

Edenplace Limited

# Ashley 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

Ashley House is registered for a maximum of 13 people offering accommodation for people who require nursing or personal care and specialises in supporting adults with mental health conditions. At the time of our inspection there were 13 people living at the home.

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

The home 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.

People were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and to make choices about maintaining their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and used their skills, knowledge and experience to support people effectively and develop trusting relationships.

Medicines were stored and administered safely and as prescribed. Where people were prescribed 'as required' medicines, guidance for staff on when these might be required needed to be more personalised.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at Ashley House. Staff knew how to keep people safe from the risk of abuse. Staff and the manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety. They took immediate action when we found an incident had not been reported to the local authority.

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

People received a choice of meals and drinks that met their individual dietary requirements at times they wanted them.

People knew how to voice their complaints and felt confident to do so.

People and staff were encouraged to share their views of the service through regular meetings and surveys. The registered manager had an 'open door' policy for people, relatives, staff and visitors to the home. This meant there was an open and honest culture promoted in the home.

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.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ashley 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 visit took place on 24 August 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

We reviewed the information we held about the service and we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the provider information return (PIR). The PIR 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 spoke with four people who lived at the home. We observed how people were supported to maintain their independence and preferred lifestyle. We spoke with the registered manager, the deputy manager, and two care staff during our inspection visit.

We looked at three people's care records and other records including quality assurance checks, training records, observation records for people, medicines, and incident and accident records.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they felt safe living in the home. One person commented, "Oh yes I do feel safe. For me, it's having people around that you can talk to."

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member told us, "If I had any concerns I would raise them with the manager. There are often signs. [Name] always looks smart and presentable for example. So, if they didn't look presentable, I would raise it as a concern." Another staff member explained, "My first port of call would be the manager unless they were involved and then I would escalate."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the strategies and actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe.

Other risks, such as those linked to the premises, or activities that took place at the service, were assessed and actions agreed to minimise the risks. For example, routine maintenance and safety checks were carried out, such as checks of gas and electrical items. This ensured people were supported safely in their environment. Everyone living in the home had their own fire evacuation plan which contained details of the support they would need to evacuate the home in the event of an emergency. The home was in the process of being refurbished and extended. This work was being undertaken safely and securely, and assessments were in place to ensure people remained safe throughout the building work.

The provider used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely. We observed staff were on hand to support people as needed with day to day support, as well as being able to respond should someone want to go out.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. Medicines were audited regularly. Records showed that where, for example, a care worker had administered medicines but not signed the person's Medicines Administration Record (MAR), this was identified quickly and action taken to ensure safe practice was followed. Where people were prescribed 'as required' medicines, whilst guidance was in place for staff, it

was not specific to the person to show when particular medicines might be needed. Staff knew people well, and most people could tell staff when they needed their medicines. However, the registered manager acknowledged guidelines for as required medicines needed to be more personalised and assured us this would be done.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. The home had not recruited any new staff since our previous inspection. However, they told us their induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff had regular opportunities to meet on an individual basis with the manager or the deputy manager. They discussed the needs of people living in the home, any training staff might need, as well as reflect on their practice, so their skills and confidence were developed.

Staff spoke confidently about training they had received, and about being able to request specialist training if required. One staff member commented, "I always bring it up with the manager if I think I need training, and they will look at sourcing it. I am in the process of doing my level three diploma at the moment.

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).

Staff and the registered manager understood their responsibilities under the Act, and people's care records included information about the support they needed with their decision-making. One staff member said, "With some people, it is difficult to gauge whether or not they have capacity, and you have to approach it day by day. For example, [name] went to the shop on their own today, on another day that might not have been safe." Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

Staff understood the need to get people's consent before supporting them. For example, we observed one staff member talking with a person who was prescribed medicines of variable dosage. The staff member spoke with the person about what dosage of medicine they should take that day, and ensured the person directed the decision making process based on information and guidance from staff.

People told us the food was good and they always had a choice. One person commented, "The food is nice and I can choose what I want." Over lunch time, we saw people were eating different meals that supported their choice. Some people chose to eat their lunch with other people, while others chose to eat their lunch



later. One person asked for more quiche when they had finished eating, which they had. People helped themselves to drinks, whilst another person set the table ready for lunch, and helped staff clear up afterwards which prompted people's involvement and independence.

Records showed people were supported to access medical professionals for day to day ongoing health appointments, as well as when their health fluctuated or deteriorated suddenly.

## Is the service caring?

### Our findings

At this inspection, we found people continued to be happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People told us staff were considerate, kind and caring, and that the home offered them a 'homely', family-type atmosphere. One person said, "The staff are very friendly." Another person told us, "I had a birthday recently. We [people and staff] celebrated; I had a few beers and a cake." Another person explained how they interacted with staff and how this helped enhance their well-being. They said, "I like singing with [staff member], it makes me happy."

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "To me, it is about treating people with empathy and as I would want to be treated." Another staff member explained, "I love my job. We treat people like family here and I feel like I am making a difference."

People were supported to be as independent as possible. We observed several examples of staff talking with people about what they wanted to do and how they wanted to be supported. Staff ensured people had the information they needed to make their own decisions, and encouraged people to do so. Some people living in the home were building their independence with support from staff, on the basis that they could potentially live more independently. One staff member explained, "I love trying to help people and seeing the improvement in people over the weeks. It can be quite rewarding. We've had a few people come to live here and then move on to more independent living. That's good to see."

People were supported to maintain relationships with their friends and families if this was what they wanted. We observed how staff supported one person to talk about their family members during our inspection visit. This helped the person share memories and to understand their family were thinking about them.

We observed staff ensured people's privacy and dignity was respected, by taking people to private areas of the home if they needed to speak with a member of staff, about something that was concerning them for example. People also told us they had keys to their rooms which they kept with them. This ensured they could lock their rooms and ensured they had a private, secure space.

## Is the service responsive?

### Our findings

At this inspection, we found people continued to receive care that was personalised and responded as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain any hobbies, interests or activities they wanted to. The rating continues to be Good.

People told us they knew about their care plans, and were involved in ensuring they remained accurate. One person explained, "My care plan has been read out to me, and I do agree with it." Whilst it was clear reviews had taken place, and people had signed to say they had been involved in this, there was not always clear or detailed information on what was discussed at these reviews, or actions agreed as a result. Care plans had been updated following review, but the registered manager agreed documentation of review discussions leading to changes could be more clearly recorded. They assured us they would address this at the next round of reviews.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. For example, some people living in the home could become anxious or upset as a result of mental health difficulties. Where this was the case, their care plans included information on when and why this might happen, and what staff should do to respond effectively. We observed staff enacted recommendations in people's care plans, and took time to be with people to talk about what was concerning them and to reassure them.

Staff were confident they provided person-centred, responsive care. One staff member explained, "[Person's name] does not like structure, so you have to be flexible. You cannot be authoritarian with them, you have to share banter with them. If you do that, [name] will be more forthcoming with you."

One person told us they had raised concerns previously, and that these had been dealt with. They added, "They [managers] do listen to your complaints." Other people told us they had not needed to complain but felt confident to do so. One person commented, "I would speak to [staff member] if I was worried about anything." Each person had a copy of the complaints procedure made available to them.

The home had received some compliments on the care they provided, so staff could reflect on them. One compliment read, "I would like to thank everyone for all the excellent care [name] received during their time at Ashley House."

People told us they were supported to maintain any hobbies or activities they enjoyed. One person said, "I go out with staff, to get my hair cut, go into town, all sorts of things." We saw people went out according to their preferences throughout the day during our inspection visit.

## Is the service well-led?

### Our findings

At this inspection, we found staff were well-led and the home was managed effectively. The rating continues to be Good.

People spoke highly of the registered manager and the deputy manager, and told us the home was well managed. One person explained, "The manager is polite and friendly." We observed the registered manager interacting with people and staff. People responded well to the manager, and went to them to talk about anything they were happy about, or what was concerning them."

Staff told us they felt well supported by the manager, and that the home was managed and led effectively. One staff member told us, "I have had advice, guidance, everything. It has been a big learning curve. It has been brilliant helping me with that. We [staff] definitely get good support."

The home was being extended and refurbished at the time of our inspection visit. Records showed how the provider and registered manager had consulted with people and staff to ensure they knew what was happening and why. For example, records of a 'residents meeting' in August showed discussion had taken place with people about what to expect and who they should speak to if they were worried about the work being undertaken. Where it had been identified people might become anxious or upset by the refurbishment, the registered manager had made us aware of another home run by the provider so people could spend some time there during the day if they wished to.

In addition to meetings with people, the provider asked people and staff to complete questionnaires to get feedback on the service. The registered manager explained a senior member of nursing staff had been tasked with analysing the most recent responses, and that an action plan was being developed so the service could improve based on people's feedback.

Staff told us they were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information. Records of a recent staff meeting showed how the refurbishment had been discussed with staff, ensuring they understood what was happening and how people living in the home could be supported so they were not adversely affected by the work.

There was a programme of audits and checks such as fire safety, care plans, medicines, health and safety, infection control and equipment checks. These checks helped the registered manager ensure the service was safe and responsive to people's needs. Records showed how issues were identified and action taken. For example, a recent medicines audit had identified not all prescribed topical creams had a date of opening written on the packaging. This is important as it ensured creams remained effective and were not open for longer than was recommended. Records showed the need to do this had been shared at staff meetings. When we looked at medicines, we saw topical creams had been dated when opened in line with what had been identified.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, but had not included this information on their website. We raised this with the registered manager, who took immediate action and ensured this information was added.