

Lifeways Community Care Limited

Ash House

Inspection report

55 Jardine Crescent
Tile Hill
Coventry
CV4 9UX

Date of inspection visit:
18 February 2020

Date of publication:
16 March 2020

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

Ash House is a residential care home providing personal care and accommodation for younger people with learning disabilities. The service was a large domestic style property registered to support up to six people. Four people were using the service during our visit.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

Relatives felt their family members were safe living at Ash House and procedures were in place to protect people from harm. Risks associated with people's care and support were assessed and staff knew how to manage risks to keep people safe.

Staff were recruited safely, and enough staff were on duty to meet people's needs in a timely way. Recruiting new staff was one of the registered managers main priorities.

The management of people's medicines was safe, and people received their medicines when they needed them. People had access to health professionals when needed and the staff team worked in partnership with health and social care professionals to ensure people received the care they needed to remain well.

People received responsive and personalised care from staff who knew them well. Staff cared about people and interactions between people and staff were positive. The culture of the home was friendly and inclusive and people-maintained relationships that were important to them. People took a part in a range of social activities in line with their wishes.

People's needs had been assessed before they moved into the home and their care records contained detailed information which helped staff to provide personalised care. Regular reviews of people's care took

place and relatives felt included in making decisions when appropriate.

Relatives had confidence in the ability of staff to provide effective care. Staff spoke positively about the ongoing training they received, and they had the knowledge and skills to meet people's needs.

People were encouraged to eat nutritionally balanced meals to maintain their health. Where possible people were involved in weekly menu planning.

People and relatives knew how to raise complaints any complaints received were investigated in line with the provider's procedure. The staff team demonstrated commitment to learning lessons where things went wrong to improve outcomes for people.

The environment was clean and tidy during our visit and met people's needs. People's bedrooms were personalised. A variety of communal areas and a large rear garden offered people choices of where to spend their time.

People knew the registered manager. Staff felt supported and told us the service was well led. Feedback from people and their relatives was welcomed and listened to. Effective quality assurance processes were embedded and completed audits and checks demonstrated good governance.

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

Rating at last inspection

This service was registered with us on 20/02/2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Ash 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type

Ash 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

We gave the service 48 hours' notice of the inspection. This was because it is a small and we needed to be sure that the registered manager would be available to support the inspection visit.

What we did before the inspection

We sought feedback from local authority commissioners, and we reviewed the information we had received about the service since it registered with us in February 2019. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and three people's relatives about their experiences of the

care provided. We spoke with the registered manager, the deputy manager and three care workers.

We reviewed a range of records. These included two people's care records and medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including staff training data and quality audits were looked at.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family members were safe living at Ash House. One said, "(Person) is safe, he would tell me, or his body language would indicate if he wasn't." Another said, "It's safe and I sleep at night knowing (Person) is well looked after."
- Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas in written and pictorial formats to ensure people, their families and visitors knew how to report concerns if they felt unsafe.
- Staff completed safeguarding training and discussions confirmed they knew what to do and who to tell if they had concerns about the welfare of anyone living at the home. One staff member said, "I would immediately tell the manager. I would call social services or CQC if my concern was not listened to."
- The registered manager understood their legal responsibilities to keep people safe. For example, sharing information with us (CQC) and the local authority, when required to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed and well managed. One person displayed behaviours that could cause themselves or others harm when they became anxious or excited. Their risk assessment provided staff with the detailed guidance they needed to follow to mitigate the risk, with a positive effect.
- Staff had an in-depth knowledge of people they supported and provided numerous examples of how they ensured people's safety.
- Effective systems minimised risks related to the premises and equipment, such as safety checks of gas, fire and electrical equipment in line with safety guidance.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.

Staffing and recruitment

- Some people required one to one or two to one support from staff to keep them safe. During our visit enough staff were on duty to respond to people's needs and maintain their safety.
- Staff were recruited safely. The provider completed checks to ensure staff working at the home were suitable. Staff confirmed they had not started work until the required checks had been completed.
- There were some staff vacancies at the home and the registered manager informed us recruiting new staff was one of their main priorities. As a temporary measure a small number of consistent agency staff were working at the home to ensure people received the care they needed.

Using medicines safely

- People received their medicines as prescribed.
- The provider followed safe protocols for the ordering, storage, administration and disposal of medicines.
- Staff were trained in administering medicines; their competence to do this safely was assessed regularly by their managers.
- Guidelines informed staff when 'as required' medicines needed to be given which ensured they were given consistently and only when needed.
- A series of effective medicine checks took place. This meant any errors could be quickly identified and addressed.

Preventing and controlling infection

- The environment was clean and tidy during our visit.
- Staff completed infection control training and understood their responsibilities in relation to this. Staff used protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

Learning lessons when things go wrong

- Staff and managers demonstrated commitment to learning lessons where things went wrong. The registered manager said, "We haven't been open very long and we are still getting to know people. We learn new things every day and we change our approaches to make sure people get great care."
- When incidents had occurred, analysis had identified triggers and patterns in people's behaviours. For example, staff had identified one person often became anxious during the afternoon because they felt tired. In response staff encouraged the person to have a nap during the afternoon to 'recharge their batteries'. Their relative felt this had had a positive impact on the persons wellbeing because they were able to enjoy a range of activities during the evening.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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

- People's needs had been assessed before they moved into the home to ensure their needs could be met. Assessments involved people, their families and health and social care professionals.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- Information gathered during assessments was used to develop initial care plans and risk assessments which helped staff get to know people and provide care and support in line with their preferences.

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.

- The provider was compliant with the MCA. Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. Authorised DoLS were in place for some people to keep them safe from harm and conditions were met.
- Staff received training to help them understand the MCA, including the principles of the Act. Staff provided examples of how they applied the principles to protect people's rights. For example, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. This demonstrated people had choice and control of their lives.
- People's care records identified if they had capacity to consent to specific aspects of their care. Where people did not have capacity to make specific decisions, appropriate discussions had taken place and the decisions made in peoples' best interests were clearly recorded.

Staff support: induction, training, skills and experience

- Relatives had confidence in the ability of staff to provide effective care. One said, "They know all the

triggers for behaviours, and they keep him busy, so the number of incidents had reduced." One person commented, "The staff are good, they know how I like things to be done."

- Staff completed an induction when they started work in line with nationally recognised induction standards. This included working alongside experienced staff to help them understand what was expected of them and to get to know people.
- Staff spoke positively about the ongoing training they received, and they felt confident they had the knowledge and skills to meet people's needs. This included autism training and training to manage behaviours using techniques to support people to remain calm and 'de-escalate' situations. We saw staff were confident and competent in their practice.
- Staff had 1-1 meetings with their managers which gave them opportunities to discuss and reflect on their practice.

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

- People were encouraged to eat a nutritionally balanced diet to maintain their health. Ample quantities of different foods including fresh fruit were available during our visit.
- One person was at risk of losing weight and they were offered fortified foods. For example, cream was added to mashed potatoes to increase the calorific value. Staff explained the person was sensitive to noise and this impacted on their appetite. Staff encouraged the person to eat in a quiet area of the home and this action had been effective as the person had steadily gained weight over a four-month period.
- Staff had good knowledge of people's dietary likes, dislikes and preferences. For example, one person ate a vegetarian diet and another person did not like ice added to their drinks.
- Where possible people were involved in weekly menu planning. One person enjoyed going shopping each week with staff members to purchase food items.

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

- People had access to health professionals including dentists and opticians when needed.
- The management team and staff worked in partnership with health and social care professionals such as, community nurses and social workers to ensure people received the care they needed to remain healthy, safe and well.

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

- The environment met people's needs. Walls were painted in calming colours and communal rooms were free from clutter. This was important as some people became overwhelmed when they had too much visual information to process.
- Plans were in place to make further improvements to benefit people. For example, a garden swing was in the process of being purchased and the registered manager told us of their future plans to develop a relaxation and sensory room.
- People's bedrooms were personalised. A variety of communal areas including a games room and a rear garden offered people choices of where to spend their time.

Is the service caring?

Our findings

Where possible people were involved in their care and were supported to make their own decisions daily. People were encouraged to be as independent as possible and people's right to privacy was respected.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; equality and diversity

- One person felt staff were caring and relatives spoke positively about the staff who supported their family members describing them as 'kind' and 'attentive.'
- Interactions we observed between people and staff were positive. People were seen to approach staff when they needed assistance which demonstrated people felt comfortable with their care team.
- From speaking with staff, it was evident they cared about people. Comments included, "People live happy lives here. People are often smiling and that gives me job satisfaction," and, "We are all committed to one thing. That's ensuring people get the best care."
- Staff received training to help them understand the importance of equality and diversity. We saw they respected people's life style choices, preferences, culture and beliefs. One staff member said, "We are all different here and we all respect that."

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

- Where possible people were actively involved in their care and were supported to make their own decisions daily. Staff were led by the choices and wishes of people. For example, people decided how to spend their time and their support was planned around this.
- Relatives felt involved in care planning. Regular reviews of people's care took place and relatives felt included in making decisions when appropriate.
- There were multiple examples of where people's views had been acted upon to improve their lives. For example, experiencing new social activities such as, basketball for the first time.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was managed in line with data protection law.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Care records informed staff what people could do for themselves and how staff should provide assistance only when needed.
- One person was supported by staff to attend a cooking course at college and their relative told us this had a positive effective on their wellbeing because the person felt extremely proud of their new skills.
- Another person told us they would like to live in a more independently in the future. The registered manager told us they were exploring ways to support the person to achieve this.

- People's right to privacy was respected. We saw staff knocked on people's bedroom doors and they waited for permission before they entered.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 received responsive and personalised care. Staff used social stories with one person to help them understand planned changes. The stories helped the person to manage and remain in control of their anxiety levels at those times.
- Staff and the management knew the people they cared for well. They confidently explained what was important to people such as, the football teams they supported and their favourite TV programmes.
- One relative explained they had met with the staff team to share information and 'tips' on how best to care for the person. They commented, "It was great to be involved and share all the small important things only a mother knows."
- Care records contained detailed information which helped staff to provide personalised care. People's individual goals were documented and step by step guidance was in place for staff to follow to support people to achieve them.
- An effective system was used to check people's needs continued to be met and their care and support had been provided in line with their wishes. For example, recent checks confirmed one person had been supported to have frequent baths and another person had been supported to visit their family.

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 maintain relationships that were important to them. For example, one person was supported to visit their relatives house each week for lunch and to take part in activities with their siblings such as, trips to the cinema.
- Some people used mobile phones and the internet to keep in touch with people that were important to them. Relatives felt welcomed whenever they visited and told us they could visit at any time.
- People had opportunities to experience new social activities planned in line with their preferences which made a positive difference to their lives. For example, one person attended a gym. During our visit one person went swimming and another chose to go shopping. In addition to social activities, people were also supported to pursue educational opportunities.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints and the registered manager told us complaints would be used to evaluate and reflect on the service provided to improve outcomes for people.
- Staff understood the importance of supporting people to raise complaints and the provider's complaints procedure was available in different formats, including pictures. Systems in place ensured that any complaints received would be investigated in line with the provider's procedure.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes and were encouraged to be as independent as possible which improved their quality of life. People's personalised care and support was responsive to their needs and gave them choice and control over their lives.
- The culture of the home was friendly and inclusive. The staff team shared a commitment to providing high quality, care in line with the provider's values.
- People knew who the registered manager was, and relatives described them as 'friendly' and 'approachable.'
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how to support people's rights, and this was embedded in their practice.
- Staff felt supported and told us the service was well led. One said "The manager is amazing, she gives the client's 100%. She is a really good manager." Another commented, I'm really happy here. We get plenty of training and support. Everything is good."
- Good teamwork and information sharing ensured people received the care and support they needed. Staff told us changes were quickly communicated to ensure people's needs were continually met.
- The registered team had a 'hands on approach' and worked alongside staff on a daily basis. This approach meant they had an overview of how staff were providing care and support to people.

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

- The provider's management team consisted of an experienced registered manager and a deputy manager. They were supported by the providers area manager.
- Staff had opportunities to attend team meetings and they confirmed understand their role and what was expected of them.
- The registered manager led by example and communicated a clear vision of how they expected people to be cared for. They said, "I am very proud of what we have achieved so far. I have lots of plans to develop the service to continually make it better for people. The future is exciting."
- The registered manager demonstrated a good understanding of their regulatory requirements and kept their knowledge of legislation and best practice up to date. They were part of a local registered manager network. They told us being part of the network helped them to learn and share best practice. They explained how they cascaded their learning to the staff team to drive continual improvement.

- Effective quality assurance processes were embedded. Completed audits and checks demonstrated good governance and effective risk management. Audit findings and completed actions were shared with the provider who checked required actions had been taken.

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

- People and their families were involved in planning and reviewing their care and support.
- Feedback from people and their relatives was welcomed and listened to. There were numerous examples of where feedback gathered had been acted upon. For example, people had opportunities to experience new social activities and develop links with their local community.

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; Working in partnership with others

- The management team understood their responsibility to be open and honest when things went wrong. They welcomed our inspection feedback and demonstrated commitment to continually improve the service.
- The staff team worked with other organisations including the local authority to support care provision and service development.