

Ashwood House Limited

Ashwood House Limited (Ilford)

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 14 October 2015 and was unannounced. At our last inspection in February 2014 we found the provider was meeting the regulations we inspected.

Ashwood House (Ilford) provides personal care and accommodation for 17 people with mental health needs and mild learning difficulties.

There was a registered manager in place. 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 understood their responsibility to keep people safe and knew how to identify and report any abuse they may become aware of.

There were formal systems to assess people's capacity for decision making and appropriate applications had been made to the authorising agencies for people who needed these safeguards.

Summary of findings

People were cared for by staff who had been recruited safely and had received training about how to meet their needs. People were supported by staff in a caring and respectful way that also maintained their safety.

There were arrangements in place for the safe storage, disposal, management and administration of people's prescribed medicines.

People were provided with a wholesome and nutritional diet of their choosing. People's dietary needs were monitored by staff and referrals made to health care professionals when required.

People had individualised health care and support plans which recorded their likes and dislikes, needs and wishes.

They were supported to make decisions about their care and could access health professionals when they wanted. They were supported by the staff to lead a healthy lifestyle.

Staff understood their role and responsibilities and were supported by the registered manager to maintain their skills through supervision, appraisals and training.

People and their relatives were able to raise any concerns or suggestions that they might have had with staff members or the registered manager.

The registered manager had an on-going quality monitoring process to identify areas of improvement required within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to act to keep people safe and prevent harm from occurring.

Health and safety or personal risks were identified and plans were put in place to make sure people were kept as safe as possible.

Staffing levels were regularly reviewed to ensure that people's needs were appropriately met.

Relevant checks had been completed before staff worked with people.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff received on-going support to ensure they carried out their role effectively and to make sure they were competent.

The registered manager and staff understood the Mental Capacity Act (2005) and how it applied to their practice.

Records showed what support people needed to maintain their health.

People were involved in planning menus and made individual choices about what to eat at mealtimes.

Good



Is the service caring?

This service was caring. Staff treated people with dignity and respect and care and support was delivered in an unhurried and sensitive manner.

People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered. They were supported to meet their personal goals.

Outstanding



Is the service responsive?

The service was responsive. People had their needs assessed and staff knew how to support them. They were involved in planning and reviewing their care and were supported in the way they preferred.

People were given opportunities to do different activities within the service or in the community.

There was a complaints policy and procedure in place. People and their relatives knew how to make a complaint if needed and complaints had been responded to.

Good



Is the service well-led?

The service was well-led. People spoke positively of the registered manager and staff and the way the service was run. There was an open and transparent culture within the service.

Good



Summary of findings

People and staff were consulted and involved in all aspects of the service.

There were systems in place to regularly monitor, assess and improve the care and services provided.

The registered manager actively encouraged feedback from people and staff which was used this to make improvements to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 an unannounced inspection carried out on 14 October 2015 by two adult social care inspectors.

Prior to our inspection we reviewed the information we held about the service which included statutory notifications and information we had received from other

professionals. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local adult safeguarding adults' team.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at four care records, people's risk assessments, and records relating to the management of the service such as staff training records, policies and procedures, health and safety records and minutes of meetings.

We spoke with three people who used the service, three members of staff, the registered manager and the registered provider. After the inspection we contacted three relatives to obtain their views of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the service. One person told us, “Yes I feel very safe.” Another person said, “Yes I feel safe plus my brother lives here as well so I don’t feel lonely.” Relatives also confirmed that they felt the service was safe.

We looked at records which showed staff had received training in how to safeguard people from abuse and how to recognise signs of abuse. Staff were able to describe the policies and procedures for reporting any abuse they may witness or become aware of. They told us they would report any abuse to the registered manager or the person in charge of the shift. We saw safeguarding matters were always discussed during team meetings and staff supervision sessions. Information on how to report abuse was available on the communal notice board in the service.

It was also clear from discussion we had with the registered manager that they understood their safeguarding reporting responsibilities. We saw they had appropriately reported safeguarding concerns and had taken appropriate action following the outcomes of the investigation by the local safeguarding team.

The service had a whistle blowing policy which encouraged staff to raise concerns and that the management team would deal with them in an open and professional manner. Staff knew they had a responsibility to raise any concerns they may have about people’s care and all information would be treated confidentially.

People were protected from potential risks related to their care needs. Each person had an individual risk assessment undertaken in relation to their identified support and health care needs, for example going out in the community. The risk assessments gave guidance to staff to help people to live as safe and independent a life as possible, and reduced the risk of people receiving inappropriate or unsafe care. Staff demonstrated a good knowledge of the people’s needs and how to manage any risk that had been identified.

The registered manager kept a record of all incidents and accidents which occurred at the service. They analysed the incidents and accidents to look for any learning points which could be shared with the staff and to identify any trends or patterns. Actions were taken to ensure people were not put at further risk, for example following two

incidents regarding one person the registered manager identified it was to do with the glasses the person was wearing at the time of the incidents. Staff took action to minimise the incident from happening again.

The registered provider had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out. For example, a gas safety check was carried out on appliances on a yearly basis and the fire alarms were tested on a weekly basis.

We found that an emergency evacuation plan was in place and also an overall business contingency plan in case of an emergency. This document gave a list of emergency contacts and their details. We also saw records that fire drills took place regularly. This showed that the provider ensured the environment was safe as far as possible.

The service was adequately staffed. Staff were provided in enough numbers to meet the needs of the people who used the service. The registered manager explained how people’s dependency needs were used to determine safe staffing levels. We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection. During our observations we saw there were enough staff to provide support and care to people in an unrushed manner. Staff confirmed to us that people were supported by sufficient numbers of staff. One relative told us that, “There are enough staff around when I visit the home.”

There were effective recruitment and selection processes in place. We looked at staff recruitment files and saw evidence of references sought from previous employers where possible and checks being undertaken with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use services. The files also contained an application form asking for the experience and qualifications of the applicant and a health check. This demonstrated there was a system in place to make sure staff were only employed if they were deemed safe and suitable to work with people who lived in the service.

The service had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining,

Is the service safe?

recording, administering, safe keeping and disposal of medicines. We saw that people's prescribed medicines were stored safely. Records of when medicines were received, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of the registered manager's quality checks. Staff understood the importance of accurate recording and the safe handling of medicines. Records we looked at were

up to date and demonstrated people had received their medicines as prescribed by their GP. We saw staff received regular training with regard to the safe handling and administration of medicines. Medicines were also audited by pharmaceutical staff who worked for the chemist which supplied medicines to the service and this helped to ensure people had the right medicines and these had been administered correctly.

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. One relative told us, “My family member receives excellent care. The staff are very good and know what they are doing.” Another relative said, “The staff are very caring. I have no complaints.” We found that staff were knowledgeable about people’s individual support and care needs.

We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet their needs. For example, staff had received training in health and safety, moving and handling, safeguarding adults and safe handling of medicines. A training matrix was used to show the training staff had received. The matrix also identified where further training was required. This showed staff received appropriate professional development.

Staff also had access to other training which helped them to meet people’s needs, for example, how to deal with behaviours which may put the person and others at risk and challenge the service. This showed us that staff were supported by the registered manager to provide effective care and support with regular training and personal development.

All new staff received an induction when they start working at the service. We looked at the induction training newly recruited staff received and it was thorough. We saw that new staff were supported with an induction process which included training and ‘shadowing’ a more experienced member of staff.

Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. One staff member told us, “I have regular supervision and an appraisal once a year.” The annual appraisal gave staff the opportunity to set goals for their development for the coming 12 months. Staff mentioned to us that if they had any concerns they could approach the registered manager for advice or guidance.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. Staff

demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and understood when the use of Deprivation of Liberty Safeguards (DoLS) should be applied. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Staff records showed they had completed training in the DoLS and the Mental Capacity Act 2005 (MCA). The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered manager told us all the people who used the service could make informed decisions and none were subject to a DoLS. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. We saw that the registered manager had previously made appropriate application to the supervisory body (local authority) in line with guidance. This assured us that people would only be deprived of their liberty where this was lawful.

We observed that staff gained consent from people before supporting them with aspects of daily life. We saw people had signed to indicate that they agreed their care plan. They were also encouraged to take part in their care plan review which was carried out to ensure that people’s current care and support needs were documented.

People told us they were happy with the meals provided. One person said, “Yes the food is good. The staff cook for us and we help. I tell them what I want to eat. The food is really good you can have what you want.” We noted people were provided with a wholesome and nutritious diet which was of their choosing. People’s preferences had been recorded in their care plans as to what they enjoyed eating. Staff were aware of people’s likes and dislikes and made every effort to accommodate these within the menu. If a person wanted something different to the menu options offered, we saw that an alternative was prepared for them. The registered manager told us the menu was discussed with people on a regular basis and we saw evidence of this. People’s dietary intake was monitored by care staff and this was recorded. People were also weighed on a regular basis. This showed us that people were supported with their nutritional and hydration needs.

The registered manager worked closely with health and social care professionals to people’s health. Care plans showed that people had access to health care

Is the service effective?

professionals when they needed, for example, their GPs. There was a record kept of visits to health care professionals and this showed the date of the appointment and the outcome of the visit. People attended appointments either on their own or with support from

staff. Where people were able to they were encouraged to make their own appointment with the help of staff. This showed staff monitored peoples' health and care needs and, where required, made referrals to health professionals.



Is the service caring?

Our findings

People told us they were very satisfied with the level of care and support they received. One person told us, "The staff are very sweet." Another person said, "The staff are very good and are very caring. The manager is excellent, she is lovely, caring and sweet. I can express myself and I am listened to. The chores we do keep us independent. It is a way of paying back the owner for such a nice home. We are proud of the home." People told us they found the staff very caring and kind. Relatives also commented positively about the care and support provided by staff at the service.

Staff had good relationships with people. We saw them talking to people in a respectful manner and addressing them appropriately. We observed the way people responded to staff and the interaction was positive. Staff understood people's needs and treated them with respect and dignity. Staff treated everybody who used the service as individuals and respected their rights to be different. They supported them to lead a life style of their own choosing.

The registered provider had policies and procedures in place which guided staff with regard to discrimination and people's rights and referred to good practice guidelines. We saw staff knocking on people's bedroom doors before gaining permission to enter. This was to respect people's privacy. They also respected when people did not want to be disturbed. One person we spoke with told us that, "Staff always knock before they come in my room."

People were assisted by staff to be as independent as possible. We saw that staff encouraged people to do as much for themselves as they were able to and prompt people when needed, in a respectful way for example preparing their own meals.

Advocacy service was available for people if they needed to be supported with this type of service. Information about how to access the service was available to people and was also displayed on the notice board. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Care plans contained evidence that people, or those who acted on their behalf, had been involved in writing them. They had signed to demonstrate they had read and understood their care plans and had agreed its contents.

People who had a religious faith were supported by staff to maintain this. They were encouraged to attend their place of worship. We noted that one person went to the church on a regular basis. The staff also respected people's choice of not following their faith. The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

During our visit we saw all confidential information was stored securely and staff only accessed this when needed. Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for them to follow. Staff were aware not to discuss people's personal details with anyone other than the person or any health care professionals involved with their care and wellbeing. This meant people information was always kept confidential.

Is the service responsive?

Our findings

People told us that their care was personalised and staff responded to their needs. One person said, “the staff know me very well”. Another person said, “I have signed my care plan and know what it is.”

We looked at their care plans which contained assessments of people’s needs. The care plans contained information about all aspects of the person such as their dietary needs, medicines, health issues, finances, religion, culture, activities and personal care. The care plans were detailed which enabled staff to have a good understanding of each person’s needs and how they wanted to receive their care. Staff informed us that they reviewed care plans each month and more often if there were changes in people’s needs. We saw evidence of this on the care plans we sampled. A relative told us that they were involved in the health care and support review of their family.

Each person had an allocated key worker, who was a member of staff and there were planned sessions between the person and the keyworker to talk about their needs and how they were feeling. A staff member told us that keywork sessions happened, “every week”. A relative told us, “My relative has a very good relationship with her keyworker.”

Staff encouraged people to participate in a range of social and domestic activities. We saw people’s care files contained an individual activity timetable for every day of the week. The activity plan included chores such as vacuum cleaning, laundry, cooking and tidying. We spoke to people about the chores and one person said that they were happy to do them as, “it is a way of paying back the owners for giving us such a nice home.” Another person said that they were given lots of “choices for activities”. We saw that people were supported to engage in activities outside of the service such as voluntary work at a local farm, going shopping and visiting the hairdresser. This enabled them to feel a part of the local community. Within the service there was a games room and a large lounge for leisure time.

The complaints process was available in an easy to read format to help people to understand it and make a complaint. We were told by staff that they would assist them with completing the complaint form. People told us that if they had a concern they would “speak to staff about it” and there was a “very open culture within the home” meaning that they could approach staff and feel comfortable if they were not happy. We looked at the complaints policy and we saw that there was a clear procedure for staff to follow. The service had one complaint since the last inspection, which was resolved.

Is the service well-led?

Our findings

The service had a registered manager in place. Relatives, staff and people we spoke with all said that the registered manager and culture in the service was positive. We saw that people interacted well with the registered manager as well as the staff. One person told us, “The culture is very open and the manager is lovely because she listens.” A relative said that the registered manager always listened to what they had to say and were always kept them informed of what was going on at the service.

The registered manager operated an open culture where staff were enabled to share their knowledge and experience and feel empowered. This was done through regular staff meetings and staff supervision where their practice and issues which might be affecting the smooth running of the service were discussed. Staff felt well supported by the registered manager, and told us they could approach them if they needed any guidance and advice. They felt their views were taken seriously. One member of staff said, “The manager is very supportive and approachable, we can discuss improvements we can make with her and she always responds to suggestions from residents.” Staff understood there were clear lines of accountability; they told us they would report all matters to the registered manager.

We saw that people were involved in the running of the service if they chose to do so. They felt their views mattered. Meetings were held regularly with the people and these meetings had been recorded. During these meetings the registered manager discussed the way the

service was run and any proposed changes, for example changes in menus. We saw that nearly all the people attended these meetings and they were also supported to chair and minute them.

We saw evidence of registered manager undertaking surveys which gathered the views of people, their relatives, staff and health care professionals who visited the service. These were given out yearly and respondents were asked for their opinions on aspects of the service provided. The results were then analysed by the registered manager and a report made of the findings. If any issues were identified these were addressed using an action plan with time scales for achievement. This ensured, as far practicable, that people who used the service and other stakeholders had a say about how the service was run. The reports we saw included the collated feedback which had been received, and showed positive comments about the quality of the service provided.

We looked at the service's quality assurance systems. Records showed that a variety of audits were carried out regularly by the registered manager to make sure that the service was managed safely for people. This monitoring looked at many areas of the service such as medicines administration, accidents and incidents, equipment maintenance, environmental health and care records. This showed the registered manager had systems in place to monitor the quality of the service provided at the service.

The registered manager notified the CQC of incidents that occurred within the service that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of the registered manager's role and responsibilities.