

Shine Partnerships Ltd

Ashford House

Inspection report

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Enfield
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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

We undertook an announced inspection on 6 March 2017 of Ashford House. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection was carried out by one inspector. Ashford House is a supported living service and at the time of the inspection the service was providing care and support for four people with mental healthcare needs.

At the last inspection on 8 January 2015, the service was rated as Good.

At this inspection we found the service remained as Good.

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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks had been identified and assessed and provided information on how to mitigate known risks to keep people safe.

Medicines were being managed safely.

There was enough staff to support people. Pre-employment checks had been carried out when recruiting staff.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005.

People were encouraged to eat healthy. There was a weekly cooking class to help people cook meals.

Staff had positive, caring relationships with the people who lived at the service.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

People received care that was tailored to their individual needs, interests and preferences. Care plans promoted a person-centred approach.

Complaints were investigated and action taken to the satisfaction of complainants.

People found the management team approachable and had confidence in their ability to act on things. Staff felt well supported by the management team.

Quality assurance and monitoring systems were in place to make continuous improvements.

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.

Ashford 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.

The inspection was carried out on 6 March 2017 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people.

During the inspection we spoke with two people, two staff members, the assistant manager, registered manager and a social worker. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the service. We looked at two people's care plans, which included risk assessments.

We reviewed four staff files which included induction, training and supervision records. We looked at other documents held at the service such as medicine records and quality assurance records.

After the inspection we spoke with one relative.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am very happy here" and another person commented, "I do feel safe." A relative told us, "It is safe." A social care professional told us, "Clients are looked after."

Staff had been trained in safeguarding adults. Staff we spoke to demonstrated an understanding of the different forms and potential signs of abuse. They recognised the need to report any abuse concerns to the manager, senior on duty or external organisations such as CQC or local authority without delay.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

There were sufficient staff on duty to meet people's needs. People and staff we spoke to had no concerns about staffing levels. During the day the service employed the registered manager, assistant manager and two care staff and during the night the service had one care staff. The staff rota confirmed planned staffing levels were maintained. We observed that staff were not rushed and were able to spend time with people and provide support when needed.

The service regularly reviewed people's risk and included a risk rating for each risk. Risk assessments also included triggers to risks. The risks were specific to people's circumstances and provided information on how to mitigate risks.

Medicines were being managed safely. People received their medicines as prescribed and people confirmed this. Medicine records were completed accurately and were stored securely in a locked cabinet. Staff received appropriate training in medicine management. Staff received medicines competency assessments during their induction. This was to check staff understanding of medicines. However, the assessments were not being done thereafter. We fed this back to the registered manager who informed us that competency assessments would be carried out regularly. Staff confirmed that they were confident with managing medicines. Staff and the management team regularly audited medicines and any errors were highlighted, fed back to relevant staff member and appropriate action taken.

Records showed that appropriate gas safety, electrical safety legionnaires and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy.

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable to provide care and support. One person told us, "All of them [staff] are pretty good" and another person commented, "They [staff] know what they are doing." A relative told us, "Staff are helpful." A social care professional told us, "The support they [people] receive there is of a very good standard."

Records showed staff recruited since the last inspection had received a formal induction, which included working alongside experienced members of staff. These staff had also been enrolled to the Care Certificate training programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. After the induction, staff also participated in mandatory training and refresher training that reflected the needs of the people living at the service. This included specialist training in depression and positive behaviour. Staff told us their training had given them what they needed to know to support people safely and effectively. The registered manager maintained training records to monitor and address staff training requirements. We noted that training had not been provided in drugs and alcohol misuse as some people living at the house had history of drug and alcohol. The registered manager told us that this training was being arranged and showed us evidence to support this.

Records showed and staff confirmed that they received regular supervision and appraisals. Staff we spoke to told us that they were very much supported by the management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The management team and staff had a good understanding of the MCA and understood the principles of the act. Records showed assessments had been carried out on people's capacity to make decisions. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything, for example, a staff member asked whether people were happy to talk to the CQC inspector and gained their consent before letting the inspector speak to them.

Staff told us that people bought and prepared their own food. People we spoke to confirmed this. People had their own cabinets and space in fridges to store food. Staff told us that they encouraged healthy eating and also ran a cooking class every week that encouraged healthy eating and how to make healthy meals. There was also a weekly breakfast club and at this club people cooked healthy breakfast to eat together. A person told us, "If you want support with cooking, they will help you cook."

People told us they were able to arrange their own healthcare appointments and attend these appointments. Staff confirmed this. People told us when support was needed to access healthcare services this was provided by staff and gave us examples on how staff supported them to make appointments. Staff

were able to tell us the signs if people were not feeling well and what to do if people were unwell such as report to management or call the GP or emergency services.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "They are very good, very friendly." A relative said, "They [staff] are always smiling, I like all of them." Staff told us they build relationships with people by spending time with them and talking to them regularly. All people we spoke to told us that they had a good relationship with staff.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff gave us examples of how they maintained people's dignity and privacy by knocking on people's door before entering. They also understood that personal information about people should not be shared with others.

People were independent; we saw people getting their meals during lunch and going outside independently. One person was being supported to move on to independent housing. There was a weekly domestic task list that was allocated to people, which involved cleaning rooms and doing general tasks around the house independently.

People's communications ability were recorded and care plan provided information on how to communicate with people such as on one care plan, the information stated to allow a person time to respond to questions.

The service had equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. People confirmed they were treated equally and had no concerns about staff approach. We saw people's spiritual beliefs were recorded and people attended places of worship if they wished.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and staff listened to them. One person told us, "If I have any concerns, I can go and speak to staff and they will help me" and another person told us, "Anything you need help with, they [staff] will help." A social care professional told us, "Generally, staff are very responsive."

The service carried out a pre-assessment before admitting people into the supported living service. The assessment included assessing people's background and risks. This enabled the service to ensure if they were able to provide care and support to people.

Care plans were recorded on the providers electronic system, which enabled staff to view people's care plans and support needs electronically. Care plans were individual and personalised according to each person's needs. Care plans had a dashboard that summarised people's main risks, support needs, likes and dislikes, health conditions and medicine arrangements. Care plans stated people's symptoms should there be changes in their mental health. This included signs of relapse and provided staff with information so they could respond to people positively and in accordance with their needs.

Reviews were carried out regularly with people that reflected people's changing needs. There was a daily log sheet which recorded information about people's daily routines such as behaviours and the support provided by staff. Each person had a key worker and regular meetings were held with people to discuss their health, diet and daily life. Care plans included people's goals and how to achieve these goals. A person told us, "They have sessions with you every two weeks. They set goals and what you want to achieve."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A person told us, "Staff are very supportive with all aspects."

Records showed complaints received since the last inspection had been investigated and action taken with the satisfaction of complainants. People told us that they had no concerns about the service but knew how to raise a complaint. Staff knew what to do if a complaint was made.

Activities were taking place that people enjoyed. People and staff confirmed that people took part in activities such as football and swimming as a group. There was an activities room, which people could play snooker, watch films and use a boxing punch bag to stay active. People also created their own newsletters for the service, which listed food recipes, poems and activities people took part in.

People had recently come back from a holiday abroad. The registered manager told us that they took people on holidays regularly and records showed that people went to Europe last year and were planning to go to another holiday this year. The person that went to the recent holiday told us with enthusiasm how much they enjoyed the holiday and was looking forward to the next holiday.

Is the service well-led?

Our findings

People told us they enjoyed living at the service, one person told us, "It's pretty good here. Out of all the homes, this one is the best" and another person commented "I have been here for over a year. It's been comfortable. Very nice." A relative told us, "I like it there [service]." Staff told us they enjoyed working at the service, one staff member said "It's the best, very fulfilling" and another staff member told us, "Yes, I do enjoy it here." A social care professional told us, "As a service, they are very good."

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were very complimentary about the management team. People told us they liked the management team and they were very supportive. A social care professional told us, "The managers are very good."

There were systems in place for quality assurance. The service completed audits which included reviewing care plans, management of medicines, health and safety checks and spot checks on staff by the management team. Audits were also carried out by the provider's quality assurance staff member and also by the provider to ensure people were safe at all times. People's rooms were checked weekly to ensure that the rooms were kept clean and free of hazards and substances.

Quality monitoring systems were in place. The service requested feedback from people recently through questionnaires and surveys. The surveys were carried out by an external organisation and focused on the CQC's five line of enquiries, Safe, Effective, Caring, Responsive and Well-Led. The results had not been analysed yet. Records showed that the service had received a 100% recommendation rate from people that recommended the service as a good place to stay.

Staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. There was also a recognition scheme where staff were rewarded for good performance every month and also for their performance for the whole year. Feedback was sought from people, professionals and peers to decide which staff should be nominated to receive the awards. Residents meetings enabled people who used the service to have a voice and express their views.

The registered manager told us that they were trialling a new scheme for staff to manage and allocate their own workload. They told us that this started last month and was working well as it gave staff more responsibilities and upskilled them in leadership. The registered manager told us that they had oversight of this scheme and monitored the scheme to ensure tasks were allocated and completed appropriately.