

Ashness Care Limited

Ashness Two

Inspection report

41 Cranleigh Road
London
N15 3AB

Tel: 02088099958
Website: www.ashnesscare.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ashness Two is a residential care home providing personal care to people with mental health support needs. The service can support up to five people. At the time of the inspection there were four people living at the service.

The care home is an adapted period property with 5 bedrooms with a small communal lounge and kitchen and medium sized garden.

People's experience of using this service and what we found

People told us they felt safe living at the service. The provider had assessed the risks people faced, however, had not always developed guidance about how to reduce these risks and what to do in emergency medical situations.

Medicines were not always managed safely. Medicine errors found during the inspection were corrected immediately and the provider implemented a new system to check medicines immediately.

Care records were not always personalised to reflect people's preferences. People told us staff knew them well and were caring. Staff supported people's diversity. People were involved in planning their care and were supported to maintain their independence.

The provider's systems were not always robust enough to identify the issues we found at the service and ensure quality care. The provider had an ongoing development plan to improve the service and had developed partnerships with other organisations to develop the service.

People knew how to make a complaint about their care and felt the service listened to them. The service was open and inclusive and people spoke highly of the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to eat and drink enough and to access healthcare services.

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

Rating at last inspection and update: The last rating for this service was good (published 20 April 2017) and there was one recommendation about safe care and treatment. At this inspection we found enough improvement had not been made and the provider was now in breach of the regulation to provide safe care and treatment.

Why we inspected

This was a planned inspection based on the previous rating and to check the safety and quality of care people received.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified one breach in relation to safe care and treatment at this inspection. We made a recommendation about good governance .

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashness Two

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one 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

Ashness Two 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.

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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the nominated individual, a director of the provider, the registered manager, assistant manager and one support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider review risk assessments to ensure they offered detailed guidance and advice for staff. The provider had not made improvements.

- People were not always protected from risks to their health. Risk assessments did not include comprehensive guidance for staff about how to mitigate identified risks. For example, diabetic risk assessments did not state the type of diabetes people were living with and did not provide guidance to staff about what to do if the person became hypoglycaemic or hyperglycaemic (low or high blood sugar levels)
- Staff told us what they would do if a person had low blood sugar levels, but we could not check whether this was in line with medical advice for the person as this had not been recorded. Staff could not tell us what they would do if someone had high blood sugar levels.
- Another person's risk assessment stated they needed supervision to undertake tasks in certain circumstances and staff were to monitor the need for supervision. However, there was no formal system of monitoring this.
- People were put at risk in the event of a fire because their personal evacuation risk assessments were not legible, they had not identified all risks people faced such as unsafe cooking practices. Further, plans were not put in place to mitigate the risks involved when people smoked in their rooms rather than in the designated smoking area.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was proactive in redrafting legible personal fire risk assessments after the inspection.
- The provider had accurately identified other risks to people's health and wellbeing and had mitigated some of the risks such as a person's complex health needs, deterioration of mental health and risk of harm to themselves and others.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely.
- We found a gap on one person's medicine administration record (MAR) meaning it was not clear whether or not the person had taken their medicine as prescribed. However, this was immediately investigated and rectified. The provider was proactive in learning from the medicine errors found during the inspection and immediately implemented a new handover procedure to minimise the risk of errors occurring.

- The provider had contacted people's GP and pharmacist when prescription errors had occurred.
- Other medicines had been given as prescribed and medicines not in a blister pack were counted to ensure the right amount had been administered.
- The provider's accident and incident reports were accurate and actions had been taken to prevent a reoccurrence of incidents.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- People told us they felt safe living at the service. One person said, "Yes, I feel safe." A recent survey of people living at the service found 100 per cent of respondents felt safe there.
- Staff had received safeguarding training, could identify the types of abuse people might face and told us how to pick up on behaviour that may mean they were being abused. One member of staff told us, "I would go to the registered manager. If he doesn't do anything I would go to the Directors then whistleblow and contact the CQC, clinical team, social worker. If a case is of criminal concern I would involve the police."
- The registered manager understood his responsibilities and had made an appropriate referral to the local authority safeguarding team and the CQC.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff members had been safely recruited.
- People living at the service and staff told us there were enough staff every day.
- Staffing levels were determined by people's needs and could be adjusted to meet their needs. For example, one person needed one to one support in the community. Staff amended the rota to ensure a person had this support for early appointments or activities. The person told us they were happy with this arrangement.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Preventing and controlling infection

- The provider had systems in place to control the spread of infection and there was a policy to support staff to do this. We saw there were adequate cleaning supplies.
- Staff completed relevant training and told us about safe practices such as hand washing and wearing gloves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- The provider effectively assessed people's needs before they started living at the service. A comprehensive assessment was carried out by one of the Directors focusing on whether the service could meet a person's mental health and care needs. The provider drew on collective professional knowledge to support these needs.
- People visited the care home before they moved in.

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 particular 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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was obtained in line with law and guidance.
- People told us they consented to the care they received. One person told us, "Yes it's your choice when to get up. I get up when I feel like it. No restrictions."
- Staff understood they needed to get people's permission to provide care and knew how to support the person subject to a DoLS authorisation in line with their best interests. This person's liberty was not restricted outside of the scope of the authorisation and staff ensured they chose how they lived their daily life.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design,

decoration to meet people's needs

- The provider had procedures in place to support people with their nutritional needs and to help them maintain a balanced diet. We saw people making drinks during the inspection.
- Where it was in their best interests to do so, the provider cooked meals in line with people's dietary needs and preferences.
- People who had capacity to make their own decisions about their nutrition and hydration bought their own food and drinks from a weekly shopping budget. Where people were at risk of poor food and fluid intake the provider had arranged for a dietician to provide information about how to make healthy choices and the provider made GP appointments where required.
- People's nutrition and hydration needs were discussed in their key worker sessions and they were encouraged to eat and drink enough.
- The provider supported people to cook their own meals. One person told us, "We have to buy our own stuff, we have a fridge and freezer in the room."
- The home had a small lounge and kitchen which had recently been refurbished. The communal areas were not large enough for everyone to eat together but people told us they preferred to spend most of their time in their rooms or outside, that they could choose where they ate and spent their time, and were happy with this arrangement.
- The provider was in the process of acting on people's feedback by arranging for light snacks to be available in the communal areas as well as in their own rooms.

Staff support: induction, training, skills and experience

- The provider was supporting staff to receive the right skills to support people properly. Staff received monthly supervisions and annual appraisals where they reflected on their work and practices.
- People told us staff knew how to help them. One person said, "I would say so, they know what they are doing basically."
- New staff completed a comprehensive induction and basic training, however the provider was still implementing their training programme and staff were awaiting training in managing diabetes. The provider had a comprehensive action plan to improve training completion.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- The service worked with agencies and professionals to ensure people received effective care. One person told us, "I've been to the doctors. They do make an appointment for me."
- People were assisted to access other agencies for mental health support.
- Records showed the service had worked with other professionals to promote people's health such as GPs, dietitians and pharmacists.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff developed caring relationships with people using the service.
- People told us that staff were caring. One person told us, "I know the staff, they know me...They are alright, they treat me good." A second person said, "I've great relationships with the staff. They are all nice people."
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way.
- Staff received equality and diversity training. Records captured people's spiritual and cultural needs and a person told us staff supported them to attend their place of worship whenever they wanted.
- Discussions with the registered manager, staff and nominated individual demonstrated they respected people's sexual orientation so lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcome in the service. The registered manager told us, "We celebrate diversity, people can express diversity in every way... We just support them."
- Staff told us how they supported people's relationships while keeping them safe from the risk of exploitation. One member of staff said, "Of course if [person] has a girlfriend they can visit, everyone can have visitors."

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

- Staff were aware of people's individual needs and preferences. People were supported to express their views and make decisions about their care in key worker sessions and resident meetings.
- People told us they had planned their care. One person said, "Yes they listen, anything I need I ask and they give it to me." One person was in the process of writing their own care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person told us, "Yes, absolutely." A second person said, "They always knock before coming in my room."
- A recent survey of people living at the survey found 100 per cent of respondents felt they were treated with empathy, dignity and respect. One person had commented, 'The staff are all great to me, kind, friendly and professional.'
- We observed staff talking to people politely and with respect.
- People told us they maintained their independence. One person said, "Rather than trying to impose things on me they know I can do things for myself like cook." Records showed staff supported people to do as

much for themselves as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained basic personalised information about the care they wanted but more work needed to be done to ensure they were fully centred around the person's preferences.
- Not all care plans were written from the person's point of view and did not always give enough guidance for staff to support them in line with their preferences. For example, one person needed help choosing an outfit but there was no information about what the person liked to wear to different events.
- Care plans reviewed were mostly brief and did not contain sufficient information such as detailed likes and dislikes, choices, and preferences to provide person-centred care. Permanent members of staff knew people well but the records did not provide enough information for staff who provided cover to understand people's needs.
- Care records and staff referred to the service as 'the unit' rather than 'home' or other term approved by the people living at the service.

We recommend the provider seek guidance about approaches to person centred care documentation.

- People told us they were involved in planning their own care. One person was in the process of drafting their own care plan and the provider was fully supportive of them doing so. A second person told us, "I've seen a care plan, I am involved."
- The provider asked people for their views on their support needs, such as their perception of their mental health. The registered manager told us, "The care plan is key... we do it conjointly and try and find the best action for the client. The service is designed for them."
- People told us they could choose what they wanted to do on a daily basis. One person said, "I get choices."
- People had signed their care plans to indicate their consent to the care provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care documentation demonstrated the provider had identified people's individual communication needs. One person had an easy read care plan and other documentation related to their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and maintain links with the community. Records demonstrated people were supported to stay close to their families and friends and the provider facilitated transportation where required.
- Basic information about people's interests were captured in their care documentation and activities were planned to support their interests such as particular sports and games. During the inspection people went on a trip to the seaside.
- The provider was supporting one person to volunteer within the mental health field and they were supporting the person to develop their skills with a view to them being able to obtain employment.

Improving care quality in response to complaints or concerns

- The provider improved care quality in response to complaints.
- People were aware how to make a complaint and felt they were listened to.
- We noted that recent complaints had been dealt with appropriately and the person making the complaint was satisfied with the response and felt their concerns had been taken on board and their day to day lives had improved.
- Resident meetings were held monthly to gain feedback from people living at the service and one person had applied and achieved the position of resident representative meaning they gathered people's views and fed that into clinical governance meetings in order to improve the service.

End of life care and support

- The provider had an end of life care planning policy.
- The registered manager told us the service was not providing end of life care at the time of our inspection.
- The provider was reflecting on their practices and long-term planning about the service about how to support the people living there as they got older and reached the later stages of their life.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems to check the quality of the service provided such as clinical governance audits and meetings. However, these were not always sufficiently robust and had not identified and rectified the issues we found in this inspection in relation to risk assessments and person centred care.
- We found risk assessments needed to be improved. The latest audit of care records had identified health care recommendations and risk assessments improvements needed to be embedded in care plans but this had not been achieved.
- The provider was still in the process of ensuring all staff had the necessary skills and training to undertake their roles to the best of their ability.

We recommend the provider seek guidance from reputable sources about embedding improvements at the service.

- Records showed some audit actions had been done. For example, staff were now only using MAR that had been provided by the pharmacy.
- The provider had learnt from incidents and accidents and complaints and were pro-active in making improvements immediately after the inspection. The registered manager told us, "There's always room for improvement. We learn from mistakes and aim to provide best service."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and inclusive culture at the service.
- People told us they were happy living at the service and the management team were "great." One person told us, "Yes, it is well-managed. They listen to me."
- Staff told us they were well-supported, and the registered manager was "accessible" and "compassionate". Staff told us they were being supported to further their professional development through management training.
- Staff delivered care in line with the management team's positive values.
- The registered manager demonstrated an understanding of the duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other

'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There was evidence the registered manager had made referrals to the safeguarding team about the service where required.

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

- The provider involved people living at the service and staff about how the service was run.
- The provider invited people and staff to complete surveys about the quality of the service on an annual basis.
- The provider used an external and independent advocacy service to help them to better engage with people and understand their needs. The provider monitored the overall trends that came out of these sessions and made changes to the service accordingly.
- There was good communication with staff about changes to the service and people's needs in team meetings and hand overs between shifts.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to ensure people received support with their mental health needs, such as rehabilitation support and GP services.
- The provider worked with a mental health charity to support service user involvement.
- The provider attended forums and committees and used learning from these to improve service delivery.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments lacked the detail required to effectively mitigate risks. Medicines were not consistently managed in a safe way. Regulation 12 (1) (2) (b)