Ashring House Limited

Ashring House

Inspection report

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Date of inspection visit:
23 August 2019

Date of publication:
02 October 2019

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
Ashring House is a residential care home providing personal care to six people living with a learning disability.

Ashring House accommodates six people in one adapted bungalow.

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 that 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People lived in a service which was personalised to them and their needs. People were treated with respect, kindness and compassion. Staff knew people well, including their likes, dislikes and aspirations. People were encouraged to be as independent as possible and develop their skills.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes 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's needs were assessed before they moved into the home. Risks to people health and well-being were assessed and mitigated. Care plans supported staff to provide personalised care to people.

There were enough staff available to support people. Staff were supported with training, supervision and regular meetings to ensure they had the right skills and knowledge to support people. Staff told us they felt well supported by the manager.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. When things went wrong, lessons were learnt. Quality assurance systems supported staff and the registered manager to identify areas for improvement. These were then acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy and dignity was protected. People's medicines were managed safely. When people had specific needs about eating and drinking, these were met.

Staff worked in partnership with other social care and health care professionals to ensure people received the support they needed. People's health needs were considered and planned for. Health professionals told us staff knew people well, worked with them and followed guidance.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection
The last rating for this service was good (published 4 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashring 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

Service and service type
Ashring House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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

During the inspection
We spoke with two people who used the service. We spoke with four members of staff including the

registered manager, senior care worker and care workers.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at mental capacity assessments and quality assurance records. We spoke with one relative of people who live at the service and three professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise signs of abuse, and the types of abuse. One member of staff said, "I know when to report it." They explained how they would ensure the person was safe and remove anyone posing a risk to a person's safety from the service. Staff had training in safeguarding.
- Safeguarding concerns had been raised with the local authority, and notified to CQC, as needed. A safeguarding policy and checklist was available to staff to support them when they had concerns.
- Staff understood whistleblowing and there was a policy in place. One member of staff told us, "If I was not happy I would go higher."

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. Some people could display behaviour that may put themselves or others at risk. Whilst this had not occurred for some time, the risks were considered along with how staff could reduce these risks.
- People who needed to use equipment to support them to move around, were encouraged to use this. Staff reminded people and explained why this was necessary. Some people moved around independently in the home using their wheelchairs. The risks to themselves and others had been considered. We saw that people were supported in line with these.
- Equipment to support people to move was regularly checked. For example, the home had a mobile hoist for use as needed. This had been regularly checked, though not currently in use, it had recently found to be in need or replacement. A replacement was on order.
- Risks about the safety of the building were considered. The building had been recently inspected by the fire service. Regular tests of fire equipment, such as alarms and emergency lighting were completed. Fire drills had been undertaken to check that people and safe knew what to do in the event of an emergency. People had personal emergency evacuation plans in place which included information on their mobility, sight and how they may respond to an emergency.

Staffing and recruitment

- There were enough staff available to meet people's needs. Staff communicated well together to ensure that people were supported as needed. Staff told us there were enough staff working each day to ensure that people's needs were met and that they could go out and about when they wanted to.
- Staff were recruited using safe processes. These included checks on identity, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions.

● People had been involved in the selection process for new staff and recruitment files included notes on the prospective member of staff's interaction with people and any views people had expressed.

Using medicines safely

● People received their prescribed medicines safely. People were offered their medicines privately. Clear guidance was available to staff about how people needed their medicines. Staff had training on supporting people with medicines and their competency to do so was assessed every six months.

● Some people were prescribed medicines 'as required', such as pain relief. Clear protocols were in place to identify how people would show the need for these medicines, the appropriate dosage and how often the medicine could be given. Staff knew people well and care plans identified how people, who did not express themselves verbally, would show staff they were in pain.

● Weekly checks ensured that medicines were stored at the right temperature and accurate records were kept.

● Staff worked with their local pharmacy to ensure medicines were well managed. For example, a pharmacist visited annually to audit medicines and provide advice as needed.

Preventing and controlling infection

● Staff understood the importance of managing infection and using personal protective equipment, such as gloves and aprons. One member of staff told us, "We've got aprons and gloves and can access more in the shed. We wear in the room with the person and take off and throw away. We wash hands and put the hand towel straight in the bin. When we go in [to support someone] we make sure that we've got everything ready."

● Staff had training in infection control and food safety. Hand sanitising gel was available throughout the home and signs near sinks reminded staff and people of the importance of handwashing and how best to do so. Regular checks were completed to ensure the water was not carrying legionella.

Learning lessons when things go wrong

● Staff understood the importance of learning when things went wrong. Any accidents and incidents were appropriately recognised and recorded.

● Lessons were learnt when things went wrong. For example, an error had occurred with a person's medicines. Medical advice was sought, and guidelines reviewed to reduce the risk of the error reoccurring. Learning was shared with staff at handovers and team meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were assessed before they moved into the service. This assessment considered the person holistically, including their physical, mental and social needs. The registered manager explained they and staff were still getting to know the person and adding to their care plan and assessments all the time.

Staff support: induction, training, skills and experience

● Staff new to the service were supported with an induction. One member of staff told us, "There was a lot of online learning, I did some here and some at home, and read policies." They explained that they shadowed more experienced staff, getting to know people and their needs. They also spent time reading people's care plans. They said, "I tried to get up to date with what they like, or don't and how you know if they are unwell. Any questions I needed I could come and ask [registered manager] and [senior]."

● Staff had training to meet the needs of people living at the service. This included training on downs syndrome and cerebral palsy, to help them understand these conditions. One health and social care professional told us, "Training records have been up to date on my visits and staff have evidenced good practice and knowledge around medication and safeguarding procedure and policy and practice in particular." Another said, "Staff seemed trained and skilled in looking after the service users who suffer learning disabilities. They have the ability to judge and reason new symptoms."

● Staff were supported with regular supervision. This included both discussion and observations of their practice with people. One member of staff told us, "I can bring things up."

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

● People were supported to eat and drink independently. Some people required specialist adaptations, such as plate guards and specialist cutlery to assist them to eat independently. This was provided.

● Some people had specialist needs around eating and drinking, which had been assessed by speech and language therapists. This was known to staff and followed closely. Staff also knew people's preferences about food and drink and how they liked to make choices.

● People were involved with choosing the menus for the week. People were offered choice about which parts of the meal they would like. People required their food to be served in different ways, with some people requiring food to be mashed or pureed. However, people were supported to eat their meals together. Staff served people from the communal dishes, ensuring the food they were served met their dietary requirements and choices.

● People enjoyed their meals, which were a social time. Some people sat in the garden enjoying the

sunshine and others chose to eat in the dining room. One person told us their meal was, "Yummy, yummy in my tummy."
● When people required staff support to eat this was provided. Staff explained to people what they were eating and supported them at their own pace.

Adapting service, design, decoration to meet people's needs
● People's bedrooms were personalised. One person showed us their bedroom. They had chosen the colour of the walls and it was personalised according to their interests.
● The home was a level access bungalow, with wide hallways and doors to assist people to move around the home using mobility aids or wheelchairs.
● Ashring House is located in the centre of the village of Ringmer and people and staff could easily access local amenities.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff worked together and with other agencies to ensure people received consistent and person-centred care. When people had moved into the service from other places, staff had worked with professionals to ensure relevant information was shared.
● One health and social care professional told us, "I have found staff at all levels to be informed, aware, intuitive and supportive and caring of the people who live with them especially in regard to non-verbal communication and observations or monitoring of health and behaviours." Another said, "They are caring and knowledgeable of their staff needs and report immediately if any matter arises. They respond to our instructions and all the secondary guidance that comes down to them and we communicate effectively and well. They follow all instructions and plans we give to them."
● People had plans in place to keep them well. Health plans included information about maintaining sight and hearing as well as other health procedures. People had hospital passports available, to help communicate their needs to health professionals in the event of hospital admission.
● Staff worked with healthcare professionals to support people. For example, when people had specific conditions such as epilepsy. Staff understood what may trigger a seizure for the person. Charts monitoring the person's seizure activity, including type and length, were updated and shared with other professionals as needed. Guidance was available to staff about the action they should take in the event of the person having a seizure, and when it would be necessary to contact emergency services.
● A health and social care professional told us, "Staff are great, they made themselves very available for the assessments. [Registered manager] sat in with and knew them very well. All health care appoints were done or planned for, such as GP health check and ophthalmology."

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.

● People's capacity to make particular decisions had been assessed as required. We noted that these records did not always reflect the person's views and responses. The registered manager recognised this and immediately reviewed the assessments with people. The newly completed mental capacity assessments reflected the views and responses of people.
● Staff understood the MCA and DOLS and had received training in the legislation. People's care plans considered restrictions and limitations, such as the support people needed to move around, and how these could be minimised.
● Applications for DoLS had been made to the local authority when appropriate. When people had authorised DoLS, conditions of these authorisations had been complied with. For example, one person had a condition of their DoLS that the staff would invite and include the person's funding authority in their care reviews. We saw emails confirming this invitation had been made.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care. Staff supporting people knew them well, how they communicated and what their interests were. Interactions between people and staff were relaxed. A health and social care professional told us, "In my experience the staff interact with my clients really well and demonstrate a caring and supportive attitude. Staff are very approachable, friendly and have got a positive attitude."
- Staff understood the importance of supporting people's diversity and had training in equality and diversity. The registered manager said, "Everyone is an individual. They've got their rights. We treat the person as an individual, with any different needs or beliefs." They explained how they had supported one person to explore potential religions, and their culture, as little was known about their family history. The person's care plan reflected the research undertaken by staff into religion and culture.
- People were supported to attend church as they wished. Staff told us about how some people had communicated with them that they were not enjoying the church service, and therefore did not attend.

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

- People were encouraged to make day to day decisions about their support. We heard staff offer people a choice of activities for the day. Staff encouraged people to consider what they may need with them when going out and about.
- Staff understood the importance of people make decisions about their care and support. One member of staff told us, "We give free choice all the time, allow people to make independent choices, bearing in mind their guidelines. There is no restriction on how diverse things can be."
- Regular meetings were held with people living at the service. Minutes of the most recent meeting showed discussions about painting the hallway and people's preferences for colours and choosing plants for the garden.
- People were supported to be involved in their care. People had regular one to one meetings with their keyworkers and were involved in reviews of their support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. For example, one person was given a bell they could use to attract staff support when they had finished using the bathroom facilities. One member of staff told us, "I knock on their door, and ask to be invited in. I do medicines in their room with the door shut, and personal and continence

care."

● People were supported with dignity and respect. Staff interacted well with people and respected their choices. One member of staff told us, "I always think that if it's not good enough for my mother, it's not good enough for them."

● People's independence was promoted. For example, care plans focussed on the areas people were able to manage independently, with prompting, and then guidance for staff on how they could provide the support the person needed. We saw staff support a person by taking their clean washing to their bedroom. The member of staff then encouraged the person to put away the clothing themselves. Staff took pride in supporting people to learn new things. One member of staff told us, "I like it when they achieve something, and I see it on their face."

● Staff understood the importance of confidentiality and had training in the changes to data protection law in 2018. People's care plans were stored in a lockable room. One member of staff told us, "We disclose information on a 'need to know basis'. When out in the community we have to be cautious and discreet about their needs, so they are protected."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. Staff worked with people's families to understand their life histories and likes and dislikes. One person's relative told us, "The manager and some staff have known him for some years and have a good understanding of his needs."
- Staff knew people well and understood their needs. We asked staff about one person, who did not use verbal communication, and how they understood the person's needs. They told us, "She will shout when tired. She will let you know what she wants to do."
- One health and social care professional told us, "The paperwork for residents has been consistently in good order on my various visits to the house and I see the resident's content and responding positively to staff's intensive interactions."

Meeting people's communication needs

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

- People's communication needs were assessed. Assessments included the person's previous communication and preferences. Care plans explained how a person would communicate different needs and feelings, to help staff to understand them. Referrals to speech and language therapists had been made to support people develop their communication, as needed.
- Staff understood people and their communication needs well. People who did not use verbal communication, used methods such as pointing, touch and vocal sounds to communicate. For example, one person showed they would like a drink by taking staff into the kitchen by the kettle.
- One person had a sight impairment. Staff understood this and explained the environment to the person as needed. For example, when placing a drink on the table for them, they explained where the cup was.

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 and staff spent time interacting together. We heard staff reading books to people, singing together and choosing music.
- Staff supported people to follow their interests and take part in activities. For example, people spent time in the local community having tea and cake in the local village during the inspection. People were also

encouraged to pursue their interests in the home, such as looking at magazines of interest and spending time in the garden.

● Staff supported people's independence in the community. For example, a member of staff told us about supporting a person to the local pub. They were invited by a group of young people to join them to watch a football game. The member of staff stayed nearby to monitor the person's safety however this enabled them to engage with people of their own age.

● People were supported to maintain contact with the people that mattered to them. We saw one person who was supported to watch videos and look at photographs of an important family occasion. Another person was supported by staff to keep a diary. This helped their family know what they had been up to. One person's relative told us, "There is good liaison between the home and family which is very important to [person]. The staff are excellent at maintaining this communication."

Improving care quality in response to complaints or concerns

● People living at the service had regular meetings with their keyworkers, so they could raise any issues. Some people living at the service did not use verbal communication, so staff would monitor their non-verbal communication for signs they were unhappy.

● Information on the complaints policy and how to raise a concern was available to people and their relatives.

● There had been no complaints since the last inspection.

End of life care and support

● A person who lived at the service had recently passed away. This had been sudden, so they had not been identified as being at the end of their lives. Following the person's passing, staff supported others living at the service to understand this. They used easy read stories about death to help people to understand. People were welcome to attend the person's funeral. We heard staff talking and comforting one person about this person and other people who had passed away.

● End of life wishes had been considered for people and, where appropriate, plans were in place about people's wishes.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The culture of the service was positive and centred on the people living at Ashring House. Staff were proud to work in the home. One member of staff told us, "It's a really great place, I love coming to work." Another said, "We are guests in their home, we are privileged to be here."
- Staff felt well supported by the registered manager and worked well together. One member of staff told us, "What you see is what you get. It is a nice small team and we all get on well."

People had good relationships with manager and were relaxed around them. One person's relative said, "A care home is only as good as its manager and staff and currently I would say it is excellent for my son's needs."

- The registered manager had worked at the service for a number of years and knew people and the staff team well. They were supported by an area manager and a company compliance team.
- Staff regularly went through a policy check, to check their understanding a knowledge about various policies, such as data protection and professional boundaries.
- Staff could nominate their colleagues to become 'employee of the month'. One of the members of staff had been recognised for their hard work and interaction with people. This had been shared in the organisation's newsletter.

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

- The registered manager understood their duty of candour. They explained about "involving others and apologising." One person's relative told us, "The staff appreciate how important family is and are very supportive. We are always welcome at Ashring House and always informed about any illness or issues that would be a concern."

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

- The service was linked with the local community. Situated in a village, people regularly used village amenities and staff told us that people living at the home knew many people in the village.
- Surveys were sent to people, families and professionals to share their views on the service. These had

been analysed and an action identified to train newer staff in communication. This had been completed.
● Staff were supported with regular staff meetings. Minutes showed that discussions included people, policies, confidentiality and dignity. Staff told us they could raise any issues for discussion during these meetings.

Continuous learning and improving care
● Quality assurance checks supported the continuous improvement of the service. For example, a medicines audit identified that staff needed competency assessments to be reviewed. The next medicines audit showed that this had been completed.
● The registered manager completed a monthly check to ensure that areas of the service were running as expected. This included health and safety, medicines, finances and training.

Working in partnership with others
● Staff worked in partnership with others. One health and social care professional told us, "The Ashring House manager has always communicated effectively with me and I can see from our records that notifications of change and correspondence has been sent through from the house as appropriate. I have always enjoyed the warm welcome and the positive collaboration that staff have offered me at Ashring. I am happy to have been able to consistently see person centred outcomes followed up and achieved for residents there over time." Another said, "In my view Ashring House provides attentive care for all residents, staff interact with them well and take them out `socialising` on regular basis."