

Ashtead House Limited

# Ashtead House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ashtead House is a residential care home for 10 people with learning disabilities. The home provides permanent placements and a respite service. At the time of our inspection, there were 7 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were kept safe by staff who knew their role in safeguarding them. Incidents were responded to appropriately. Risks to people were assessed and measures were put in place to keep people safe whilst encouraging their independence. There were sufficient numbers of staff present to meet people's needs and checks had been carried out to ensure staff were appropriate for their roles.

People's nutritional needs were met and they had access to a range of healthcare professionals. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were trained to carry out their roles effectively.

Staff were caring and knew people well. Independence was encouraged by staff. People's privacy and dignity was promoted by respectful staff. Staff involved people in their care and created an inclusive atmosphere.

There was a wide range of activities on offer for people. Care plans were person centred and information was kept up to date with frequent reviews. There was a complaints procedure in place, complaints were responded to and acted upon appropriately.

The registered manager was accessible to people and staff. Staff had opportunities to be involved in the running of the service. The registered manager carried out regular audits to assure the quality of the care that people received.

Further information is in the detailed findings below.

## 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 remains Good.

Staff understood their role in safeguarding people. Staff knew how to respond to suspected abuse.

Risks to people were assessed and measures were in place to minimise hazards, whilst promoting independence.

There were sufficient staff present to meet people's needs.

The provider undertook checks to ensure that staff were appropriate for their roles.

People's medicines were managed and administered safely.

### Is the service effective?

Good ●

The service remains Good.

People's nutritional needs were met.

Staff worked alongside healthcare professionals to meet people's needs.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act 2005.

Staff were trained to carry out their roles.

### Is the service caring?

Good ●

The service remains Good.

People were supported by caring and committed staff that they got along well with.

Staff knew the people that they were supporting.

People's independence was promoted by staff.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service remains Good.

People had access to a range of activities.

People's care plans were person centred and regularly reviewed.

Complaints were documented and responded to appropriately.

### Is the service well-led?

Good ●

The service remains Good.

The registered manager was accessible to staff and people.

Systems were in place to monitor the quality of the care that people received.

Staff were involved in the running of the service and felt supported by management.

# Ashtead 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 checked 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 was a comprehensive inspection. This inspection took place on 15 May 2017 and was unannounced.

The inspection was carried out by one inspector, due to the small size of the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at two people's care files, risk assessments, two staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to four people and observed the care of two people. We spoke to three members of staff and the registered manager.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. One person told us, "It's safe." Another person said, "I'm safe when I go out with staff."

People were supported by staff that understood their roles in protecting them from abuse. All staff completed safeguarding training before working with people. Staff understood the signs of abuse and how to report suspected abuse. One staff member told us, "I'd speak to (registered manager). If they didn't do anything I'd ring the safeguarding team."

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. Accidents and incidents records accurately recorded all incidents. These included the outcome and what had been done as a result to try to prevent the same accident happening again.

Risks to people were assessed and plans were in place to minimise hazards. Staff had a good understanding of how to manage risk and understood the importance of promoting people's independence. Risk assessments were thorough and the measures in place were proportionate. The safety of the home environment was regularly audited and measures were in place to respond safely to emergency situations, such as fire.

There were sufficient staff present to meet people's needs. One person told us, "We've got staff around all the time." The provider calculated staffing numbers based upon people's needs. Staff told us they felt there were enough staff and that they were able to spend time with people. We observed that staff were not rushed, taking time to talk to people and supporting them to make choices.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's medicines were managed and administered safely. Staff followed best practice when administering medicines. Medicine administration records (MARs) were completed accurately. Important information about people's medicines were in their records. Medicines were stored safely and staff undertook regular audits to ensure any shortfalls could be identified.

## Is the service effective?

### Our findings

People told us that they liked the food that was prepared for them. One person said, "I make a meal once a week." Another person said, "The foods nice, I like sausage and chips."

Information about people's food preferences were in their records and these were included in menus. People were supported to prepare food and we observed staff doing this. Where people had specific dietary requirements, these were listed in their records. One person had been seen by a speech and language therapist (SALT) as they had difficulty swallowing. The SALT recommended they have softened foods to reduce the risk. Staff were aware of this and the person was prepared food in line with SALT guidance.

People had access to a range of healthcare professionals. Information from healthcare professionals was in people's records. We saw evidence of healthcare professionals visits and staff had an understanding of people's healthcare needs.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were protected because staff followed the correct legal process of the MCA. Staff had received training in the MCA and demonstrated a good understanding of how it applied to their work. Decision specific mental capacity assessments were carried out and best interest decisions were documented. Where restrictions were carried out, an application was made to the local authority DoLS team.

People were supported by staff who were trained for their roles. Staff told us that they completed an induction when they started employment. Staff completed mandatory training in areas such as safeguarding, fire and health and safety. Staff had regular one to one supervision where they discussed their practice as well as any training.

## Is the service caring?

### Our findings

People told us that they thought staff were caring. One person said, "They (staff) are caring." Another person said, "Staff are nice, anything I need I have just got to ask."

Staff interacted well with people and showed compassion and humour. Staff were observed making people laugh and chatting to people about their activities and interests. People told us that they liked the staff that cared for them.

People were supported by staff that knew them well. One person told us, "I've got a keyworker. She helps me fill in my forms and things." A keyworker is a member of staff who works closely with a person to ensure their needs are met. People's records contained information about their backgrounds and interests. Staff demonstrated a good understanding of people's backgrounds and what interested them.

People were supported by staff who respected their privacy and dignity. Staff were observed being discreet when providing personal care. Staff had attended training in how to promote people's dignity and it was discussed at meetings. Staff that we spoke to demonstrated a good understanding of how to promote people's privacy and dignity when supporting them.

Staff empowered people by promoting their independence. A staff member told us, "If people don't know how to do things I always show them to teach them." People's care plans were clear about what they could do and skills that they wished to develop. There was guidance for staff on how to encourage people; such as prompts, words or gestures people used.

People lived in an inclusive atmosphere. People were involved in the running of their home. One person answered the door on the day of our inspection and told us it was their favourite job. There was a timetable in place, with people taking it in turns to carry out tasks with staff support. Regular meetings and group activities took place. This encouraged positive relationships to develop between people.



## Is the service responsive?

### Our findings

People told us that they enjoyed a wide range of activities. One person told us, "I'm doing courses and I've got a computer." Another person said, "I'm going on holiday to the Isle of Wight."

People were encouraged to pursue hobbies and develop interests. Care records reflected people's interests. People had timetables of activities each week that covered a number of different types of hobbies and pursuits. People discussed activities at meetings and provided ideas and feedback. People's interests were discussed at reviews and keyworker meetings.

People received person-centred care. Care plans were person centred and reflected people's personalities and preferences. People's routines, such as what they liked to do in the morning, were detailed in their care plan. People had a thorough assessment before moving into the home, which was used to write a detailed care plan. Staff knew people's routines and preferences. Staff talked to people about their hobbies during the inspection. Regular reviews took place to identify any changes in need. Where changes were identified, staff took action to ensure people's needs were met.

People were encouraged to raise any concerns or requests they had. The complaints procedure was accessible. There was a system in place to document and respond to complaints. Where a complaint had been received, the registered manager took appropriate action to address it. People had regular keyworker sessions and house meetings. These provided opportunities for people to identify or raise any concerns that they had.

## Is the service well-led?

### Our findings

People told us that they got along with the registered manager. One person told us, "The management are good. We have our barnies but they're a nice bunch."

There was a registered manager in post. 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.

Staff felt supported by management and were involved in the running of the home. One staff member told us, "The management are really supportive." The registered manager worked alongside staff to support people. There was an open door policy and staff were easily able to access the registered manager. Regular staff meetings took place and these were used to discuss people's needs. Records showed that discussions were focused on improving people's lives.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Audits covered areas such as medicines, fire and health and safety. Where areas of improvement were identified, the registered manager took action to address them.

The registered manager kept up to date records. Information in care plans and daily notes was up to date. However, we did note that some information was missing from staff files and MCA records, which was sent to us following the inspection. Some records audits had not taken place. The registered manager told us that this was due to staffing problems, which meant that the registered manager had been supporting people. This had been addressed and the registered manager was in the process of auditing records at the time of our inspection.