

Ashgold House Limited

Ashgold House

Inspection report

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Date of inspection visit:
30 January 2019

Date of publication:
19 February 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:

Ashgold House is a residential care home for people with sensory impairment, learning disabilities and autistic spectrum disorders. Ashgold House can accommodate six people. At the time of our inspection there were five people using the service.

People's experience of using this service:

People were safeguarded from the risk of abuse. Staff were aware of what actions to take to ensure people were safe.

Risks associated with people's care and support had been identified and plans were in place to help minimise these risks.

There were sufficient staff available to meet people's needs and to ensure they could go out when they wanted to.

People were supported to manage their prescribed medicines. Staff had received training to ensure this was carried out safely.

Accidents and incidents were monitored to identify trends and patterns and the provider took action to minimise incidents occurring.

People received support from staff who were trained and supported to carry out their role.

People were supported to maintain a healthy diet which catered for their likes and dislikes.

People had access to health care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was compliant with the Mental Capacity Act 2005.

During our inspection we saw staff interacting with people who used the service. Staff and people had a good rapport and staff were kind and caring in their approach.

Staff maintained people's privacy and dignity and were respectful of their home.

People received personalised care which was responsive to their needs and preferences. Support plans were clearly detailed.

The provider had a complaints procedure and people felt at ease to raise concerns. No concerns had been received at the time of our inspection.

The service was well led and had a registered manager who was dedicated in providing high-quality care which promoted an open and fair culture.

Audits were in place to measure the performance of the service and to action any concerns as they arose.

Rating at last inspection:

The home was rated Good (report published in August 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

Ashgold House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Ashgold 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. Ashgold House accommodates up to six people in one adapted building.

The home 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

In addition to speaking with people living at Ashgold House, we spent time observing staff working with and supporting people in communal areas during the inspection. We spoke with two staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at three staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I can talk to [staff member's name] my key worker if I need to".
- The provider had systems and processes in place to ensure people were protected from abuse.
- Staff confirmed that they had received training in the subject and told us they would report any concerns immediately. Staff were confident that the registered manager would take appropriate actions to keep people safe from harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.
- Risk assessments were thorough and detailed and clearly explained how to minimise risk whilst ensuring people's freedoms were not unnecessarily restricted.
- One person living at the service was at risk from choking and there was clear guidance in the kitchen for staff to follow when preparing their food to ensure it was safe to swallow.
- The environment was checked regularly to ensure that it was safe and well maintained.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing

- There were systems in place to plan staffing levels according to individuals' needs. This was flexible to support people's activities and needs; for example, People had support from staff when they needed it, to go out or attend appointments.
- One relative said, "There is a consistent staff team whenever I come to visit."
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required and this was audited by the registered manager. Regular checks were completed and action was taken when necessary to ensure people's medicines remained safe.
- Staff completed training in medicines administration and their competency was checked regularly to ensure their practice had remained safe. There had not been any medication errors in the home, this was aided by medicines only being administered by senior care staff.

- People who required medicines on an 'as and when' required basis, had protocols in place to ensure these were administered when appropriate to do so.
- People's medicines had been reviewed by their GP to make sure they remained suitable and had been reduced or discontinued where they were no longer required.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff understood how to protect people by the prevention and control of infection. A member of staff we spoke with told us, "We have cleaning rotas and we ensure that residents [people] clean their rooms. We have colour coded equipment, for example; chopping boards".

Learning lessons when things go wrong

- The provider had a system in place to monitor and record accidents and incidents.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.
- The registered manager monitored accidents and incidents to check for trends and patterns.

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.

Good: 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 comprehensively assessed and included the outcomes people hoped to achieve from their planned care and support before they moved into the home so staff could support them effectively. The registered manager had declined referrals to the home where they were assessed as incompatible with the people already living at the home.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support and guidance on supporting people living with autism. Information was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs. One person living at the service regularly became agitated, guidance was available about what to do to support the person during this time.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- People's care plans showed their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.

Staff skills, knowledge and experience

- The provider ensured that staff had the skills, knowledge and experience to carry out their roles and responsibilities. One staff member told us, "The training is very good here. It has helped me understand the people I work with".
- Staff we spoke with told us that training was of a good standard and readily available. One staff member told us, "We get lots of training and can always suggest other training if we think it will be useful."
- Staff told us they completed a thorough induction which included mandatory training and shadowing experienced staff.
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the support they received from care staff with meals and drinks. One person told us, "I really like the food here, I can choose what I have,"
- People were supported to have balanced diets and made choices about the kind of food they enjoyed. People living at the service were involved in planning their meals. Staff cooked meals for people. People could get drinks and snacks from the kitchen when they wanted too.

- Care plans were in place to support people with specific dietary requirements.
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.

Staff providing consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place between staff and healthcare professionals to ensure that people saw them when required.
- When people had been unwell or their needs had changed referrals had been made to relevant health professionals. For example, when there were concerns that one person may be at increased risk of choking support and guidance was obtained from the speech and language therapy team.
- All people had hospital passports which were used to tell healthcare professionals about their conditions and how they liked to be supported. People's care plans showed that health care professionals had been involved in people's care when appropriate.
- Advice from health care professionals was taken seriously and entered in people's care plans and actioned by staff.

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

- We saw that people's rooms were personalised and contained belongings and items that were important to them.
- The home was decorated and furnished in a homely style. When redecoration had taken place, people had been consulted about agreeing changes.
- The service also had communal space for people who wanted to spend time with others.
- The service also had outside space which was accessible to people who used the service. The garden had a swing in it which people told us they enjoyed using when the weather was good. A music system had been put into the garden shed so that people could listen to music when they were outside as they had told staff they enjoyed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We looked at care records and found they reflected the support people required to make decisions. Where people lacked capacity to make decisions, they had been made in the person's best interest.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this following agreed conditions as necessary.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people being treated with kindness and respect by staff. Staff took time to talk with people and played games, which people enjoyed.
- People who used the service indicated they liked the staff and got along well with them. One person said, "I like living here, the staff help me."
- Relatives were positive about the care and support their loved ones received. One relative said, "[Person's name] refers to the home as home and is always keen to go back after a trip out."
- People were encouraged to express their views on how they preferred to receive their care and support.

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

- People were supported and treated with dignity and respect; they were involved in making decisions about their support.
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Care and support was provided based on what people wanted to do.
- Staff adapted their communication to assist people to make choices; for example, describing how things looked to people living at the service who were visually impaired.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and that no one entered their room without knocking first and being invited in. Some people chose to spend periods of time alone in their bedrooms. One staff member said, "I always knock before entering someone's room and check that it is ok to go in."
- People were encouraged to become independent. Care plans included information about how much a person could do for themselves. Some people living at the service were visually impaired. Staff told us that they made sure that nothing in the house was moved so that people could continue to be independent. People with visual impairment moved around the service confidently.
- Special occasions were celebrated with people, including their birthdays. When we inspected there was planning taking place for one person's birthday.
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were supported to maintain important relationships. For example, one person was supported to make regular video calls to family member. During our inspection the person told us how much they looked forward to these calls.
- We observed staff dealing with people's anxiety in a calm and measured way in line with their support

plans.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care

- Care plans were clear, concise and detailed the support people required whilst ensuring they captured people's preferences.
- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- There were activities planned throughout the week and staffing levels were planned around them.
- Staff told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. People's care plans included easy read versions of information. This included information about what a person could do independently and what they enjoyed doing.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.
- People were also supported to plan holidays. During our inspection staff told us that people enjoyed holidays that they had been on and were looking forward to going again. One person with little verbal communication asked staff for "holiday" a number of times during our inspection. Staff told us that they would look at holiday brochures with the person to decide where they wanted to go and would support them to decide what they did while they were away.
- There were daily handover meetings and communication records completed.
- One relative told us how their loved one was made to feel welcome when they first came to live at the home. They said, "The transition was really well managed."

Accessible information

- We looked at how the service ensured compliance with the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The provider had policies and procedures in place. We saw people's communication needs were assessed and support plans put in place to help staff meet people's needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. However there had been no complaints since our last inspection. One relative we spoke with told us they had never had to complain and was confident that any worries would be immediately responded to.
- People who could communicate told us they knew what to do if they had a complaint, and the people they could speak with about this. The complaints policy was available to people in a pictorial format. People who were unable to communicate had the opportunity to use pictorial facial expression to demonstrate how they were feeling.

End of life care and support

- People had some plans in place for their choices at the end of their life. However, the people living at the home were not receiving end of life care at the time of our inspection.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There were established processes and procedures in place to ensure people received care and supported they wanted.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

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

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- Minutes of meetings with people and staff showed people were consulted on how the service ran. For example, staff were encourage to make suggestions about improvements that could be made to both the environment and the support that was being provided.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level.

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

- People were engaged in the service and asked their opinions. The home operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- The provider was in the process of gaining feedback about the service. Questionnaires had been sent to people who used the service and their relatives as well as staff and other professionals. At the time of our inspection no responses had been received.
- Staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the home.

Continuous learning and improving care

- The provider had a quality auditing system in place which was used to check that the service was operating to the providers expected standard.

- Audits were carried out on areas such as medicines management, care and support records, health and safety and the environment. Following audits and action plan was devised to address any concerns raised.
- The registered manager attended local networking meetings to keep up to date with legislation and local policies.

Working in partnership with others

- There were good relationships with local health and social care professionals, community centres and social groups.
- One social care professional told us, "They work with outside agencies to promote the most appropriate outcomes."