

Aston Care Limited

# Downshire House

## Inspection report

9, Downshire Square  
Reading  
RG1 6NJ

Tel: 01189595648

Website: [www.astoncarehomes.co.uk](http://www.astoncarehomes.co.uk)

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

Downshire House is a care home without nursing which is registered to provide a service for up to eight people with learning disabilities and some with physical disabilities. Some people had other associated difficulties such as being on the autistic spectrum. There were eight people living in the service on the day of the visit. All accommodation is provided within a detached three story house near to local amenities and the centre of the town of Reading.

At the last inspection in 7 December 2015 the service was rated Good overall with Requires Improvement in Safe (No breach). We found that some fire doors were being propped open which had the potential to put people at risk in the event of a fire.

This unannounced inspection took place on 10 January 2018. At this inspection we found the service remained Good overall. Further steps had been taken to address the previous concerns and we found that improvements had been made. However, we found that the recruitment processes were not always sufficiently robust and had the potential to put people at risk of unsuitable staff. Therefore the service remains Requires Improvement in Safe.

Why the service is rated Good overall:

There is a registered manager running 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.

People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely. The service had a stable staff team. The service required improvements to its recruitment procedures. References were not always pursued from previous employers and full work histories were not always obtained. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a wide variety of activities, according to their needs, abilities, health and preferences.

The registered manager was well thought of and respected. The quality of care the service provided continued to be assessed, reviewed and improved, as necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to the fire doors which the fire authority had seen and noted.  
The service remains requires improvement due to deficits in their recruitment practice.

**Requires Improvement** ●

### Is the service effective?

The service remains good.

**Good** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

The service remains good.

**Good** ●

### Is the service well-led?

The service remains good.

**Good** ●

# Downshire 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 was unannounced and took place on 10 January 2018. It was completed by one inspector.

The provider sent us a provider information return (PIR). This document provided key information about the service, what the service does well and improvements they plan to make in advance of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for three people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with all the people who live in the home. Some people had limited verbal communication but were able to express their views by facial expression and body language. We spoke with four staff members, the registered manager, the deputy manager and the proprietor. Whilst on the inspection visit we spoke in private with a family member. We requested information from a range of other professionals and received three positive responses.

## Is the service safe?

### Our findings

When the service was last inspected in December 2015, it was rated Requires Improvement in this domain (no breach). We found that wedges were being used to prop open fire doors and some door guards (which are automatic door closers when the audible alarm sounds), were defective. We found that no wedges were being used and the door guards had been removed. We advised that this action should be brought to the attention of the Fire Authority. This was done with the Fire Authority noting the action.

People were protected from the risks of abuse. Staff continued to receive training in safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been one safeguarding issue in the previous 12 months. This had been appropriately dealt with.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and challenging behaviour. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. One commissioner advised us, "We have no concerns about the service currently or since the quality monitoring visit which took place in March 2016."

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety tests and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. One visiting professional advised us, "They find ways to support clients with challenging behaviours without going straight to the medication option, and always work hard to provide the least restrictive and most person-centred solution to a client's issues and needs." No medicine administration errors had been reported in the previous 12 months. The supplying pharmacy had completed a medicines audit in November 2017 where no recommendations were made. We noted from the staff training record that all staff who were medicines administrators were up to date with their medicines training.

The service continued to provide enough staff to meet people's needs and keep them safe. There were,

generally, a minimum of five staff during the day and three waking night staff. There had been increased levels of staff deployed at night due to an unwitnessed incident. This demonstrated that the service was responsive to people's needs and calculated staffing levels accordingly. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours and bank staff, as necessary. The service sometimes used agency staff but made sure they always used workers who knew and were known to the people using the service. There was an additional staff member to cover cleaning and cooking duties throughout the day time hours during the week.

The provider organisation had recruitment processes in place to ensure staff employed were of good character. However, people could not be fully confident that staff were checked for suitability before being allowed to work with them. We noted that of the two staff files seen one had used a previous colleague as a work reference whilst the other did not have a previous employment reference in place. However, we were advised that one of these staff members was new to care work and was known to an existing member of staff who could vouch for their character. The previous non care related employer in this case had failed to respond to repeated attempts to obtain a reference. We were assured by the management team that full records of requests for references would be stored as evidence in the future. In the other case an employment reference from the previous employer had been obtained which was from a former colleague. In neither case was there any adverse impact on people using the service and they have proved to be valuable members of the staff team. Shortly after the inspection visit we were provided with a copy of an up to date reference from the previous employing organisation. This reference only confirmed the commencement and the leaving date of the applicant. Following the inspection the provider obtained a revised application form from their human resources contractor which would make clear the requirements in relation to employment histories and references.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people.

A visiting professional sent us information which included, "The staff and management at Downshire House provide a warm, calm and caring environment for the people who live there. They support some people with challenging issues, and do a good job given the level of support that is needed (and unfortunately not always funded) for their care and activities." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who used the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were supported with their health care needs. The health care plan noted all aspects of their health needs. These included a record of treatment, a medical profile and a health action plan. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. Community professionals felt the service worked well across organisations to deliver effective care, support and treatment. One commented when asked their view of whether people had their health needs met, "As far as I see from records – a recent issue around a client's dental treatment was handled very well." Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the feedback we received. The care plans were kept under review and amended when changes occurred or new information came to light.

Staff received formal supervision every three months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff confirmed they had regular supervision and said they felt very well supported by their manager, the deputy and the seniors. They felt they could go to the registered manager at any time if they had something they wanted to discuss.

People were involved in choosing menus and any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included a soft diet, a nut allergy and cholesterol level reduction. The service sought the advice of dietitians or speech and language therapists, as necessary and offered food in the way they were advised. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the

menu. Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet peoples' diverse needs and preferences.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and were well maintained. We noted that recent building work had resulted in a larger living room area which was more conducive to the number of people living and working in the home. The service had adaptations/facilities to meet the needs of people. Examples included, a lowered bed and three home vehicles, one of which was for the exclusive use of one person. On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. However, we saw that one authorisation had expired very recently. We were told that an application for renewal had not been made as a professionals meeting was imminently scheduled. Despite this the service sent confirmation of the renewal application to us following the inspection visit. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. One community professional told us, "Staff always seem to balance best interests with client' wants and needs, although they are sometimes limited in what they can provide in the way of outings and 1:1 support, given funding issues."

## Is the service caring?

### Our findings

Downshire House continued to provide a caring service.

People continued to be supported by a dedicated and caring staff team who knew them well. People indicated by smiling or by their demeanour that they liked living in the home. People were seen to be comfortable and confident in staff presence. One family member told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. A visiting professional told us, "The staff (are) attentive, professional and welcoming." Staff listened to people and acted on what they said. Staff were knowledgeable about each person and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. People were supported to make as many decisions and choices as they could. People, who needed them, had communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and states of well-being. People's identified methods of communication were used so that staff could interpret how people felt about the care they were receiving and the service. People were treated with the greatest respect and their privacy and dignity was promoted. A professional told us, "From what I see, people at Downshire House are always treated with respect, and in a person-centred manner." Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and daily notes seen were written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included pictures of the staff team.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people.

The service was responsive to people's current and changing needs. We observed the staff team recognising and responding without delay to people's requests or body language and behaviour when they needed assistance.

The service continued to complete a full assessment of the person prior to them moving into the service. The person and other relevant people were involved in the assessment process, which included visits to the service and getting to know the staff team and people who lived there. Detailed support plans were developed from the assessment. The service responded to changing needs such as behaviour or well-being and recorded those changes. Support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary. We noted that support plans were not uniform in their organisation and little or no indexing was used. The management team undertook to review all support plans to ensure that all information was readily accessible and this was confirmed in writing to us following the visit.

People's care remained person centred and support plans were detailed and personalised. Support plans ensured that staff were given enough information to enable them to meet specific and individualised needs. They included sections such as their favourite activities and routines and regular community connections. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager and deputy were made aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished in the process of documenting the communication needs of people but needs to check that this is done in a way that meets the criteria of the standard. We noted one communication passport required review as it was dated November 2016.

The service continued to provide people with a flexible activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went to organised day care activities according to their needs with staff accompaniment, as necessary. People were offered outings, day trips and short holidays and were encouraged to participate in community activities of their choice. Appropriate risk assessments were in place to support the activity programme. The deputy manager told us that it was imperative, where appropriate, that people were kept busy and engaged with activities that had meaning to them. This was in order to avoid boredom or anxiety either of which could lead to behaviours which challenged the service. Some staff told us that greater notice of planned activities would be helpful so that preparation was timely for all concerned.

The service had a robust complaints procedure which was produced in a user friendly format and displayed

in relevant areas in the home. It was clear that people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that no complaints had been made about the service during the previous 12 months. We saw a compliment about the service from a relative who was clearly very appreciative of the care provided. We were told that there had been seven other compliments made about the service over the previous 12 months. Other positive feedback had been recorded by the service.

## Is the service well-led?

### Our findings

The service continued to be well-led.

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People continued to benefit from a good quality service which was well managed. The service was monitored and assessed by the registered manager, the deputy manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Annual service action plans had been developed by the management and had been formulated from listening to people and staff and from the formal auditing processes.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their reviews, at regular key worker meetings and at resident meetings. Staff meetings were held regularly and minutes were kept. One professional told us, "I see the manager every time I visit, and she is always able to answer my questions and give me an update," and, "The manager always informs me of developments with my clients, and involves me in relevant decisions."

The service continued to ensure people's records were detailed, up-to-date and reflective of their individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. The management team now understood when statutory notifications had to be sent to the Care Quality Commission and that they were sent in the correct timescales.