

Ashview House Limited

Ashview

Inspection report

River View High Road
Vange
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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 

Overall summary

The inspection took place on 07 October 2015 and was unannounced. Ashview provides accommodation and personal care and support for up to up to 13 people who have learning disabilities and/or physical disabilities. At the time of our inspection there were 11 people who lived in the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated

Summary of findings

Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual 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

reflected people's care and support requirements accurately and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and were skilled at responding to people's care and support needs.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service. The manager and staff provided people with opportunities to express their views and there were systems in place to manage concerns and complaints.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views. The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop the service.

Summary of findings

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



Is the service caring?

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Good



Is the service responsive?

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Good



Summary of findings

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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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.

The inspection took place on 07 October 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spoke with six people who lived in the service, one senior care staff member, three care staff, the manager and one visiting healthcare professional.

We looked at four people's care records, staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe and secure. All of the people we were able to speak with, told us they felt safe. One person we spoke with indicated they felt safe by smiling when asked the question. One person added, "I love the place."

The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff told us they had received training in safeguarding adults from abuse. They also told us that they were confident and knew how to support people in a safe and dignified manner. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. Where safeguarding referrals had been made we saw clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

All of the staff we spoke with knew people's needs and how to manage risks to people's safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. Staff understood people's needs and risks to people were managed. For example, staff took practical steps to minimise the risk to people when they went out into the community or there were concerns about their nutritional intake or emotional state. We saw with one person that staff explained their actions clearly and checked the person understood what was being said. This meant the person understood what was happening. We could see the person appeared comfortable with the conversation during the process. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people, and or their environment. Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have

the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk, financial mismanagement and smoking, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and any mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency, and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us that there were enough of them to meet people's needs on each shift.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the processes discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. We observed the lunchtime medication round. This was done with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about the use

Is the service safe?

of these medicines. This included medicines that people needed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No one was self-medicating on the day of our inspection. We noted on one record that medication to be given had been transcribed by staff (hand written and not printed), but did not evidence that signatures were present to confirm they had been double checked by two staff members. We discussed this with the senior nurse on the day, as whilst

we acknowledge people did all get the correct medication, there was a risk that people may get the incorrect medication or dose if it is not correctly documented because of a mistake in recording.

Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Is the service effective?

Our findings

People told us the staff met their individual needs and that they were happy with the care provided. One person told us, “Yes they really look after me.” Another person said, “I came here and I am glad I did It’s like having another home and family.”

Throughout our inspection we saw that staff had the skills to meet people’s care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring. Person centred support plans were then developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

Staff told us that they were supported with supervision, which included guidance on things they were doing well. It also focussed on development in their role and any further training. They were able to attend meetings and reviews where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Staff meetings also took place, and we were told that communication was on going within the service and between staff was very good. Opportunities for staff to develop their knowledge and skills were discussed and recorded. This showed that the management team supported staff in their professional development to promote and continually improve their support of people.

Staff had a good understanding of the issues which affected people who lived in the service.

We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition and managing their finances.

People’s capacity was taken into consideration when supporting them and people’s freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that

staff asked people if they could enter their rooms and discreetly explained what they were doing when providing personal care. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) and DoLS legislation and new guidance to ensure that any restrictions on people were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was choice of options at meal times. One person said, “I like what I eat here.” Staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully. People were happy and interacted well with staff. We saw that where people required specialist diets a balanced diet was followed and people had access to plenty of snacks and drinks throughout the day.

Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people’s dietary needs and provide the level of support required. We also noted that each person had a ‘five a day’ chart which showed each persons daily intake of fruit and vegetables. The service appropriately assessed people’s nutritional status and used a malnutrition screening tool to identify anyone who may need additional support with their diet. Where appropriate people had been regularly weighed and we were told where necessary referrals would be made to professionals such as the dietician.

People’s day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with

Is the service effective?

the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included social workers, community learning disability teams and the district nurses.

Is the service caring?

Our findings

People received support from staff that were caring and kind. One person told us, “[Staff member] is very caring, I like it here, I have been here a while and all the staff do what they can for you.” Another person said, “I would not change the staff here they are very caring people.”

The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling, laughing and joking with staff. One person indicated, by smiling, that they were happy with their care when asked if the staff supported them well.

Staff demonstrated knowledge and an understanding about the people they cared for. They told us about people’s individual needs, preferences and wishes and spoke about people’s lives before they started using the service. This showed that staff knew people and understood them well. Staff addressed people by their preferred name, and chatted with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff. People were involved in making choices about their care. The staff showed a good understanding of the needs of the people they cared for. They were able to tell us about each person’s individual needs and preferences.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. People

told us they were treated with dignity and respect. Our observations confirmed this when one person showed signs of anxiety and distress, and staff dealt with this in an efficient caring manner.

We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual. Staff were well motivated, passionate and caring. The service prides itself upon being friendly and well managed, where the manager and staff respond to the needs of each person with courtesy and dignity at all times.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people’s wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported and encouraged to maintain relationships with others and with friends and family. However where this was not possible the manager told us that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Staff respected people’s privacy and dignity. We saw that staff discreetly asked people about personal issues and supported them appropriately. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

Is the service responsive?

Our findings

People told us that they felt the service met their needs and were satisfied with the care and support they received. People had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. They had also had the opportunity to be involved in their care planning.

People's care plans showed that they received personalised care that was responsive to their needs. Care plans included information about the care and support provided to people. This included support with their personal care needs and mobility. The care plans demonstrated the service had conducted a full assessment of people's individual needs prior to them moving into the service, to determine whether or not they could provide them with the support that they required. Plans of care were in place, and kept regularly reviewed to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their daily and night time routine. Care plans covered all aspects of the individual's life and the support they required to enjoy their chosen lifestyle, this included offering a wide range of opportunities to participate in recreational and social activities both in house and within the local community. The service enabled people to strive to reach their maximum potential whilst enjoying meaningful and fulfilled lifestyles. Whilst we acknowledge that the care plans covered all areas of care, we spoke with the manager regarding how staff wrote care plans. This was because a few were quite repetitive and could have been more specific in places. They told us they would audit the plans and address this.

Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others. For example one staff member described

an event whereby one person had become anxious with another person and the steps taken. These included calming the person and engaging them in some direct one-to-one time. We also saw staff were receptive to people's non-verbal communication such as facial expression and body language, and understood when they did not seem happy.

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was good staff availability to enable the outings and any service events to take place. People could choose to participate in a range of individualised social events and follow their own individual interests. For example people had attended college courses in computing, drama, music, art and crafts, sensory sports, jewellery making, coking, creative writing and English. They had also taken trips to London, participated in karaoke at the local pub and some had recently been on a trip to Disneyworld in Paris.

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People told us the manager always listened to their views and addressed any concerns immediately. One staff member said, "We would always want to help put things right if someone had concerns. I think we are quite an open team here"

There had been no formal complaints made since the last inspection. Records of complaints received showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was available in the service for people to refer to and in an appropriate format. This was important and ensured everyone, where able, were aware of the actions to take should they have concerns.

Is the service well-led?

Our findings

The service was well managed and the manager was visible and accessible. From our discussions with staff it was clear that they were familiar with the people who lived in the service and their relatives. All the people we spoke with told us they knew who the manager was and comments included, “[Manager] is helpful and very supportive.”

People told us they had no concerns with the management and staff. We received positive comments about the manager and deputy manager from staff who told us that they were approachable, fair and communicated well with them.

All of the staff told us they worked in a friendly and supportive team. They felt supported by the manager and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement, and had access to staff meetings where appropriate, supervision and observation and annual appraisals. Staff and resident meetings were held on a regular basis and staff told us that they were inclusive, and they were always consulted about any proposed changes.

We were told that the manager and staff shared the same vision, values and open transparent culture within the service. The ethos of the service was to provide maximum quality of care for all of the service users that they care for. Staff understood their roles, responsibilities and own accountability, and the service maintained good links with the local community.

The management of the service had processes in place which sought people’s views and used these to improve the

quality of the service. Relatives and visitors had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative’s care. We looked at the analysis from the last set of monthly service improvement audits and the responses from quality surveys. This provided people with an opportunity to comment on the way the service was run. We saw that respondents were happy with the care at the home and the attitude of management and staff. Additionally we saw that the majority of respondents who lived at the home were also very happy with the home and its communication. Action plans to address any issues raised were in place and were completed and reviewed regularly.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of three incidents documented showed that staff followed the provider’s policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of accidents, challenging incidents and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.