Mr & Mrs D Rogers

Ashdown Residential Home

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

This unannounced comprehensive inspection took place on 27 March 2018 and was carried out by one adult social care inspector. We last inspected this home on 31 March 2016 when it was rated as 'Good' overall and in every key question.

Ashdown Residential Home, referred to in this report as Ashdown, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashdown is registered to accommodate up to 12 people with learning disabilities, mental health and complex needs in one adapted building. Nursing care is not provided by staff at Ashdown. This is provided by the community nursing service. At the time of this inspection in March 2018 there were 11 people living in the home.
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.'

At our last inspection in March 2016 we rated the service good. At this inspection in March 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Although the care service had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published, it followed these values and principles. These values related to people with learning disabilities using the service living as ordinary a life as any citizen. They achieved this by promoting enablement, independence, choice and inclusion. They demonstrated how they delivered person-centred care and how they ensured people had easy access and include to the local community.

At the time of our inspection in March 2018 people living in Ashdown were living with learning disabilities along with varying physical and mental health needs. People's level of need was varied, with some people being able to leave the home independently and others requiring support to do so.

Staff treated people with kindness and respect. The atmosphere at the home was jovial with people clearly enjoying each other's presence. Staff knew people's preferences and communicated with people using their preferred methods of communication. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities.

People spoke highly of the care and support they received at Ashdown. Comments from people included "I've never had it so good", "I couldn't get better help anywhere else" and "I'm one of the lucky ones to be here."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People who lived in Ashdown were protected from risks relating to possible abuse, to their needs and their health conditions. Staff knew how to recognise possible signs of abuse. Staff had assessed individual risks to people and had taken action to minimise these. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able.

There was open and effective management at Ashdown. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 comprehensive inspection took place on 27 March 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the service, including notifications of events the service is required by law to send us.

Most people who lived in Ashdown were able to talk to us about their experience and we therefore spent time speaking with everyone who lived in the home. We did not conduct a SOFI during this inspection for those who were unable to talk to us because people were in and out going about their daily lives. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the dining room, the patio area and looked at people's rooms with their permission. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast, lunchtime and evening meal periods. We spent time speaking with seven people who were able to share some of their experiences with us and spent time observing all the other people who lived in the home being supported by staff. We spoke with one relative, three members of staff and the registered manager. We also received feedback from one external healthcare professional.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to four people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Good

Is the service safe?

Our findings

The home continued to provide safe care. People told us they felt safe. One person said "I feel very safe. They're right there right away if I need them. I've never had it so good." Where people were unable to tell us whether they felt safe, we observed people's interactions with staff. We saw people spending time with staff, reaching out to them with affection, smiling and looking comfortable in their presence. This indicated to us that people felt safe in staff's company.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that, as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. Where people required one to one support from staff this was provided.

Risks to people had been assessed and were safely managed. Where required specialist advice had been sought in order to provide staff with guidance on how to minimise risks to people. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists. Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

Accidents and incidents were recorded and where these had taken place the manager, provider and staff had discussed these and taken action in order to ensure they did not reoccur. For example, one person had experienced a fall after leaning over too far on their bed to reach their call bell. Action had been taken to respond to the incident immediately and the location of the call bell on the wall had been moved to better suit this person and minimise any risks of reoccurrence.

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. Following our previous inspection in March 2016 new procedures had been put in place in order to improve upon the cross contamination risks within the laundry room. Staff were aware of these new procedures and any potential risks had been reduced.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

People were protected from risks relating to the management of medicines. Most people had their medicines kept within a safe in their bedroom. People told us they were confident staff managed their medicines safely with comments including "(Name of staff member) gets my meds ready. She sits beside me, puts them on a teaspoon, like I like it, explains what they are and it's fabulous." Staff had received training in medicine management and received regular competency checks from management. Regular medicine checks were carried out along with medicine audits. On the day of our inspection we did identify some improvements could be made with regards to the medicine audits. These related to recording numbers of carried over tablets. The day after our inspection the registered manager sent us a revised medicine audit procedure and told us these changes had been communicated with staff. This would ensure the service had improved oversight of people's medicines in order to reduce the risks of any errors.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People were supported by staff who knew them well and had the skills to meet their needs.

People spoke highly of the staff and the support they received from them. Comments included "The staff here are brilliant" and "I couldn't get better help anywhere else." One relative made the following comments about staff: "The staff are brilliant and they all know what they're doing."

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. We received very positive feedback from external healthcare professionals with regards to people improving and living more fulfilled lives since living in Ashdown. Comments included "The positive improvement in this client was quite dramatic. The client advised the improvement was due to "being somewhere warm, being well fed and having people who cared."

Staff had undertaken training in areas which included dementia, Mental Capacity Act 2005, Safeguarding, communication, end of life, dysphagia, pressure ulcer prevention, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said "I suggested we do more autism training and they just did it."

Staff received regular supervisions and regular appraisals. During supervisions staff had the opportunity to sit down in a one to one session with the manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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 provider, manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had been diagnosed with epilepsy and a best interest decision had been made to fit a sensor in their bedroom. This sensor would alert staff should the person experience a seizure. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

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 manager had made the appropriate DoLS applications to the local authority. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were supported to have enough to eat and drink. People had free access to the kitchen and could choose what they wanted to eat. People spoke highly of the meals with comments including "It's nice, I'll have to get some more" and "They're very good with food. I've got a menu. If I don't want it I can have what I want. I enjoy the meals very much." Staff sat and ate with people at mealtimes in the dining room. This made mealtimes social occasions.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Good

Is the service caring?

Our findings

The service was very caring. We received excellent feedback from everyone we spoke with about Ashdown. People made comments which included "It's absolutely wonderful, the staff here are brilliant" and "I'm one of the lucky ones to be here. They're so very very kind." A relative said "This place is a godsend, you couldn't find more caring."

Throughout our inspection we saw and heard huge amounts of smiling and laughing between people and staff. It was clear people cared for each other as well as staff. People enjoyed living together and some had done so for a very large number of years. People hugged each other, shared jokes and affection throughout the day. People enjoyed the staff's company and we regularly heard them using terms of endearment and making comments such as: "She's nice" and "You make me laugh" and "They're my friends."

The atmosphere in the home was very warm and welcoming. A relative said "They make me feel at home too when I come here." The registered manager and staff made comments to us, which demonstrated how much they cared for people, enjoyed their personalities and individual attributes. Comments included "They're an amazing group of people" and "We get to spend time with these great people."

During the inspection, we heard a number of examples which demonstrated how staff had gone above and beyond their responsibilities to support people. We heard of a number of occasions when staff had come into the service on their days off to provide support to people, to take them out or just to come and see them to spend time with them. Staff had organised and supported one person to go and see an important football match in the north of England. The person had enjoyed themselves so much staff had printed photos of the occasion and had them framed in the person's bedroom. This person told us how much they had enjoyed this and how much they loved the pictures in their bedroom. One staff member had gotten married and had invited all the people who lived in Ashdown to their wedding. One person enjoyed telling us how they had worn their best clothes and walked to the church for the occasion.

People who lived in Ashdown were supported and encouraged to live as normal lives as possible. People were in and out of the home taking part in activities, going to groups and doing volunteer work where they could. People were supported to make friends and maintain contacts.

The registered manager told us people were involved in every aspect of the home as this was their home. This view was shared by staff and people who lived in Ashdown. One person said "(Registered Manager) says the staff are guests in our home." Personal choice was encouraged within every aspect of their care, from what staff member supported them, what activities they took part in, how to decorate the home and what they ate. People confirmed they were given choices, with comments including "I can do what I want." A relative also commented "Choice is top of everything here. If (relation) wants anything at any time she can get it."

The manager felt people's privacy and respect was paramount and these views were shared by staff. People and relatives confirmed staff were always respectful.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People who lived in Ashdown had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were highly detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties.

Staff had involved people in the creating and reviewing of their care plans. One person had been encouraged to have their own care plan in their room and complete parts of it themselves. This person completed their own daily notes which included information they felt was relevant to their care as well as feedback about aspects of their day they had enjoyed. This demonstrated people were as involved as possible with their care and support.

People had access to activities that met their social care needs. Staff spent time looking for ways to develop meaningful activities for people, searching for new activities within the local community and ways to develop people's skills. Staff were aware of people's needs with regards to stimulation whilst also acknowledging people's need to have places to go if they wanted time alone. A games room had been set up which contained a small pool table. Across the corridor was a room which contained a videogame station. Staff told us these areas had proved very successful.

Staff worked hard to ensure people left the home to be part of the community as much as possible. One person said "We go out to tea on Wednesdays. We go to Teign every other week. We go to the garden centre. We have parties and cream teas. Yoga on a Wednesday and art on a Friday." We also saw people took part in activities within the home such as arts and crafts and music.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. In this way people could hear about different activities and could talk about trying something new. We saw, from the most recent meeting, that one person had voiced the desire to go

swimming and this had been organised for them.

A complaints policy was in place at the home. People were supported by staff to raise complaints should they wish to. Where people made complaints these had been acted on. One person who lived in the home could use email and had been encouraged to share any concerns or complaints they had with the registered manager in this way as it was more comfortable for them. We saw these emails had been responded to and any actions required had been taken. This person told us they felt listened to when they made complaints and the registered manager was good at responding. During our inspection we saw there was not an easy read version of the complaints procedure for people to have easy access to. Following our inspection the registered manager created one, discussed it with people, and made it available to them.

Good

Is the service well-led?

Our findings

The service continued to be well led.

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

People spoke highly of the registered manager, with comments including "The manager is kind", "The manager listens", "The manager here is one of the best" and "I like her. She makes me laugh she does." One healthcare professional said "(Registered manager) works well with clients who are on the fringes of society and doesn't judge, but is willing to provide a supportive role in the clients best interest." Throughout our inspection people chatted, joked and looked comfortable with the registered manager.

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us that they could approach the registered manager about any issues and that everyone worked openly together. Staff said they had regular staff meetings where issues were discussed including any changes in policies or procedures. All staff felt that they were able to speak openly and able to make suggestions about any matters. This showed us that staff had a voice in the organisation and in any new developments.

People, relatives, staff and healthcare professionals were asked for their feedback in order to improve the service provided. People were encouraged to share their views and were supported to provide regular feedback in the form of questionnaires. These were adapted to meet people's specific communication needs. Relatives were also asked to complete regular surveys and were asked for feedback regularly. One relative said "They ask me all the time for my feedback. At least once a week. I feel very comfortable raising concerns."

People benefited from a good standard of care because Ashdown had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.