Aston Care Limited

Downshire House

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on the 7 December 2015 and was unannounced.

Downshire House is a care home which is registered to provide care (without nursing) for up to seven people with a learning disability. The home is a large detached building within a residential area close to Reading town centre. People have their own bedrooms and use of communal areas that included an enclosed private garden. The people living in the home needed care from staff at all times and have a range of care needs.

There is a full-time registered manager. 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.

People's safety had been placed at risk as wooden wedges were used to prop open doors, in particular where a dorgard had been fitted. A dorgard is a wireless fire door retainer that automatically closes on the sound of the alarm, delaying the spread of fire. The provider had taken immediate action on the day of our visit to ensure people's safety was not compromised by removing the wedges and replacing dorgards that were defective.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's

individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe as people's fire safety had been compromised.

The provider had robust emergency plans in place which staff understood and could put into practice.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

The registered manager was open and approachable. People's families had confidence that they would be listened to if they had a concern about their relative or of the services provided.

The registered manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Downshire 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 the 7 December 2015 by one inspector and was unannounced.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called 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 to us. We spoke with the registered manager of the home and six staff. We also received feedback from two local authority social care professionals.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at three staff recruitment and training files and the profiles of two agency staff used by the home. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Requires Improvement

Is the service safe?

Our findings

Environmental risks were assessed that included fire safety. Staff had received training and knew what action to take should their be a fire. However, people's safety was compromised on the day of our visit as wooden wedges were used to prop open a communal lounge door and a person's bedroom door where a dorgard had been fitted. A dorgard is a wireless fire door retainer which holds fire doors open and automatically closes on the sound of the alarm, delaying the spread of fire. Staff told us they had reported a fault with the dorgard to the provider, but could not confirm if repairs were scheduled. The deputy manager immediately removed the wooden wedges to enable closure of the doors. The provider contacted us the day after our visit with evidence to support that action had been taken to replace the faulty dorgard and to fit a dorgard to the communal lounge door.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were kept safe by staff who had received safeguarding training. Staff told us that this had made them more aware of what constitutes abuse and how to report concerns to protect people. Some staff did not know what whistleblowing was, and the providers policy was not readily available to staff. However, staff told us if they had concerns and were not listened to by the registered manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC). The deputy manager had taken action on the day of our visit to ensure staff had access to the policy and stated the meaning of whistleblowing would be reiterated to staff at the next team meeting.

We could see that people were comfortable to approach staff without hesitance when they needed support or reassurance. A relative of a person who uses the service told us: "I'm very much aware of safeguarding and know the signs to look for. I've never had a problem with staff and I know that (name) is very very happy there". Another relative said: "there had been behaviour problems with one of the other residents. This was managed well by staff as they provided one to one support for the person".

There was an established staff team employed by the provider that included a housekeeper, administrator, deputy manager and registered manager. Staff responded quickly to meet people's needs safely whilst taking into account the individual needs of the people they were supporting. A relative of a person said: "what is good about Downshire House is that the staff turnover is relatively low, and so we have been able to build good relations".

Staff told us that in their opinion there was enough staff throughout the day and night to keep people safe and to support people to healthcare appointments and activities within the community and in the home. There were four staff to support people in the morning and five in the afternoon. This was increased by one staff from 09:00 to 15:00 to provide extra support. Staff shortfalls due to absence or annual leave were covered by agency staff, and there was an on-call system should staff require further assistance from management.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff who had received training in the safe management of medicines. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

Good

Is the service effective?

Our findings

People were supported to attend health care appointments with their GP and other healthcare professionals and to make healthy living choices regarding food and drink. A relative of a person said: "they support (name) to health appointments and put a lot of planning into things like that so that (name) is reassured". People's meals were freshly prepared and well presented to meet individual needs. For example, staff found from continual assessment that a person preferred soft foods only. People were referred to speech and language therapist (SALT) and dietitians as and when required to have their nutritional needs assessed. Records of food temperatures were taken to ensure the correct temperature and fresh fruit and vegetables were available.

Staff attended regular staff meetings and had received one to one supervision and appraisal that were structured around their development needs. There were two new staff completing their induction at the time of our visit. Areas included within their induction were policies and procedures around health and safety. The deputy manager showed us evidence to support that staff were in the process of being signed up for the Care Certificate introduced in April 2015. This is a set of 15 standards that new health and social care workers need to complete during their induction period and is linked to training for existing staff to refresh and improve their knowledge.

Training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This included introduction to autism and strategies for crisis intervention and prevention (SCIP) that focused on positive approaches to behaviour management. Staff told us the training had shown them how to support people safely to prevent risk of harm. They spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, people who required one to one support and people who needed a stable routine.

People's rights to make their own decisions, where possible, were protected. 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. The application 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. Five people using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and over 50 percent of staff had so far received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them. A social care professional informed us that they had carried out a best interest assessment of a person under DoLS and stated: "I felt during my visits that they knew (name) well, and provided support appropriate to meet his

needs".

Good

Is the service caring?

Our findings

There was a comfortable and relaxed atmosphere within the home as staff responded to people respectfully and listened to what they had to say.

Relatives of people told us that the staff were: "very caring and attentive". One relative said that they visit the home regularly and added: "staff treat people how I would expect to be treated. They are very kind nice people, even down to the care and attention they put into providing activities". Another relative said: "there is a nice contentment in the house, what you would expect for them if living in their family home".

Staff were seen addressing people appropriately in a warm and friendly manner as they supported each person with kindness, compassion dignity and respect. People were able to come and go within the home as they pleased, dependant on risk and with staff support. They were encouraged by staff to make decisions, if they were able to about everyday activities such as choosing what to eat, what to wear and how to spend their time. For example one person preferred to spend long periods of time in their room. This was respected by staff whilst they monitored and encouraged the person with activities of the person's choosing to minimise risk of social isolation.

People's care plans centred on the needs of the individual and detailed what was important to the person such as contact with family and friends. There were people who had limited or non-verbal communication skills. Staff understood people's requests by using pictures of reference and body language that individuals communicated through. This enabled staff to support those individual's to make choices and express their views.

Staff spoken with provided a good account of people's support needs. Professionals also told us that staff were welcoming and could provide appropriate updates, when requested, about people's changing needs.

Staff had attended training that covered dignity and respect. Staff clearly knew people's likes and dislikes with regards to recreational activities, daily living and of the importance of supporting people to keep in touch with family and friends.

Good

Is the service responsive?

Our findings

People were able to express their views through verbal and non-verbal communication skills. Staff understood people's requests and showed patience and understanding as they supported them. For example, people were encouraged by staff to join in conversation and participate in daily tasks to promote their independence. People's relatives told us that there was always something to do either in the home or in the community. On the day of our visit people were being supported to attend activities in the community for instance shopping, whilst others chose to stay at home doing the things they wanted, such as listening to music and being supported to use the garden swing.

There was a one page profile at the front of each person's file that gave an overview of what people liked about the person, what's important to the person and how best to support the person. People's support plans detailed the person's preferred communication method and described how the person wanted to be supported with personal care, whether this was with prompts from staff supporting them or full assistance to meet the their personal care needs.

Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported. They told us that they were named keyworkers to people who lived in the home, informing us of the responsibilities the role had. For example; by ensuring the person had sufficient clothes and toiletries, and to take responsibility to report on the person's life. This included information about healthcare appointments and activities that had contributed to the person's assessment and review process.

There was evidence from documentation and from speaking to people's relatives that external health care professionals were consulted and appropriate referrals were made when people's needs changed. Care plans included a section on recording the interventions of visiting health care practitioners where their recommendations were clearly recorded. Reviews of people's care and support needs were completed at least annually or as changing needs determined. Professionals and people's families were invited to their reviews and were fully involved. Comments from people's families included: "I always go to (name) review, which is at least once a year; his care manager (external social care professional) comes as well".

The provider had a complaints policy that was accessible to people and their visitors. A relative said: "there are always forms in the house that you can complete, but I would go straight to the manager. We have over the years had differences of opinions, but they listen to me. I don't feel worried about going to say anything".

The provider had received three compliments with a common theme, from visitors to the home in the last 12 months. These included: "the home is always clean and tidy", "staff are always willing to support your visit and are knowledgeable about the service users".

Good

Is the service well-led?

Our findings

There was a registered manager at Downshire House who has been registered with the Care Quality Commission since 2 December 2011.

The registered manager was not present throughout the inspection process. However, we spoke with the registered manager on the telephone.

The deputy manager was present throughout the inspection process. Staff told us they felt supported by the registered manager and deputy manager and that they worked well as a team. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

Staff said the registered manager had an open door policy and offered support and advice when needed. This was confirmed by relatives of people we spoke with.

People's families told us that the registered manager and staff were approachable, supportive and always valued the importance of ensuring their relatives (people who use the service) were encouraged and supported to keep in contact with them. They told us they were asked for their view of the services provided in general and through annual questionnaires. Comments included: "If I had no knowledge of the care system, the home is what I would expect as a member of the public". "The service is managed well, I have regular contact with the service through visits and email" and "I'm really pleased with the care provided".

The service had monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the registered manager and by senior staff within the home with actions and outcomes recorded. These included monitoring of the environment, fire safety such as personal emergency evacuation procedures for each person and electrical testing of appliances.

Provider and senior management monitoring and support visits were completed. These included monthly visits which looked at health and safety and people's care and support plans. Audits were also completed by senior staff within the home to promote a consistent approach of the providers care values.

Audits were also completed by external agencies such as local authority commissioners and the supplying pharmacist. Reports of their findings were communicated to the registered manager and actions were taken on recommendations made to improve.