preferences and choices were respected.

Care files and plans reflected people's needs and aspirations. Plans for emergency support such as for people with epilepsy were clear and were understood by staff.

People were supported to lead full and active lives as far as their personal health or wishes enabled them to do so. This included following activities of their choice.

People were confident that any complaints or concerns would be managed well.

Is the service well-led?

Good

The service was well-led.

The registered manager of the service was well liked and respected by staff and people living at the service. They were able to manage the service effectively.

People were involved in having a say about the service. Quality assurance and quality management systems were in place to ensure people received a consistent high quality experience of their care.

Records were well maintained.

Ashdown Residential Home

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 31 March 2016 and was unannounced. One social care inspector undertook the inspection.

Before the inspection we reviewed information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. Following the inspection we contacted 3 relatives of people who lived at the service to gather their views about the service. We also contacted the local authority quality team to gain their views of the quality of the service, and spoke with a visiting healthcare professional.

During the inspection we spoke with four people who lived at the service, the registered manager, deputy manager and three members of staff. We looked around the premises, spent time with people in a communal area and observed how staff interacted with people throughout the day. We also looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We also looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

At the last inspection in August 2014 we had identified concerns about the safety of the premises. At this inspection we found improvements had been made. Risks from the environment were being assessed on a regular basis. Systems were in place to address routine maintenance issues quickly, and the service had recently employed a maintenance person. Fire risk assessments and personal evacuation plans were in place. Equipment such as the stair lift and hoists were serviced regularly and a maintenance contract was in place so that any issues could be remedied quickly. Clinical waste arrangements were managed by an external contractor, and bins were stored to the rear of the service. Portable electrical appliance testing was in place, and the electrical systems and gas safety were tested regularly.

People and their relatives told us they felt Ashdown was a safe place to be. One person told us "I am safe here. If I wasn't I would not be happy. I wouldn't want it to be like it was before. I wasn't happy then". Relatives told us they were satisfied their relation was safe. One told us "I have no worries over (person's name)'s care there".

People were protected because there were systems in place to recognise and report any concerns about abuse or abusive practices. Staff had received training in safeguarding adults from the local authority and there was clear information available on the action they should take if they had a concern over someone's safety and welfare. The registered manager had undertaken a senior level course in identifying abuse and reporting concerns. Policies and procedures were in place to support staff in raising concerns, including a whistleblowing policy. Staff we spoke with were clear about what to do in case of concerns and had access to information about who to contact outside of the service's management of they were worried. They told us they would understand through people's behaviours if they were unhappy about something.

People at the service had been supported to understand their rights and how to raise any concerns about their care. Information about reporting abuse was available in formats people could understand, including information about "Keeping Safe" in the community. Information about how to raise concerns was shared at resident's meetings so people felt more confident in speaking up. One person told us they would "talk to the boss" if they were unhappy about something.

We found risks to people had been assessed, and there was information in their files about how to mitigate risks. People at known risk for example from choking had information available on how to support them. This included advice having been sought from appropriate professionals such as the speech and language service. For example, one person had been identified as being at risk of choking because of the way they ate independently. The person's risk assessment said that the person needed staff observation while eating and we saw this advice was being followed. One person's care plan indicated they needed thickened fluids to prevent them choking. Staff and the cook were aware of the level of thickness required to support the person's safe swallowing. Not everyone at the service had yet received an assessment of any potential choking risk, although this was a known increased risk for people with a learning disability. Some people did have basic information recorded in their files. The registered manager was addressing this in accordance with advice that had been recieved.

Another person was being cared for substantially in bed, so was at potential risk of pressure areas. The person had a risk assessment and clear care plan on how to relieve pressure. They had an air mattress and were had their position changed by staff every two hours. All staff had received training in pressure area management and the person's skin was maintained in good condition.

The service learned from accidents and 'near misses' to improve their standards. One person had presented risks as they had been found climbing on a chair in their room. Their risk assessment had been reviewed and amended to mitigate any risks from this.

There were enough staff on duty to meet people's needs. Staff knew the people living at the service well. They told us they felt there were enough staff available to support people. The registered manager told us the staff at the service were very flexible with their hours, to help meet the needs of people living at the service, for example with attending clubs in the evening. We saw people going out to activities of their choice and being supported in a timely way. Separate cleaning and catering staff were employed, which meant staff could focus on supporting people's care needs.

Robust recruitment systems were in place to ensure suitable staff were employed. People who lived at the service were involved in the staff recruitment process and the manager was developing ways to increase and formalise this. We looked at three staff files which showed that a full recruitment process had taken place. Staff had job descriptions and contracts of employment. Any risks in relation to past convictions were explored and assessed, although this had not always been recorded fully in the past. The registered manager was aware of this and would ensure this happened with any future staff employment. Staff completed an annual declaration of any convictions to ensure records were kept up to date.

There were safe systems in place to ensure people received their medicines at the correct time and as they were prescribed. We looked at the medicines with a member of staff who managed them on a day to day basis. Staff had received training in the administration of medicines and were confident they understood the systems in use. Medicine administration records were completed and there were regular medicine audits to help ensure practice was safe. Medicines were stored safely in lockable cupboards in each person's room, with some other medicines, such as those which required refrigeration being stored centrally in a locked room. Body maps were completed for topical medicines such as creams to ensure it was clear where each cream should be applied. One person used to administer their own medicines, but had recently chosen not to, as they felt they were no longer safe to do so. Some people received medicines through a nebuliser which delivered medicines in a fine mist to help with chest conditions. Each person had their own machine, and masks and tubing were cleaned and changed in accordance with the manufacturer's instructions. We spoke with a healthcare professional about this. They told us the home managed these people's needs well.

Staff had access to gloves, aprons and anti-bacterial hand washes. Infection control audits were carried out to minimise any risks to people from potential cross infection. The laundry room was used by people who lived at the service to launder personal items as part of developing living skills. There was no clear system for the management of laundry to reduce any risks of cross infection. We recommend the service takes advice from a reputable source on the management of laundry workflow systems to reduce the risks of cross infection.

Good

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. The service had undertaken assessments of people's capacity to consent to their care, and where one person had no-one to support them an Independent Mental Capacity Advocate (IMCA) had been appointed to ensure decisions were made in their best interests. We identified one person had an epilepsy monitor in their room. The person lacked the capacity to consent to this themselves. The person did not have a specific 'best interest' decision recorded in relation to this, but other records showed the decision had been made in consultation with other appropriate people, such as relatives and specialist medical staff. We did not find the person had been disadvantaged or in any way that the decision was not in their best interests. The registered manager agreed to ensure the best interest decisions were recorded in line with the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One application for a DoLS authorisation had been made at Ashdown and was awaiting a decision.

Staff told us they had received the training and support they needed to do their job. We looked at three staff files and saw their induction and training records had been completed. Certificates of training achieved were kept in staff files. Training included both general training such as in health and safety, and training to meet the developing needs of people living at the service, such as dementia. Staff received regular one to one supervision and support, and records for this showed this included discussion and review of training needs, including refresher training where needed. Other areas covered included personal development, individual competencies and standards of work. Each person had an individual training and development plan, but there was not an overall training or development plan in place for the whole service. This would have made it easier for the registered manager to assess the overall training needs for the service. The registered manager told us she was keen to encourage staff to progress their personal and professional goals and further training to develop their skills. They told us "I don't want staff here to rest on their laurels".

People told us they liked the food and had a good choice available to them. People were consulted about menu choices and these were respected. Information was available to people in ways they would understand about healthy eating principles and several people had decided to try to lose weight and to follow a healthier lifestyle. We sat with people at a mealtime. We saw people had choices about what they wanted to eat, and they ate well. Fresh fruit was available, and people were encouraged to take a part in meal preparation if they wished. One person told us they had recently enjoyed cooking their evening meal. Another person helped clear the table. One person had taken a packed lunch to an activity in the day, and

other people had gone out for coffee.

People had access to community medical support services. We saw in people's files that they saw their GP or the community nurse promptly if they needed to do so. Each person had received an annual health check, and people had been encouraged to take part in "well woman" or "well man" preventative healthcare clinics. Where people had physical care needs these were under review of specialist services for example the epilepsy monitoring team or district nurses. A healthcare professional we spoke with told us about how well the service was supporting a person with their physical care needs, and how attentive and proactive they had been with supporting their care. People were being supported to help reduce any anxiety when attending healthcare appointments where possible.

All areas of the service were clean, warm, comfortable and free from unpleasant odours. People had personalised their rooms and they told us they had been redecorated in accordance with their choices and favourite colours. Some people told us they kept their own rooms clean with staff support, but another person told us they liked their room the way it was and didn't want to tidy it. One person liked their room very warm. The room was maintained at the temperature the person liked. The registered manager told us the environment was adapted well to meet people's needs, some of which were changing as people were getting older, for example with a chair lift as wet rooms to help people with reduced mobility. There was clear signage and pictorial aids around the service to help people orientate themselves.

Good

Is the service caring?

Our findings

People living at Ashdown told us they were happy with the care and services provided, and enjoyed living there. One person told us they were happy at the service because "It is a good place" and another person told us "This is the best service in the world, the best service ever. The staff couldn't be better".

People engaged well with staff, who understood their communication and needs well. Each week staff at the service learned a new 'sign of the week' to help them communicate better with people who used this method of communication. Other people living at the service were also supported to develop their skills in signed language to help them communicate better with people living there. One person had been involved in a workshop and had made a video to show other people how they communicated.

We observed staff anticipating people's needs and acting on them to support the person, but ensuring they were not disabling them by doing so, for example by prompting at mealtimes. People were encouraged to do things for themselves and learn new skills with staff supporting when they needed this. This helped people become more confident in their abilities. The service was an active, busy environment, but people were relaxed and at ease and were welcoming to visitors. A visiting healthcare professional told us the service always had a nice atmosphere, and that people always came up to them to say hello when they visited.

There were good interactions between staff and the people living at the service. Staff valued people as individuals. One staff member told us "I love working here. Its great making changes in people's lives". We saw people seeking out staff to discuss their day with. One person told us about a trip they had made with a member of staff to watch a football match and how much they had enjoyed it. They were making arrangements with the staff member to go to another football match. The staff member shared their interests and was positive about the experience. This had helped the person enjoy the experience much more.

Staff treated people with respect, and were careful to respect their privacy. Care was delivered in private in people's rooms, and staff did not discuss sensitive information about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way. People had been supported to dress as they wished but staff also ensured their style of dress respected their dignity and appropriate age.

People were encouraged to retain their independence and changes to care records were helping to provide a more positive focus on what skills and strengths people had as well as areas of support they needed. Some records were available in picture or other easy read formats to help people understand them. The registered manager was considering ways to make the care plans more available to people in appropriate formats that they could understand better than written text.

Relatives told us they were able to visit the service at any time and were kept in touch with the changing needs of their relation. The registered manager told us this included people being able to use IT systems to

keep in contact with family far away. The service did not have a dedicated computer for people's use, but the registered manager confirmed they could use the service's office computer system if they wished.

Good

Is the service responsive?

Our findings

Each person at the service had a care file and plan detailing the support they needed. We looked at the care plans for three people with a range of needs. Plans were based on assessments of the person's needs and had been updated regularly. They included information on how people were supported to make choices and had been compiled and reviewed with the person or their relatives or advocates where possible. People had signed to confirm their agreement where they were able to do so. One person had been very actively involved in drawing up their own care plan. They reviewed this regularly with staff and made any changes they wanted. The registered manager was keen that people took greater ownership of their own plans and was looking into ways that plans could be made available in formats people could understand. This would mean people could hold their own plan if they wished. People were told they had access to their plans at any time if they wished and could make changes with their keyworker when they wanted, not just at formal reviews.

Plans reflected the individual person's needs, wishes and aspirations. They included clear protocols for managing and supporting the person with any specific conditions. For example one person had epilepsy. Their file contained clear guidance and protocols for staff in supporting the person during a seizure and when to call for emergency support. We discussed this with a staff member. They had received training in supporting people with epilepsy and could tell us about the specific needs and seizure types this person had. They were clear about how to support the person and when to call for additional medical support. Staff had access to care plans at all times.
People at the service had an increasing need for care of physical conditions. A visiting healthcare professional told us the service was managing these well.

Staff gave us examples of how people had improved since being at the service. They told us about one person who had previously isolated themselves and had chosen to eat meals on their own when they were first admitted. This person was now joining in preparing meals with the cook, joining others at mealtimes and spending more time in the communal lounge.

People living at Ashdown took part in activities of their choice. On the day of the inspection people were attending community classes or going out for coffee. People were regularly asked if there were any activities they wanted to take part in. One person had requested going out in the car to eat fish and chips, which had been done. Another person had expressed an interest at a resident's meeting to go swimming but was so busy they were unable to fit this into their weekly programme. Activities people attended included local church groups, art sessions, crafts, working at Dawlish Farm Trust, singing groups, nightclubs, and Bingo. One person had just completed a healthy eating course. The registered manager was looking into courses for people with a disability to learn how to sail. Activities were evaluated to ensure the person benefitted from them and enjoyed them. People also went on holidays of their choosing.

For people who were more frail and no longer able to be as active in the service there were 'in house' activities, games or staff spending time with them on a regular basis, chatting. The service held regular barbecues which people told us they really enjoyed. People were consulted at residents meetings on any

activities they would like to be involved with, and also during care plan reviews. A relative told us the home supported their relation with activities of their choice, despite their high level of needs.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the manager or staff if they had any concerns or wanted to make a complaint. The registered manager told us she was confident people would feel able to raise any issues, and that raising complaints was often discussed in resident's meetings. A relative told us they were "more than happy" with the service, but understood how to raise any concerns and would not hesitate to do so if they were concerned.

Good

Is the service well-led?

Our findings

At the last inspection of the service in August 2014 we had concerns the registered manager at that time was not being allowed to manage the service effectively. Since the last inspection the previous manager had left and there was a new registered manager in post. They told us that following changes in the management structure they felt able to manage the service effectively. More budgets had been given to the registered manager to manage and they had improved systems, for example for addressing maintenance issues at the service. The registered manager told us their goal was "To help both residents and staff realise their potential. I want Ashdown to have a really good reputation and build strong links with local teams."

People and staff told us the service was well managed and they had confidence in the registered manager. One staff member told us "Since (Name of registered manager) came it's a much better place." The registered manager was in the service most days working directly with people, and was supported by a deputy manager. There were clear lines of responsibility within the management structure and staff knew who they needed to go to, to get the help and support they required. The provider visited the service to carry out monthly reviews and had an oversight of the service.

There were systems in place for managing information relating to the running of the service. This included an analysis and learning to see what improvements could be made. For example a recent fire drill had identified that there needed to be better communication between staff and further training on what to do in the case of a fire, which had been organised. Regular audits were undertaken, for example of medicines management, and health and safety at the service. The service had membership of British Institute for Learning Disability (BILD), and so received information about up to date practice. They were also keen to develop links with other local services to share good practice.

People's views on the running of the service and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews and informally though daily discussions. Questionnaires had been sent to stakeholders and relatives as well as people living at the service in early 2016. Those returned had been analysed and acted upon where needed. For example it had been suggested that there needed to be more staff supervision at mealtimes, which was provided. A relative had suggested that they had enjoyed receiving a monthly email about the service and the registered manager told us they intended to be starting this again.

Records were well maintained and kept up to date. People's personal records were reviewed with them to ensure they reflected their personal choices and preferences. Policies and procedures were available in the office for staff to reference if needed.