Ashpark House Limited

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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

Ashpark House is registered to provide accommodation and personal care for up to 11 people who require support regarding a learning disability or autistic spectrum disorder. At the time of our inspection 9 people were living at the service.

When we last visited the service it was rated good. At this inspection we found the service remained good.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Staff and other professionals were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people.

The management team had systems in place to monitor the quality and safety of the service provided.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? the service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Ashpark 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 September 2017 and was unannounced. It was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service. As some people were unable or chose not to speak to us we observed staff interactions with them. We spoke with three staff. We also spoke with the registered manager.

Following the inspection we contacted relatives and professionals for feedback about the service. We reviewed four people's care records, eight medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 18 September 2015.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was a safe place. Comments included, "I feel safe here I go and see the manager if I have any worries" and "The staff look after [relative] they ensure they are safe we trust them."

Staff told us, "Yes, there are enough staff to keep people safe. We have been using agency staff due to difficulties in recruiting staff because of where we are situated" and "Head Office are aware we are having problems recruiting staff and a proposal has been put forward to enhance staffs pay to try and attract more staff."

Our observations confirmed there were sufficient staff to meet people's needs and keep them safe. The registered manager confirmed they had to use agency staff. However, they told us they tried to ensure they used a consistent agency to enable people to receive care and support from people they had built up relationships with. The registered manager also ensured the agency staff carried out a full induction before working with people. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. There were clear financial procedures in place where the service was responsible for the oversight of people's money.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage them. Staff were able to give examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand and manage the risks effectively for example, when out in the community or when moving around the service.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used and held certificates to demonstrate these had been completed. We saw records such as the fire system including emergency lighting were checked regularly. Weekly tests of alarms and emergency lighting were carried out by the registered manager with regular fire drills undertaken. We were confident that people would know what to do in the case of an emergency situation.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. An external audit had been carried out recently by the pharmacy who provided the medicines, this had identified a couple of good practice actions points which had been carried out by the registered manager.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care

and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

Good

Is the service effective?

Our findings

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 found people were being supported appropriately, in line with the law and guidance.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. One professional we spoke with told us, "Staff were already implementing the right approaches the training I provided served to further consolidate and formalise their knowledge." Staff were able to describe people's risk assessments and how they worked with people in order to mitigate them. For example, one staff member told us, "[Name] has a risk assessment for epilepsy we ensure we follow this and monitor them." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements.

Professionals we spoke to told us the staff team knew people well and were able to meet people's changing needs. Staff told us, although the health needs of one person had deteriorated they felt fully supported and that the manager had arranged additional training to enable them to be able to fully support this person. The environment had also been altered to enable this person to remain as independent as possible. For example, hand rails had been put in place in the corridors and a wet room was being installed.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. People told us they took part in choosing the menu and we observed staff giving choices of food and drink during the day of the inspection. People told us, "I go shopping with the staff and choose the food I like." Where required, the service worked with people to support them to maintain a healthy weight and make healthy food choices.

People's day to day health needs were being met and annual health checks were carried out as well as reviews of the medicines people took. People had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. The registered manager told us they had a good relationship with the doctor's surgery and they carried out home visits if necessary. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring towards them and always treated them with dignity and respect. This was evident in our observations. One person was happily sitting in the office chatting with the manager during part of our inspection. It was obvious the manager had a positive relationship with this person. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. Comments from people included, "The staff are very nice", and "I think the staff are lovely, I like all of the staff." Staff knew people well including their preferences regarding how they liked their care and support provided.The staff spoke about the people they supported with warmth and affection.

The registered manager told us that when agency staff worked on shift they ensured they were supported by staff who knew people well; this helped the agency staff learn quickly how to support people and how to communicate effectively with them.

People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. For example, although the building had a key pad to exit the front door and a keypad to access the upstairs some people knew the code and were able to access these independently. People proudly told us they also had a key to the front door and also their bedroom door. This respected people's independence and gave people a sense of ownership.

Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. If necessary we saw that people had access to advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

People told us they had visits from family and this was confirmed by the relatives we spoke with one relative told us, "I telephone and speak to the staff and we visit whenever we want to [name] also comes home for visits."

Staff had a good understanding of the principles of privacy, dignity and human rights and we saw examples of where these principles were maintained. For example, we observed someone being asked discreetly if they needed support to use the toilet and someone else was asked if they would like support with cutting up their food.

Good

Is the service responsive?

Our findings

People confirmed that they had a variety of activities including contributing to the running of their home. We saw from minutes of a residents meeting that people wanted more trips out into the community, this had not been possible because there had not been sufficient staff to enable people to go out as much as they would like to. The registered manager told us they were actively recruiting for additional staff.

The staff told us that because of the changing needs of one person they were now unable to attend a music session in the community this person had really enjoyed the sessions therefore the staff had arranged for the music session to be held within the service. A massage therapist also visited on a weekly basis. We saw evidence of trips out into the community which included sensory sessions, personal shopping and staff supporting someone to go to church. One person told us they worked in the office with the manager this involved them shredding, carrying out printing tasks and being responsible for the post. They told us they also took part in the interview process for potential new staff.

The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen profile' document in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan. Care plans were written in an easy read format and some people had signed their care plan to acknowledge they agreed with the contents.

There was a robust and clear complaints procedure, which was displayed in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection we were shown a log of complaints which gave details of a recent complaint that had been appropriately dealt with. People and relatives confirmed this and told us that they had a good relationship with the provider, manager and staff and could speak to them about any concerns and things were dealt with immediately.

Good

Is the service well-led?

Our findings

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

Staff told us the service was well organised and they enjoyed working there. They said the registered manager had a visible presence within the home. They knew the people they supported and regularly worked alongside staff. Staff told us that they were treated fairly, listened to and that they could approach the manager at any time if they had a problem. The registered manager told us they felt supported by the area manager who had helped put a proposal forward to the provider for staff remunerations for qualifications to try and attract new staff.

The service had carried out some re-decoration inside the building. A new bathroom was being fitted in the immediate future. We noted these issues had been highlighted and discussed in the managers meeting. The outside of the building required some additional attention. For example, the garden area was overgrown and the front of the building looked untidy. Shortly after the inspection the area manager confirmed that these works had being carried out. They also told us a gardener would be visiting on a regular basis until the winter months to 'keep on top' of things.

The service carried out a range of audits to monitor the quality of the service we looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives as well as other professionals. All of the comments in the surveys were positive. Comments included, "[Name] is very well looked after happy and the manager is good", "Staff use a consistent caring approach to support people's needs."

Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the service.