

Ashurst House Limited

Ashurst House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 21 March 2018. The inspection was unannounced.

Ashurst 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.

Ashurst House accommodates up to eight people who have learning disabilities and physical disabilities in one building. There were eight people living at the service when we inspected. Five people lived on the ground floor and three people lived upstairs. The service had a stair lift in place which was used by one person to safely use the stairs.

There was a registered manager employed at the service. 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.

At the last inspection on 16 February 2016, the service was rated Good.

Ashurst House was designed, built and registered before 'Registering the Right Support' and other best practice guidance had been published. Ashurst House had not been operated and developed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for every person living at the service.

Risks had not been appropriately assessed and mitigated to ensure people were safe.

Medicines were not always managed safely. Records had not always evidenced that people had received their medicines as prescribed.

There were enough staff deployed to meet people's needs in the mornings. However, staffing levels had been reduced; there were less staff on shift in the afternoons which meant there were times in the day where people did not have adequate supervision. We made a recommendation about this.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people.

Staff knew what they should do to identify and raise safeguarding concerns.

The service was clean, tidy and equipment had been properly checked. Shower heads had not always been cleaned in accordance with the legionella policy. We made a recommendation about this.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always maintained adequately and kept securely.

People were encouraged to make their own choices about every day matters. Where people may not have the capacity to make decisions and choices about their care, there was no evidence that capacity assessments and best interests meetings had taken place.

People were supported to have enough to eat and drink. People had choices of food at each meal time. People were enabled to make their own breakfasts, drinks and snacks. Staff had not followed good practice guidance to ensure meals were appetising. Food records did not always identify what was eaten.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.

One person was not always receiving care and support which met NICE guidance in relation to prevention and interventions for people with learning disabilities whose behaviour challenges. We made a recommendation about this.

Staff had received training to carry out their roles and further training had been planned. Staff received support to carry out their roles. Staff received regular supervision with their line manager.

Staff respected people's privacy and dignity. Interactions between staff and people were caring and kind. Staff were patient, compassionate and they demonstrated affection and warmth in their discussions with people.

The service was homely. There was plenty of laughter and chat, people were seen smiling and laughing with staff indicating they were happy.

People knew who to talk to if they were unhappy about the service. No complaints had been received.

People's care plans contained information about their own skills and abilities and detailed what they needed help with. People's care records had not always been updated as their needs had changed. We made a recommendation about this.

Activities were taking place for some people. Some people undertook activities within the service and in the community, whilst others appeared to be socially isolated. The registered manager was in the process of improving activities for people to ensure people could keep active and stimulated when they wanted to be.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

Risks had not been appropriately assessed and mitigated to ensure people were safe.

Medicines were not always managed safely.

There were enough staff deployed to meet people's needs in the mornings. However, staffing levels had been reduced; there were less staff on shift in the afternoons which meant there were times in the day where people did not have adequate supervision.

The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

The service was clean, tidy and equipment had been properly checked. Shower heads had not always been cleaned in accordance with the legionella policy.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were encouraged to make their own choices about every day matters. Where people may not have the capacity to make decisions and choices about their care, there was no evidence that capacity assessments and best interests meetings had taken place.

People were supported to have enough to eat and drink. Staff had not followed good practice guidance to ensure meals were appetising. Food records did not always identify what was eaten.

People continued to be supported to maintain good health.

One person was not always receiving care and support which met NICE guidance in relation to prevention and interventions for people with learning disabilities whose behaviour challenges.

Requires Improvement ●

Staff had received training to carry out their roles, further training had been planned. Staff received support to carry out their roles.

Is the service caring?

Good 

The service was caring.

Staff knew people well and there was positive interaction between people and staff.

Staff treated people with kindness and understanding. Staff made time to talk with people whilst going about their day to day work.

Staff were careful to protect people's privacy and dignity.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People's care plans contained information about their own skills and abilities and detailed what they needed help with. People's care records had not always been updated as their needs had changed.

Activities were taking place for some people. Some people undertook activities in the community, whilst others appeared to be socially isolated. The registered manager was in the process of improving activities for people to ensure people could keep active and stimulated when they wanted to be.

People knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home. The complaints information was in an accessible format to help them understand the information. However, some people did not understand the accessible version. The registered manager planned to make further improvements.

One person had been supported to plan for the future and to think about their wishes in relation to their own funeral. The registered manager planned to do further work with others.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Systems to monitor the quality of the service were not always effective. Records were not always stored securely or updated in a timely manner.

The registered manager had reported incidents to CQC. The registered manager had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

Ashurst 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 21 March 2018. It was unannounced.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people were unable to tell us about their experiences. We used the 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 with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with five people about the care and support they received. We spoke with five staff, which included support workers, team leaders and the registered manager.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a

sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including staff training records, policies, and the staffing rota. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

We observed that people knew the staff well. Staff understood people's communication needs and helped people to communicate with others. People told us about the fire evacuation procedures. One person told us, "We would go out the fire door and meet in the garden or across the street." Another person told us, "I do feel safe, I like it here."

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk associated with mobility, fire, medicines, epilepsy and financial abuse. Guidance was in place about any action staff needed to take to make sure people were protected from harm. Risk assessments showed what people could do for themselves such as administer insulin. However, care plans and risk assessments did not have all the information staff needed to keep people safe. One person required assistance to manoeuvre using a hoist and sling. Their moving and handling risk assessment did not detail which loops on the sling staff should use to safely support the person to move. One person was diabetic. Their risk assessment in relation to diabetes advised staff to test and monitor the person's blood glucose levels and this had been done twice a day. The risk assessment listed clear actions staff should take if the person's blood sugar levels dropped too low. However, the risk assessment had not clarified action staff should take if the readings were high. Staff had been monitoring the person's blood glucose levels but had not been reporting high glucose readings to the person's GP or diabetic nurse. The blood glucose readings for this person were erratic and often very high. The readings were between 10 mmols and 26.7 mmols. Mmols is the measurement used to establish blood sugars in a person's blood. Failure to manage blood sugar levels could lead to long and short term complications for a person which could impact on a wide variety of parts of the body including eyes, heart, kidneys, nerves and feet.

Fire risks were not always well managed. During the inspection we observed people's bedroom doors were all wedged open with door stops. There were no automatic door closures fitted to bedroom doors to enable the doors to close if the fire alarm sounded. This put people at increased risk during a fire.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Medicines were not always managed safely. People's records contained up to date information about their medical history. However, people's records did not always detail how, when and why they needed the as and when required (PRN) medicines prescribed to them. One person had been prescribed Glyceryl Trinitrate spray, this medicine is usually prescribed for angina attacks. There was no PRN protocol in place to detail how and when to use this medicine. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it.

It was not possible to ascertain if people were given medicines at the appropriate times. During the inspection we found a number of medicines administration records (MAR) for the previous month which had unexplained gaps in. For example, one person was prescribed Risperidone 1mg tablets, these had not been

signed for on the 26 February 2018 or 05 March 2018, and there was no explanation as to why. The person was also prescribed Zerobase cream; this should have been applied twice a day. The MAR chart showed it had not been administered twice a day. On most of the days it had not been signed for at all. There were 12 dates in on the MAR when it had been signed for as administered once a day. There were no body maps to evidence where staff should be applying prescribed creams on people's bodies. One person had been prescribed two Sertraline 100mg tablets once a day. The GP changed this to one Sertraline 100mg tablet once a day on 14 March 2018. Instead of documenting that the dose of two Sertraline 100mg tablets had been stopped and adding a new entry on to the MAR for the new dose, a small note had been added to the MAR to evidence the change. This meant people were at risk from unsafe medicines practice.

The failure to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Lessons had been learned when things had gone wrong in the service. Medicines were always administered and checked by two staff. This practice had been put in place to learn from a medicines error which happened in 2017. The provider and registered manager had reviewed practice and put measures in place to ensure the same error could not happen again. Medicines were stored safely and securely. Temperatures of medicines storage areas were monitored appropriately to ensure medicines were stored within the manufacturer's guidelines. Staff continued to receive training, including refresher training in medicines administration. Staff told us that the registered manager carried out observations and checks of their competency to administer medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. Regular checks were made of medicines in stock.

One person sometimes displayed behaviours that staff and other people found challenging. Their care records evidenced that a behavioural support plan had been put in place over 10 years ago. It was not evident that the person was being supported by healthcare professionals in relation this. They had become socially isolated in their bedroom and had limited contact with other people who lived at the service. They spent most of their day in their bedroom and only left their room to eat alone in a small dining room. Staff were wary of the person and kept their distance as they had been injured previously when providing support. Daily records and discussions with staff evidenced that the person was not always receiving care and support which met NICE guidance 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges'.

We recommend that registered person's reviews care and support practice in line with good practice guidance.

Since the last inspection the provider had reduced the staffing levels within the service because of the available funding from the commissioners. We observed there were enough staff to support people in the mornings; however, the afternoon shift only had two staff members working. Two people living at the service required two staff to support them at times during the day which meant that both staff would be working with one person, leaving the other seven people in the service without effective monitoring and support. We spoke with the registered manager about this. They explained that they and the provider were currently trying to negotiate additional funding for some people to enable the staffing levels to be increased. Comments from staff about the staffing levels included, "Staff have been cut down and I feel we need more staff in the morning and afternoon because people miss out on activities" and "You create challenging behaviours if people [cannot go out] stay in their rooms". The staffing rotas showed the registered manager was present in the service Monday to Friday each week. Staff were visibly present and providing appropriate support and assistance when this was needed. We observed that the service was calm. The service had an

out of hour's policy and arrangements were in place for staff to receive management support. This was for emergencies outside of normal hours, or at weekends or bank holidays.

We recommend that registered persons review staffing levels to ensure suitable numbers of staff are deployed to meet people's needs.

The provider and registered manager continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people.

Each person had a personal emergency evacuation plan (PEEP) in place which detailed how staff should help them evacuate in the event of a fire. Fire alarms had been regularly tested and fire drills had taken place. Fire drill records had not always identified how long it had taken to evacuate people to enable the staff to learn and improve. We spoke with the registered manager about this and they arrange for the records to be amended to ensure future fire drill records captured this. Staff had a good understanding of the fire procedures and how to evacuate people safely. One person used the stair lift to gain access to and from the first floor. The person and staff confirmed that they would be able to use the stairs to exit the building if required. The building had undergone necessary checks and was well maintained. Gas and electrical installations were documented and up to date as were portable electrical appliances, the stair lift, fire alarm systems, water hygiene checks and water temperature checks. Records had not evidenced that staff had been cleaning the shower heads within the service on a three monthly basis as identified in the legionella policy.

We recommend that registered person's review arrangements and practice to minimise the risk of legionella.

People continued to be protected from abuse or harm. Since our last inspection, staff had received refresher training in safeguarding adults; one staff member required another refresher training course to update their knowledge. This helped staff to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated September 2017. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

The service was clean and tidy, and it smelt fresh. Staff supported people to carry out cleaning tasks in their rooms and staff undertook communal cleaning tasks. Staff had access to appropriate personal protective equipment such as gloves and aprons to minimise the risk of cross infection. People were supported to be involved with the laundry. Some people brought their laundry to the laundry room and filled the machine and were supported to programme the machine. Others needed more support. There were clear procedures in place to deal with soiled laundry, which all staff knew about. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic.

Is the service effective?

Our findings

People told us they liked the staff. People named their favourite staff members. One person told us, "She [staff member] is the best one here, she is a lovely lady."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

We observed that staff encouraged people to make their own choices and decisions about their day to day care and support. One staff member was seen offering a person who could not verbally communicate a choice of tea or coffee, they showed the person tea was their right hand and coffee was the left hand. The person touched their right hand. To check that the person definitely wanted tea, the staff member then offered tea in the left hand or coffee in the right hand. The person touched the staff member's left hand to evidence they wanted tea. Training records evidenced that all staff had attended training in MCA 2005 and DoLS; two staff required refresher training on this subject. During discussions with staff, some lacked knowledge about the MCA 2005 and how this impacted on their work. One staff member told us, "The [mental capacity] assessment would be in their records and the registered manager would assess the person with another manager present." We did not find any evidence of capacity assessments and decision making in people's care records where they lacked capacity. For example, we observed a safety gate across the door of one person's room. The staff told us this was in place to keep the person safe from other people entering their room. There was no evidence to show how the person had been involved in the decision, whether they had capacity to decide and if their relatives or representatives and relevant healthcare professionals had been involved to make sure decisions were made in their best interests if they lacked capacity to make their own decision.

The failure to follow the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had effective systems in place to monitor and track DoLS applications and authorisations.

Staff continued to undertake mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken an induction which included training, completion of the Care Certificate and shadowing experienced staff. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Mandatory training

included: first aid, positive behaviour support, diabetes, epilepsy, infection control, medicines administration, food hygiene, health and safety, fire awareness, moving and handling, autism, nutrition, equality and diversity and end of life care. Staff were supported and encouraged to complete work based qualifications. All staff received regular supervision (one to one meeting) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager.

People were supported to have enough to eat and drink. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and food intolerances. No one had any food requirements based on religious or cultural needs. One person had their meals pureed due to an identified choking risk. The individual components of the meal were not pureed separately which meant that the person's meals were pureed into one plate of indistinguishable food. The staff had not followed good practice guidance to ensure meals were appetising. Staff told us that the person had chosen to have their meals in this way. There were no records to evidence this. The person's care records detailed that Speech and Language Therapy (SaLT) had provided advice and guidance about suitable foods. However, this advice had not been added to the risk assessment and care plan to ensure staff were clear about their assessed needs. One person was diabetic; their meal records showed they had not always eaten food to meet their health needs. One record showed they had eaten Swiss roll, custard and birthday cake. The person told us they took a packed lunch to their hospital appointments and "I buy things there like cheddars."

People made clear choices about their meals and drinks. People were supported to drink plenty to maintain their hydration, people who were able to were able to make drinks independently in the kitchen, on several occasions we overheard staff tell people they were not able to have a drink yet because it was not time. When we challenged this, they agreed there were no set times for drinks so supported people to make a drink. Food records did not always identify what was eaten. For example, one person's records detailed that on 05 March 2018 they had eaten a 'sandwich'. There was nothing to show what was in the sandwich. Another person's records did not detail that they had eaten a meal at lunchtime on 15 March 2018.

People had choices of meals at each meal time. A range of sandwiches, soup and snacks were available at lunch time. At dinner time people had the choice of macaroni cheese or jacket potato. Staff told us that menus were set on a four weekly rota. If people did not want the choices offered on any given day then they could request something different. Staff explained that people meet with the registered manager at 'residents meetings' to discuss changes to the menu but mostly the staff devised the menu, did the shopping and most of the cooking. People told us that the staff made the meals. We observed this happened in practice. People were seen making their own breakfasts at the start of the day. One person told us, "Staff make the food here. We are not allowed to make it because my hands are shaky". They also told us the staff did the food shopping at the service too. People were not supported to be actively involved in the daily running of the service.

The failure to provide person centred care and support to meet people's assessed needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The kitchen was clean and there were sufficient quantities of food available. Food was stored safely and was still within the expiry date. Fridge and freezer temperatures had been monitored and recorded to ensure they were working correctly.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People had been supported with appointments to dentists, hospitals, opticians, consultants and advice had

been sought from 111 when people had been unwell. Records showed the outcomes and any actions that were needed to support people with these effectively. Staff had worked hard to support one person with their health needs, the person received treatment from the hospital three times a week. Community nursing staff visited the service on a weekly basis to administer injections which were required to support the person's treatment. The person told us they attended the hospital by travelling on hospital transport. They went on to say "I see the GP or hospital if I get unwell. Staff make sure I drink more when my blood sugars are high". Another person told us, "I had a flu jab at the surgery the nurse did it. I'm not having it done again, it hurt, no way." The GP had visited the service earlier in March 2018 to carry out a review of everyone's medicines and to carry out an annual health check. People's weights were monitored regularly and action had been taken when they had lost weight. One person had been referred to the dietician for a period of time. They had been prescribed meal supplements which had helped them gain weight back on. Records evidenced that referrals had been made to healthcare professionals when required, such as speech and language therapists, dieticians and occupational therapists.

Staff worked together to ensure that people received a consistent and person-centred support when they moved from or were referred to the service. One person had moved to the service when their health needs had changed which meant they could no longer live at their previous service. The registered manager worked with the other service to obtain all the information such as care plans and risk assessments to enable the staff to have all the relevant information to provide care and support and to build a rapport with the person.

People's needs were met by the adaptation, design and decoration of premises. People knew their way around the service; they were able to move around freely. One person showed us they had the front door key and their room key. The bedrooms, corridors and shared bathroom and toilet facilities were all clean and free of clutter. The service had an enclosed garden, which people were free to use. A stair lift was in place between the ground and first floor.

Is the service caring?

Our findings

People told us staff were kind and caring. We observed that staff and people had good relationships, they chatted, laughed and there was a relaxed atmosphere in the service. People told us, "I love it here, it is my home"; "I love all the staff here, [staff member] and [staff member] are my favourite" and "Staff are kind, [three staff members] are my favourites. Staff help with my shower."

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. Staff were kind, considerate and respectful. Staff made time to chat with people about their day. For example, at lunch time a person asked a staff member what they were going to do that evening. They both chatted together about their plans. We heard staff talking with a person to check how their hospital appointment had gone.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff told us, "We close the door and let people know what we are going to do before we do it"; "We talk through [the personal care], our role is often a support role, we monitor to ensure people do not fall and prompt [rather than take over] supporting them to wash parts of their bodies they can't reach. If we are changing incontinence pads we protect people's modesty with towels." Staff were mindful not to enter people's bedrooms whilst they were not there. Staff knocked on doors and checked with people to make sure they could go in. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. Staff were mindful of people's privacy and confidentiality. Conversations of a sensitive nature were held in private. During the inspection we observed people's daily records were stored in the lounge. They were not locked away to ensure they were only accessible to those authorised to view them. We reported this to the registered manager and they immediately removed these and took them to a locked office.

When talking about their roles and duties, staff told us they enjoyed their jobs. This was evident through the length of time they had worked there. Staff spoke about people in a respectful manner when we asked questions about people's care and support and needs. Staff helped us to communicate with people whose speech was not clear to people that did not know them well. Staff picked up on people's sounds and noises and facial expressions in communication.

People's bedrooms were decorated to their own tastes. Each person's room was personalised with photographs, pictures and their own choice of furniture. One person had an extensive collection of models on display. Another person had a pet cockatiel, they told us how staff had supported them to care for their pet and helped them take the bird to the vets when it needed treatment. The service had a pet cat which people enjoyed.

There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter. People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. Some people chose to spend time in the communal lounge or their bedrooms.

People were supported to express their opinions and views at 'residents' meetings. The meeting records evidenced that meetings had taken place every five months on average. Meetings were chaired by the registered manager. The meeting records showed that a range of topics were discussed. People had expressed their views and these had been listened to. Pictorial guides for people about a range of subjects were available using a recognised format called 'widget' that makes the document easier to read and explain. People were sent surveys to gain their views and opinions of the service they received. The last survey had been completed in January 2017. The registered manager told us they planned to send another survey out shortly.

People were supported and encouraged to be as independent as possible with cleaning their bedrooms and washing their laundry. One Person told us, "I do my own washing and clean my bedroom". Staff helped people maintain their routines and understand what was going to happen next. People were not hurried or rushed in any way.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

One person had regularly attended church services in the local area. The registered manager told us that the person had stopped attending as the services were not running at times that they wanted to attend. Before people moved into the service people were asked about their religious beliefs and any requirements they may have such as types of food and whether they needed time to pray.

People continued to be supported to engage with people that mattered to them such as friends and family members. People were supported to make contact with their relatives on a regular basis. One person was supported to visit their relative on a regular basis. They told us how they were looking forward to seeing them over Easter. Another person was supported to ring their relative on a weekly basis.

Is the service responsive?

Our findings

People gave us mixed views about the activities on offer. One person told us they would like to go out more. Another person told us, "I do exercising at the swimming pool, I do aerobics" and "I attend Pastures [a local day service] to do cooking on Tuesdays." We observed that there were minimal planned activities taking place during the inspection to keep some people stimulated. Two people spent most of their time in their bedroom, with their televisions on. One of these people did leave the house during the inspection to go out for a short walk during the afternoon. The other person rarely left the house. The registered manager and staff told us the person liked to go to the local shop to buy a coffee and they did this three times a week. This person received very little in the way of stimulating activity. One person was supported to go to the local shop to purchase an Easter egg. One person asked to go out to purchase some knitting wool, staff advised that they were going to do this later in the week. Another person sat in their room knitting and crocheting. People spent some time in the lounge during the day talking with staff and watching the television. One person was at work for a local catering company that supports people with learning disabilities.

The registered manager told us their plans for improving activities. They had researched and found local community day services in the Faversham area which people had showed an interest in. They were in the process of applying to join the day service through the local authority care managers. Some people were involved in local day services run by Age Concern such as knit and natter groups.

People were supported to go on holiday. The registered manager told us that one person had been supported to go to London for a short break in 2017. Another person had gone on holiday to Bognor Regis and another person had chosen to have day trips to Margate for their holiday. There were plans in place to support people with planning holidays for 2018.

Assessments of people's care and support needs had been made when people moved into the service. These had not been redone when people's needs changed. One person had moved from another home in November 2017 due to a health issue. An assessment of the person's current care and support needs had not been done at Ashurst House.

People had care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each person had a personal profile that explained what they liked and disliked. Each person had a 'my plan' which had personal targets. One person's detailed they would like to remain as independent as possible. Care plans detailed what people could do for themselves and what they needed help and support with. For example, one person's detailed that they were able to dress themselves and shower themselves. Their plan also showed they were able to administer their own insulin injections. The plan detailed that staff support required in this area was to check that the right dose had been prepared. Although the plan had been updated and reviewed on 19 February 2018, it had not been updated with all the relevant information. The plan stated that the person's blood sugar levels were relatively stable since living at Ashurst House. The records of the blood sugar monitoring we viewed showed that this was not accurate.

We recommend that registered person's review and update people's care plans based on their current care and support needs to encourage independence, choices, inclusion.

The registered manager told us about the support provided to one person in relation to planning for the end of their life. The person had met with their local authority care manager and the registered manager to discuss their wishes and preferences and funeral. The registered manager acknowledged this was a difficult and sensitive subject. They planned to have discussions with other people to capture their wishes and preferences.

People told us they would complain to the registered manager if they were unhappy about their care. People had the information they needed to make a complaint should they need to. Complaints information was readily available in the service in an accessible format. We checked with people if they understood the accessible version of the complaints information, some people did not understand it. The registered manager took this information on board and told us they would review the accessible documentation within the service in line with the accessible information standard. There had been no formal complaints since the last inspection.

Is the service well-led?

Our findings

People knew the registered manager well; they were comfortable entering the office to ask questions. The registered manager had a good relationship with people and staff and spent plenty of the time in the service.

Audits and checks were carried out by the registered manager and the provider's audit team. These included monthly health and safety checks, checks on equipment, emergency arrangements, staff safety and wellbeing, training, accidents and incidents, monthly medicines checks, finance audits care plan audits and audits of the kitchen. The registered manager also carried out informal observations of care practice. Most audits included a summary of actions required, which the registered manager signed off when they had been completed. The regional manager completed 'Regulation 17 visits' on a monthly basis. The last one had been completed on 07 March 2018. It showed that care plans had been 'discussed' and issues relating to people such as accidents and incidents had been 'discussed'. The action plan assigned showed that two care plans that had been viewed as part of the audit required updating. One of these care plans was the same plan we had viewed which still required updating. The audit which had been completed on 23 January 2018 identified issues with staff recording one person's Zerobase cream. We found the same issues during the inspection which evidenced that action taken had not been sustained.

The provider's online computer system enabled senior management to have access to records and sign off actions when there was evidence of completion.

Despite the quality monitoring systems in place further improvements were required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as risks to people and staff, medicines, person centred care and records.

Records were not always kept securely. Daily records had been stored in the lounge area. One person's hospital letter containing sensitive information and test results was found on a bookshelf in the lounge. These were moved during the inspection to the office. The staff communication book had not always been completed in a manner to ensure confidentiality. Full names had been used at times instead of initials.

Staff had access to policies and procedures. These were not always reviewed and kept up to date by the provider. The health and safety procedure was dated January 2014; this detailed the previous registered manager as the responsible person. The infection control policy was dated 2011 and did not list who the infection control lead was for the service.

Registered persons have failed to operate effective quality assurance systems and failed to securely maintain records. This is a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider's statement of purpose was on display in the service so people knew what to expect. The

provider's mission with the statement of purpose was 'Ashurst House aims to provide a homely environment which enables each person to reach their own individual maximum potential, at a pace and level that is appropriate for each individual's ability and needs' and 'Our philosophy is based on ordinary life principles and the belief that all people regardless of their disabilities should have the same opportunities to experience normal patterns of life within the community'. We observed that the service was homely and people were enabled to live their lives according to their own wants, wishes and needs. However, people were not always supported to experience opportunities within their local community.

Communication between the provider and the registered manager was facilitated through monthly management meetings. The registered manager was supported by an area manager who visited the service on a regular basis. The provider's team also visited the service to carry out audits and checks. The quality assurance lead employed by the provider emailed the registered manager with information and updates on a regular basis. The registered manager then cascaded this information on to staff. Staff told us there was good communication between staff and the registered manager. There were regular staff meetings which took place as well as the day to day support provided.

People's relatives, health and social care professionals and staff were sent surveys to request feedback about the service. These had not been sent out since January 2017. The registered manager planned to send surveys out in the near future. Compliments had been received from people's relatives. These had been received by telephone and in person and documented and passed on to staff so they could view the positive feedback about their care and support. One relative had thanked staff for helping their relative with their pet bird. Another relative had said 'Thank you for all you do for [person], she looks so well'.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The registered manager told us, "My staff team are a caring bunch; they have worked here a long time and know people well." The staffing and management structure ensured that staff knew who they were accountable to.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider had plans to promote dignity champions throughout the organisation; they were currently working on policies to support this.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC in a timely manner about important events such as DoLS authorisations and safeguarding concerns that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hall way and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to provide person centred care and support to meet people's assessed needs. Regulation 9 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Registered persons had failed to follow the principles of the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to manage medicines safely. Registered persons had also failed to take appropriate actions to mitigate risks to people's health and welfare Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to operate effective quality assurance systems and failed to securely maintain records. Regulation 17 (1)(2)

