

Godfrey Barnes Healthcare LLP

Ashby House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Ashby House is a residential care home that provides accommodation and personal care for six younger adults with a learning disability and autism. The service is provided in a large converted home, which has been adapted to provide en-suite bedrooms, two activity rooms, a quiet room and multi-purpose outside space. At the time of this inspection six people used the service.

People's experience of the service:

The service had been developed in line with values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People received personalised care from staff who understood their needs well. There was a strong emphasis on fulfilling people's aspirations and supporting them to achieve their goals. People were supported to take part in activities that involved them in the local community and enabled them to build friendships outside of the home. Professionals were positive about the outcomes people achieved at the service.

The provider and registered manager used management systems to identify and manage risks to the quality of the service and drive continuous improvement. The registered manager promoted an open, and positive culture across the service which ensured people's diverse needs were understood and respected.

The registered manager and staff worked collaboratively with other professionals to ensure people received effective care. Staff were trained and motivated to meet people's individual needs and referred them to other health professionals to ensure their day-to-day healthcare needs were met.

People were treated with kindness and had warm, caring relationships with staff. Staff treated people with respect and promoted their privacy and dignity at all times.

People were supported to be as independent as possible and have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received safe care, with risks continually assessed to ensure both their home environment and outings in the community were safe. Staff developed innovative ways to support people to manage behaviour that challenged the service, whilst minimising restrictions on people.

The provider recorded and acted on complaints and sought the views of people, relatives, professionals and staff on how things could be improved at the service.

Rating at last inspection: This is the first inspection of the service, which registered with us in May 2018.

Why we inspected: To provide a rating for the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well-led findings below.

Ashby House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection, supported by 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.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service, which included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We reviewed the 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. We also considered other information sent to us, for example from the local authority and members of the public. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two relatives to ask about their experience of the care provided. Most of the people using the service were unable to give us their views in detail because of their complex needs. We therefore spent time observing how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service. We spoke with three members of staff including the registered manager and telephoned three professionals who were involved in people's care.

We reviewed a range of records. This included two people's care records and medication records. We also looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management:

- People told us they liked living at the home. We saw they looked relaxed in the company of staff and knew them well. Relatives we spoke with had no concerns about their family members. One told us, "[Name of person] loves it here, we don't have any issues."
- People living at the home had complex needs and some required one to one support. Staff we spoke with understood people's needs and knew how to keep them safe. A relative told us, "Staff understand [Name of person]; they have a calming influence on them".
- Risks associated with people's care both when they were at home and whilst they were out, were assessed and managed. Staff had clear guidance on how to maintain people's safety, whilst minimising restrictions.

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns.
- We saw that when safeguarding concerns had been identified, these were reported to the local safeguarding team and a notification sent to the CQC. This showed us the provider took action to ensure lessons were learned when things went wrong.

Learning lessons when things go wrong:

- The registered manager promoted an open culture of learning from mistakes. Staff were encouraged to report any concerns and a thorough investigation was carried out to ensure lessons were learned. A member of staff told us, "I wouldn't have any hesitation telling them [the manager] if I'd made a mistake".

Staffing and recruitment:

- There were sufficient staff to keep people safe and ensure they lived full, active lives. People who required one to one support to keep them safe and minimise risks to others had their needs met. Staffing levels were planned around activities and bank staff were rostered on to enable people to have some flexibility over their daily routine. For example, on the day of our inspection, three people went on an outing and a member of bank staff came on duty mid-morning to support people remaining at the service.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. We found that checks were also carried out for agency staff. These checks assist employers in making safer recruitment decisions.

Using medicines safely:

- People received their medicines when needed. We saw that medicines were stored securely and staff

were trained and monitored to ensure they followed safe practice.

- People were supported to be involved in administering their medicines as much as possible. For example, one person was supported to use their insulin pen, which promoted their independence.
- We saw that medicines were recorded accurately and monitored closely to ensure people received their medicines as prescribed.

Preventing and controlling infection:

- People were involved in maintaining cleanliness and hygiene at their home and carried out some cleaning tasks alongside the staff. For example, people cleaned their bedrooms and helped keep the lounges and dining room areas clean.
- Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene at the home.

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

People's outcomes were consistently good, and feedback from relatives and professionals confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care:

- People's needs were comprehensively assessed and planned for in line with best practice. For example, the service worked with other professionals to develop positive behaviour support plans, which provided staff with strategies on how best to support people when they presented with behaviour that challenged the service.
- Referrals were made to external services without delay to ensure people's needs were met. One person had recently moved to the service and care plans were being developed to reflect the involvement of a number of professionals. The person's social worker told us, "The home had very little information about [Name of person] so they've started from scratch. They are pulling out the stops to help them and they have made improvements since being there".

Staff support: induction, training, skills and experience:

- Staff received an induction and training deemed mandatory by the provider and did not work unsupervised until the registered manager had checked their competence.
- Staff also received training in NAPPI, (Non- Abusive Psychological and Physical Intervention training) which ensured they provided support in line with best practice when people presented behaviour that challenged the service.
- Staff were motivated to develop their skills and knowledge. They had regular supervision meetings to discuss their performance and ongoing training. One member of staff told us, "I want to do my Level 5 qualification and become the manager of this service".

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

- We saw that people had genuine choice and had access to sufficient food and drink throughout the day. Staff spent time with people and ensured the mealtime was a sociable experience.
- People's ethical and cultural dietary preferences were considered and met. For example, one person followed a vegetarian diet and another person preferred cuisine from their Indian culture. The registered manager told us relatives brought food in for family members and the staff, which everyone enjoyed.
- People's specialist dietary needs were assessed and met. People's weights were monitored when needed and staff sought advice sought from the GP or dietician if they had any concerns.

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

- People had access to areas both inside and outside the home that were safe and promoted their wellbeing. The home was decorated in a homely style and doors that opened onto a large patio were open

throughout our visit, which created a relaxed, open, environment.

- Technology was used to promote people's independence. A voice-activated system was used in the sensory room which was used to play music and develop language skills. We heard one person who had a keen interest in music using it to play a specific part of a music track they liked. The registered manager told us it was extremely popular with people.

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

- Staff understood people's health care needs and supported them to access other health professionals, such as the GP, optician and dentist.
- Where possible, people were involved in making decisions about their health, for example staff were working with a person who had refused to attend a screening appointment to try and build their trust.
- People had health action plans and hospital passports which provided important information on people's individual needs and how they communicated. This showed people were supported to maintain their day-to-day health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff supported people to have as much choice as possible about their daily routine, for example what time they got up and settled for bed and what and when they ate.
- The registered manager and staff demonstrated a good understanding of the MCA and DoLS. One member of staff told us, "We have to make sure we are not being patronising; you don't assume if someone can't speak they can't make decisions".
- We saw that where people lacked the capacity to make certain decisions, staff had involved relevant people and professionals when needed and recorded their actions and assessments. Staff identified how people were being deprived of their liberty and the relevant applications had been made for legal authorisation. We saw that authorisations were monitored to ensure any conditions were met and approvals had been notified to us as required.

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

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 were treated with kindness and compassion at all times. Staff were warm and caring with people and throughout our inspection, we saw people seeking them out to chat or just for a hug.
- Staff understood people's backgrounds and personal histories and used this information to build caring relationships with them. A professional told us, "It's down to the attitude of the staff, they understand behaviour and changes and have the ability to meet their needs".
- We saw that staff responded when people were becoming unsettled and their calm and patient approach enabled them to redirect people and diffuse any potential behaviour that may cause distress.

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

- Staff understood people's individual communication needs and used a variety of tools to involve people in making decisions about their care. We saw staff communicated with people using Makaton, a sign language, and picture exchange cards (PECs) to support people to make choices about their daily routine.
- The registered manager involved advocates to help people explore their care and support to ensure their views were understood and followed as far as possible.
- Relatives we spoke with told us they felt involved in their family member's care. One told us, "They keep us informed, tell us what [Name of person] has been up to".

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

- People were treated with dignity and respect at all times and staff were committed to helping people to reach their maximum potential. One member of staff told us, "Our main goal is to get people as independent as possible, move-on is possible for some people".
- People were supported to have as much choice and control over their daily lives as possible. A relative told us, "[Name of person] has their own key to their bedroom and staff encourage them to be independent".
- Staff took turns to act as a dignity champion and made a pledge each month of the action they planned to take. For example, during April 2019 this involved 'respecting people in the way you would like to be treated' and 'supporting people to maintain confidence and positive self-esteem'. This showed us the provider placed people's dignity at the heart of the service.

Is the service responsive?

Our findings

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

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:

- There was a strong, visible person-centred culture. Relatives told us the staff had a good understanding of their family member's needs and consistently went the extra mile for people. One said, "[Name of person] loves it here. Staff know and understand what's important, nothing is too much trouble".
- Professionals told us the staff provided personalised care that achieved good outcomes for people. One told us, "I'm really pleased I placed [Name of person] there. Staff can meet their needs which change daily. Staff understand their behaviour and that it demonstrates how they are feeling. [Name of person] is thriving there".
- Another professional was positive about the improvements a person they placed at the service had made. They said, "[Name of person] is more stimulated, doing more and going out with staff. Just a few weeks in this home and staff have encouraged them to go out. At Christmas, I couldn't believe the change in them, I saw them approach other residents and they'd never been good with people before". On the day of our inspection visit, the person and others enjoyed a visit with staff to a local safari park.
- Staff used innovative ways of managing behaviour that challenged the service. A professional told us this had had a positive impact on a person they had placed there. They said, "[Name of person] is doing well, they initially had increased behaviours when they moved here, but [the strategy used] has reduced incidents. They've massively thrived and flourished". This showed the service ensured care and support was planned and delivered to meet people's individual needs.
- There was a culture of openness which demonstrated that equality and diversity was well embedded in the service. For example, the registered manager and staff had recognised when people needed support to communicate and express their sexuality, and had involved other relevant professionals to ensure they followed best practice.
- People benefited from activities based on sensory input. For example, one member of staff was trained in sensory massage and activities were based around this to promote people's wellbeing. During our visit, we heard staff encourage people to use the sensory room and saw this helped them to relax and feel calmer.
- Staff supported people to explore their culture and follow their religious beliefs. For example, the registered manager and staff were working closely with one person's family to develop their knowledge of the Sikh faith to enable the person to attend the mosque if they wished to.
- The service was meeting the Accessible Information Standard. Staff used a variety of communication tools to support people to be involved in discussing their care and support. For example, staff supported people using the sign language Makaton and picture exchange cards were used to help people make decisions about their daily routine, including the activities they chose.

Improving care quality in response to complaints or concerns:

- The complaints procedure was promoted at the service and was available in a pictorial format to ensure it was accessible to people. Relatives told us, "We have no issues or complaints".
- We saw that any concerns or complaints raised were recorded and responded to. The registered manager and staff discussed complaints at team meetings to ensure improvements were made.

End of life care and support:

- At the time of our inspection, the service was not supporting anybody with end of life care. However, people were supported to complete an end of life plan to ensure their wishes could be explored and met.

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

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:

- There was a positive and inclusive atmosphere and staff worked collaboratively to ensure people and those most important to them were at the heart of the service. A relative told us, "We would recommend it here because the staff are friendly and we're always made welcome". A professional said, "Staff put people at the centre of what they do".
- People benefited from being supported by staff who were motivated to provide good quality care. We saw that the provider had a reward system that recognised staff commitment and achievement in their role. For example, one staff member was recognised for covering night shifts at short notice and another for being the first to complete their mandatory training.

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

- There was a comprehensive quality assurance system which was effective in identifying shortfalls and ensuring swift action was taken to make the improvements needed.
- Quality assurance arrangements were robust and subject to scrutiny by a 'buddy' manager from a neighbouring service, with regular visits by the provider and an external consultant. The 'buddy' came to the home to support the registered manager during our visit and it was clear they worked well together and saw this relationship as being integral to driving continuous improvements.
- The registered manager provided clear leadership for staff who had confidence in the way the service was managed. One member of staff said, "The manager is fair and consistent and their door is always open if you have any concerns".
- The registered manager understood the requirements of registration with us and notified us of important events as required.

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

- People and their relatives were encouraged to give their views through residents' meetings, keyworker reviews and an annual questionnaire. One person liked animals and wanted to have a pet rabbit. A member of staff told, "We've been using the tablet to give them lessons on how to care for the rabbit, as they will have to take responsibility for it; they are still deciding".
- The registered manager had displayed an Aspiration Tree in the home, which encouraged people and staff

to share their hopes and dreams. For example, one person had written in their own handwriting, "I would like to have support to complete my dreams of being an Xtreme DJ". A member of staff said, "People get to choose everything, there is no limit, [Name of person] could say I want to go to France tomorrow and they would make it happen".

- Staff were well supported in their role. For example, information on strategies to deal with stress were displayed in the staff bathroom. The registered manager told us, "Staff have come to me with concerns and this is something I've developed to help with their mental health".
- Staff told us the registered manager considered their views on how the service could be improved for people. For example, one member of staff told us improvements had been made in the sensory room, with more cushions, additional lighting and a water feature used to explore smell and taste.

Continuous learning and improving care:

- The registered manager was committed to continually improving the service. They had membership of organisations such as the Skills for Care Network, which gave them access to advice and up to date information on regulations. They were also part of a social media network which shared good practice, for example using a visual map to display trends of incidences of behaviour that challenged the service. This has helped them to identify triggers and consider ways of encouraging people to spend time in other areas of the home to reduce the frequency of incidents.

Working in partnership with others:

- Feedback received from other professionals showed that the service worked collaboratively with other agencies to ensure people achieved the best possible outcomes.
- The registered manager had made links with the local community which increased people's circle of friends and promoted social inclusion. For example, a gardening club was being set up with another service and people regularly visited one of the provider's other services to join in activities and events. Neighbours of the home were invited in to meet people and staff at an annual open day.