Ashbrook House Limited

Ashbrook House

Inspection report

20 St Helier Avenue
Morden
Surrey
SM4 6LF

Tel: 02086463096
Website: www.alliedcare.co.uk

Date of inspection visit:
23 February 2017

Date of publication:
23 March 2017

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

Ashbrook House is a small care home which can provide personal care and accommodation for up to nine adults. The service specialises in supporting people with learning disabilities and/or physical disabilities. At the time of our inspection there were seven people living at the home.

At the last Care Quality Commission (CQC) inspection in January 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

At the January 2015 inspection the service did not have a registered manager in post. The service had not done so since May 2014 and there were no immediate plans to register a manager. We considered this to be an unnecessary delay and therefore rated the service Requires Improvement for Well-led.

Since our inspection in January 2015, the acting manager has become registered with the CQC June 2016. The provider was therefore meeting their registration requirements. and therefore we have changed the rating for Well-led from Requires Improvement to Good.

People continued to be safe living at Ashbrook House. The provider ensured suitable checks were completed prior to staff being employed at the service. Staff were alert to the signs of abuse and knew what action they should take if they suspected anyone was at risk.

Staff received training and support in line with their roles and responsibilities to ensure they continued to provide quality care to people. Staffing levels were sufficient to meet people's needs.

We saw staff were compassionate and provided care that ensured people had privacy and dignity. Staff were alert to people's individual needs, including their ways of communicating. Staff sought consent from people before providing any care.

People were supported to maintain good health. This included receiving their medicines as prescribed and being supported with their nutritional needs.

The service provided for diverse needs. People were encouraged to be involved in accessing community resources in line with their interests and preferences. There were risk assessments in place which helped to ensure potential risks were identified and mitigated, but people were also encouraged to be as independent as possible.

The provider had a range of audits and checks in place to continually monitor the quality of the service. There was learning from any accident and incidents. People were positive about the registered manager and felt he was open and inclusive. There was a range of opportunities to raise any issues or concerns. People felt their views would be listened to and acted on.

Ashbrook House was clean and hygienic and staff took appropriate measures to prevent the risk of the spread of infection. The communal areas of the home were tired and looked dated, although there were some plans to make improvements in this area.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in post who had a good understanding of their roles and responsibilities. This includes seeking the views of people about the quality of the service so improvements can be made where required.

There are a range of checks and audits to monitor the quality of the service.

Ashbrook House

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 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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good approximately every two years. The inspection took place on 23 February 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we looked at information we had received. This included a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During our inspection we spoke with three people who lived at the home, the registered manager, the acting deputy manager and a care worker. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also did general observations of care provided by staff. We looked at a range of records, which included three people's care plans as well as records relating to their health.
We reviewed three staff files to ensure checks had been undertaken in relation to their recruitment. Additionally, we reviewed other documentation regarding the safety and governance of the service.

After the inspection, we spoke with two relatives of people who lived at Ashbrook House. We also spoke with two professionals who had regular contact with people placed at the service. This was a social worker and community dentist.

Good

Is the service safe?

Our findings

One person said about Ashbrook House, "The staff are really good, I like it here," and a relative told us, "They [staff] look after [family member] beautifully."
People continued to be safe living at the service. The provider ensured suitable recruitment checks were in place to minimise the risks of unsuitable staff being employed. These checks included proof of identity and criminal records checks which were completed every three years on all existing staff to ensure their continued suitability to be employed.

People were also protected from possible abuse or harm. Staff had received refresher training in safeguarding adults at risk, and when we talked with staff they knew what action they needed to take if they suspected anyone was at risk of harm.

There were enough staff available to meet people's needs. Staff were visible throughout the day and people told us they thought there were enough staff. We saw there were four care staff on duty during the day and evening, with the registered manager also available during the day. We saw from the staff rota that on occasions, the staffing levels were adjusted to meet people's needs, for example, if someone had a medical appointment, the staffing levels were increased. The registered manager told us because of recent recruitment they now had regular staff and did not have to rely on bank or agency staff.

People received their medicines as prescribed. One relative told us, "They [staff] take their time with [family member's name] to take her medication and there is no rush, rush." We checked the storage, administration and disposals of medicines and saw they were appropriately undertaken. There was an internal daily audit, annual audit from the provider's head office and an external audit from the supplying pharmacy. Additionally, the competency of those administering medicines was completed every six months.

We saw there were risk assessments in place which were specific to the person. These assessments identified potential risks and the action required to minimise them. For example, risks associated with developing pressure ulcers, nail care and financial vulnerability. In this way, the provider was helping to keep people safe whilst trying to maintain their independence as far as possible. The assessments were reviewed regularly or when people's needs changed.

Accidents and incidents were documented. We saw the documentation included information about the circumstances leading up to an incident and action taken as a consequence. In this way, the provider was learning from previous incidents and trying to minimise the risk of future reoccurrences. The provider also anonymously shared any learning from their other homes to help prevent accidents and incidents.

The home was clean and hygienic. We observed staff wearing protective aprons and gloves when providing personal care to minimise the risks of cross infection. The registered manager monitored infection control measures on a monthly basis to ensure the correct protocols were being used by staff so the risks from the spread of infection were minimised. We saw there were regular checks on the suitability of the premises, this included regular checks and servicing of hoist equipment.

Good

Is the service effective?

Our findings

A relative told us, "Staff know what they are doing and are motivated." People were cared for by staff who were well trained and supported. The provider had a range of mandatory training courses and we saw evidence that staff training was updated in line with best practice and refreshed regularly.
Staff told us they were supported by the registered manager. They had individual supervision meetings and these were held on a monthly basis and they also had annual appraisals. There were team meetings held every three months which were used as an opportunity to exchange information about the service and people living there.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We talked with staff who had been trained in MCA and DoLS and knew how the legislation impacted on people who used the service. At the time of the inspection one DoLS application had been authorised by the appropriate authority and records showed the provider was complying with the conditions. A number of other applications had been made but these were awaiting decisions from the relevant local authorities. The provider had taken all appropriate action in submitting timely applications where people might have been deprived of their liberty.

We saw that within people's care plans, there was a section entitled 'consent and decision making'. If people were unable to make decisions for themselves, a best interests meeting was held which included their representatives and professionals involved in their care, so decisions were made in their best interests. We heard many examples during the day of interaction where staff sought consent from people before providing care, such as "can I help you with that?" and "what do you want to do next?" In this way the service was providing care in line with people's wishes or that was in their best interests.

People were supported to maintain good health, this included their nutritional needs. A healthcare professional told us, "The service always brings up to date medical information, shows initiative and takes on board the advice we give them." We saw information about health needs and future appointments were well documented, with a section for the healthcare professional to give advice about dealing with specific issues.

Ashbrook House is a converted older building which has had a number of adaptations to ensure its suitability for people who live there, some of whom are wheelchair users. People we spoke with were positive about their bedrooms. They told us they had chosen the décor of their bedrooms and had been able to personalise them the way they wished. However, we noted some communal areas required redecoration and updating. For example, there was a slight unevenness in the flooring which could be seen through the carpet as it was so thin, a storage unit within the dining area was not robust and the walls of the lounge were bare and did not have photographs or pictures to provide a homely environment that people could enjoy. We discussed this with the registered manager who showed us there was a rolling programme of renovation and redecoration, in which the carpets were soon to be replaced. The registered manager agreed to raise the other issues with the provider to see if the communal areas of the home could be updated.

Good

Is the service caring?

Our findings

People were positive about living at Ashbrook House. Comments we received included, "The staff are really good, I like it here," and another person said, "Staff are friendly."

We observed positive interactions. Staff were caring, for example one member of staff asked someone if they had slept well and later asked the person if they had enjoyed their breakfast? The registered manager also gave us an example, whereby listening carefully to what someone was saying to them, they were able to ensure the person received the correct healthcare.

People within the home used a variety of communication methods and staff were knowledgeable about the differences and could respond accordingly. Staff observed people's non-verbal communication and responded appropriately, giving gentle reassurances and prompts. We also saw a number of documents had been translated into a format suitable for people using the service. This included the residents meeting minutes and the complaints policy which was in pictorial format and easy to read. The service was therefore ensuring they were communicating with people using methods that best suited people's needs.

People continued to be involved in their care plans. These were written in the first person, described the person's aims and how the service would support them. In one example, the care plan stated "I like to play my guitar", and there was a photograph of the person playing their guitar and described how the service was going to support the person achieve this. Whenever possible, we saw people signed their care plans to indicate they agreed with them.

People's privacy and dignity was maintained by staff. We saw staff routinely knocked on bedrooms doors and waited for a response before entering. Staff were able to tell us what action they took when providing personal care to someone in order to maintain their privacy and dignity which included closing curtains and bedroom doors.
Staff were also aware of issues surrounding confidentiality. They knew when confidentiality could be maintained and the circumstances in which matters could not. We saw information relating to people was kept securely and confidential, and consent was sought from people prior to the inspector being able to view their care plan documentation.

Staff supported people to be as independent as possible. Those people who were able to move round the home independently were free to do so. We saw care plans contained information which enabled independence. In one instance we saw a prompt which reminded staff to ensure someone's mobile phone was charged and with them whenever they went out. There was also a prompt to encourage a person to help with meal preparations.

The provider was able to meet people's diverse needs. During a tour of the building we saw there had been specific adaptions for people with physical disabilities, for example a hoist to assist with moving and handling, and door handles at bedroom doors at a height suitable for wheelchair users. We saw there was information available to people in a variety of formats which included pictorial and easy to read versions.

Staff were also able to tell us about different dietary preferences based on culture, and how they encouraged people to choose what they wanted to eat.

Good

Is the service responsive?

Our findings

Care plans were personalised so people's individual needs were identified. Each care plan had detailed information about the person's history and how they wished to be supported , for example with regards to their personal care. The care plans also had good information about how people responded in certain situations and what to do if people became agitated so staff could better support people.

We saw the provider continued to review the care plans monthly or if there had been a change in the person's needs. From discussions with staff and observations of their care, it was clear they knew people well and could respond accordingly. In one example, a member of staff was able to respond to someone whose spoken language could not easily be understood.

Since our inspection in January 2015, we saw people continued to be involved in a range of social and recreational activities which met their needs and wishes. One person was able to tell us about a visit to the football club they supported and various local football matches they had attended with staff. Another person told us they enjoyed going for a drive and attending the local Phab group (Phab is a charity for children and adults with physical disabilities to come together with non-disabled children and adults). The service offered days out to people which included going to Brighton or into London. On the day of the inspection, we saw a number of people involved in completing jigsaws and puzzles which they appeared to enjoy. Over lunchtime a number of people went out to a local café for something to eat, and one person was assisted to attend a health appointment.

People were encouraged to make choices for themselves. Throughout the day we heard staff giving people options, these ranged from what people wanted to wear, if they wanted to go out and what they wanted to eat. For example in one exchange, we heard a member of staff asking what someone wanted for breakfast, 'cereal or toast?' When they replied 'cereal', the member of staff asked what kind of cereal and then went to the kitchen to get various boxes of cereal so the person could choose.

People told us they knew how to make complaints. One person told us, "I've got no complaints," whilst another said, "If I had a problem I'd talk to my keyworker." We saw the provider continued to have a complaints procedure, which included one which was in pictorial format. The complaints procedure outlined how complaints would be dealt with and the timescales for responding. The registered manager confirmed there had been no formal complaints since the last inspection.

Good

Is the service well-led?

Our findings

At our inspection in January 2015, the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the January 2015 inspection we were told the previous registered manager had left in May 2014. We were told the provider was considering some organisational changes before a new appointment would be made. The CQC considered this to be an unnecessary delay as it is a breach of the provider's conditions of registration not to have a registered manager and therefore we rated the service Requires Improvement for Well-led.

Since our inspection in January 2015, the acting manager has registered with the CQC. The registered manager, who previously had been the deputy at the service, was well known to people, their representatives and other healthcare professionals. People now and then, told us the registered manager was open, approachable and inclusive, and led by example. People told us he was "caring and calm even when managing complex situations."

Additionally, the registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people living at the home.

The provider actively sought the views of people about the care provided at Ashbrook House. This included an annual satisfaction survey which was last completed in July 2016 and was available for us to view. People within the home were sometimes supported to complete the easy read satisfaction survey by staff or representatives, although we saw it was sometimes completed independently. The service also sought the views of parents, other family members and professionals about the service people received.

It was positive to note that people who used the service had the opportunity to meet at a 'residents meeting' every two months. We saw this meeting was often chaired by people who used the service with some support from staff. This meant people were given a range of opportunities to express their views about the service. People told us they felt their views would be listened to, taken seriously and acted upon.

There were a range of audits and checks to monitor the quality of the care provided by Ashbrook House. Staff within the service, the registered manager and representatives from the provider had responsibility for completion of a range of periodic spot checks. These included infection control measures, medicines administration, supervision of staff and maintenance checks. We checked a random selection of records to ensure quality and safety checks were being completed in a timely manner. These included Legionella tests, water temperature, care plans and insurance liability, and found all had been completed appropriately. In this way the provider reduced risks to people living at Ashbrook House.