Nexus Programme Limited

Ashlea 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

About the service:
Ashlea House is registered to provide accommodation and personal care for up to four adults with a learning disability. At the time of the inspection there were four people living at the service.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence such as making decisions about what they want to do and being able to change their mind, supported to find voluntary and paid work. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

At our last inspection in October 2016 we rated the service as good in all domains except Well led because they had not had a registered manager for two years.

At this inspection we met the newly registered manager. We found their leadership and enthusiasm had helped to sustain the continued rating of good overall. They and staff fostered a lovely homely atmosphere in the house and outcomes for people remained good.

Staff enabled people to lead a busy and active lifestyle and supported them to maximise their potential for independence. Boundaries were in place for some people who understood the reasons why this was. Staff worked to clear guidance to ensure any restrictions they needed to impose to maintain peoples safety were consistently applied and reviewed.

Staff received a broad range of training to provide them with the skills and knowledge needed to support people appropriately and understand their needs. Medicines continued to be managed safely.

People spoke positively about what they liked about living in the service and how being there had helped them develop their independence and for some inspired a desire to move to less dependent accommodation in the future. They understood what to do if they were not happy with anything. A relative told us that they were happy with all aspects of their relatives care and would be happy to recommend the service to others.

There were enough staff available to provide flexible support to people, A safe system of staff recruitment was in place. Staff were trained to recognise abuse and discrimination and protect people from harm. Risks were assessed, and measures implemented to reduce the likelihood of harm to people or others.

People were consulted about all aspects of their daily lives and their consent obtained. 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 (did not support) supported this practice.

They were encouraged to eat healthily but had choice about what they ate. They were supported by staff to ensure their health needs were met.

Staff demonstrated warmth, compassion and kindness in their everyday interactions with people. Staff said they felt supported and that communication within the team was good. Staff had received safeguarding training and understood their responsibilities to protect people from abuse and protect them from discrimination.

The house was well maintained, and all equipment regularly tested and serviced. People had their own rooms that they personalised to their own taste.

There was good oversight and monitoring by the registered provider and registered manager to ensure people received the right support. They sought feedback from people staff relatives and professionals about the service to help drive improvement.

Rating at last inspection:
At the last inspection the service was rated Good overall. However, Well-Led was rated Requires Improvement (report published 17 November 2016). At this inspection in May 2019 all domains were rated good and the overall rating of the service remained Good.

Why we inspected:
This was a planned inspection based on the rating we gave the service at the last inspection in October 2016.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Ashlea House

Detailed findings

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Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

● Safe systems were in place to protect people from harm or abuse. People told us they felt safe living in the service one person described it as their 'safe space'. They told us "I am never going to leave here, I have told (name)", a reference to the registered manager.

● There were no current safeguarding concerns. Staff were trained to recognise, respond and report any concerns they might have about the abuse or safety of people in the service. They were confident of reporting their concerns within the organisation or escalating these to outside agencies such as CQC.

Assessing risk, safety monitoring and management

● Staff were aware and alert to the risks people may experience because of their health and care needs. Guidance was in place to inform staff of the measures in place to reduce risk which they needed to follow to keep people safe. This was kept under review and updated. For example, someone was at risk when bathing and a risk assessment was in place for this, a staff member told us they stayed outside the bathroom door and checked on the person frequently to ensure they remained safe.

● Risk assessments of the environment and equipment had been developed to identify any risk to people and staff, risk reduction measures were put in place. Health and safety checks of the environment and equipment safety checks and servicing helped ensure people remained safe in their surroundings.

● People were aware of the steps to take when the fire alarm sounded, and individual plans were in place to inform staff what support each person needed to evacuate the building safely.

Staffing and recruitment

● There were three staff on duty at inspection in addition to the registered manager. We observed staff supporting people with personal support and daily household tasks in accordance with their care plan. Staff engaged people in conversations about their planned activity for the day and supported them to achieve this. Support was carried out in a calm and unrushed manner by staff.

● Staffing remained enough to meet people's individual needs, provide 1-1 support as needed and sufficiently flexible to support a wide range of activities for people in the community.

● There was a safe system of recruitment in place for staff. Staff told us that checks were made of their suitability before they were able to start working at the service.

Using medicines safely

● Safe systems were in place for the receipt storage administration and disposal of medicines.
Staff were trained to administer medicines, and this was kept updated and their competency reassessed annually. People had their medicines reviewed by the GP.

● We observed that medicines were administered in accordance with people's preferences. For example,

one person who liked to take their medicines themselves under staff supervision had these put on a plate to enable them to pick up the tablets easier. This enabled them to be involved in their medicine routine.
● Storage temperatures were recorded daily. Medicines were dated upon opening.
● Protocols and guidance were in place for staff for medicines prescribed as and when required.' Staff knew people well and knew what to look for and to ask people before administering these medicines.
● A daily count of boxed medicines was conducted by staff and a monthly audit of all aspects of medicine management carried out by the registered manager to ensure this was being managed appropriately.

Preventing and controlling infection
● Staff were trained in infection prevention and control. They told us that they had access to personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Staff supported some people with their personal care needs and occasional continence issues. Staff were able to explain in what situations they would use personal protective equipment and followed infection control guidance provided.
● Staff and people in the service worked together to keep it clean, tidy and free from odours.
● Staff understood how to manage laundry appropriately and safely to maintain good infection control.

Learning lessons when things go wrong
● The registered manager analysed information about incidents and accidents and discussed these with staff. Action was taken to avoid similar recurrence of events. For example, one person who was an independent traveller got on the wrong bus. Staff reviewed the travel training they had undertaken with the person to ensure they understood the actions to take if this recurred. The manager monitored these and other events to help prevent further occurrences.
● A relative told us that there had been very few incidents and accidents involving their family member but that they were always kept informed if these did happen; they said they were confident their family member was being properly cared for.
● In response to any accident or incident risk assessments and care plans were reviewed to ensure that the risk reduction measures in place were still effective.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were reviewed whenever changes occurred or as part of annual reviews by their placing authority. A relative informed us that they were kept informed and consulted about changes.
- People referred to the service were assessed thoroughly before a decision was made as to whether their needs could be met, and arrangements made for them to move in.
- One person told us staff had visited them at home and asked them 'lots of questions', before they moved to the service. Records showed an assessment of their needs was conducted prior to admission, and in this instance although a transition plan was in place and the person had chosen to move in quickly.
- Transition plans helped ensure people moving between home and the service or between services did so at a pace to suit them, which could sometimes last months.

Staff support: induction, training, skills and experience

- New staff continued to receive an appropriate induction. This included initially shadowing more experienced staff for a few shifts. Staff were given time to learn about people's preferences for support and participated in training to promote safe practice and understanding of how to meet people's specific needs. Discussion with a new staff member showed them to be confident and knowledgeable about the needs of people in the service and was aware of health needs and behaviour that they needed to monitor. A relative told us that they were satisfied that "safety of the service users is the prime consideration for the staff at Ashlea House" and that they were always kept informed about their relative's support. People showed that they enjoyed the company of staff and sought them out to talk about their day and things they wanted to do.
- New staff completed a probationary period to ensure that, after training, they had the right competencies and demonstrated attitudes and values promoted by the provider. At inspection staff showed that they were knowledgeable about people's individual needs and understood how to support them in accordance with their care plans.
- A comprehensive programme of training was provided to all staff. This included specialist subjects relevant to the needs of people in the service such as epilepsy, and positive behavioural support.
- Staff were encouraged and supported to undertake nationally recognised professional vocational care qualifications.
- A system was in place for the regular supervision and appraisal of staff performance and staff said that they felt they were supported well by the registered manager, who worked alongside staff on shifts.

Supporting people to eat and drink enough to maintain a balanced diet

- People ate well and were consulted about what they wanted to eat. Staff understood peoples likes and dislikes and any special dietary needs that informed what they could eat. We observed one person eating a

breakfast cereal that they had chosen from a selection. At inspection people ate out for lunch as they were attending an activity. People told us that when they ate in the service alternatives were available if they didn't want was on the menu.

● People were involved in meal planning and took turns each week with staff supervision to help with cooking.

● Staff monitored people's weight regularly to ensure there were no emerging concerns. Staff understood the steps needed to monitor peoples eating and drinking habits and fluctuation in weight should concerns arise. Staff knew which health professionals to refer people to for advice and guidance.

● People made their own drinks and staff had made this easier for one person to become more independent with making their drinks by installing a 'one cup' machine that allows the person to fill just one cup with hot water. Staff had also purchased sugar cubes so that the person could add their own sugar to their hot drinks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● Staff knew people well and the signs to look for to indicate that they were unwell, they referred people appropriately to GPs for advice and guidance as and when needed.

● Staff supported people to attend regular health appointments and check-ups. One person preferred to attend appointments on their own, health professionals were aware they were not always able to retain information so ensured they informed the service of relevant information.

● Staff had received training and detailed guidance was provided to them regarding specialist health care needs such as epilepsy. This helped staff awareness of how the condition impacted on the person and how staff should support them safely and appropriately.

● A relative told us that their relative received 'entirely appropriate support' in relation to aspects of the persons healthcare that staff monitored for example their sight, hearing and dental care needs.

● Staff supported people when they needed to attend health appointments and visit hospital, they shared information about people's health needs and their preferences for support with healthcare staff. There was evidence of the involvement of health care professionals such as an occupational therapist to provide advice and guidance around equipment to be used and mobility issues for one person recently admitted, for example, assessment of the premises to see whether additional equipment was needed.

● Summarised versions of people's care plans were available to take with them to health and hospital appointments. These contained information about each person's medical history, medicines, and how they preferred to be supported. This information helped health professionals know how to support and care for them whilst they were in receipt of treatment.

Adapting service, design, decoration to meet people's needs

● People were mobile and able to access all parts of the premises and garden. The service environment met the needs of the people living there and they contributed to ideas about improving it such as developing a games room.

● Adaptions had been made to meet the specific needs of some people such as hand rails, and a visual stripe to the front step to make people more aware of it. Equipment was also installed to help the safe support of people such as a bath board and a perching stool for the shower.

● People told us that they were involved in personalising their own space and rooms viewed reflected their individual tastes and interests. People had photographs and posters in their rooms, shelves had been added to enable people to store comics, books and possessions that were important to them. One person told us that they had chosen the paint colour for their walls, and had removed posters from their wall because they had changed their mind about them.

●There was enough communal spaces for people to relax and see visitors in, there were adequate bathing

and toilet facilities for people to use when they wished to.
● People had free access to all areas of the service apart from other people's rooms, people were seen making full use of communal areas and the garden with the least restrictions.

Ensuring consent to care and treatment in line with law and guidance
● 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.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was still working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that two people were subject to restrictions and that these were authorised. Staff understood the restrictions in place and adhered to these to keep people safe.
● Staff involved people in decisions about their daily care and support and respected that they could make unwise decisions if they had capacity to understand the consequences. We observed staff routinely seeking consent from people as part of their support and this enabled people to voice their own choices and decisions.
● Staff understood that best interest discussions could be held to help people with making complex decisions and had experience of health-related best interest discussions for people they supported. For example, whether the health and physical care needs of someone new entering the service could be met and this had involved a range of professionals, the provider and relatives.
● Staff received training in the MCA and understood the need for people's capacity to be assessed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- All staff received training that raised their awareness and understanding of equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that was accessible to staff. Staff were mindful of discrimination against the people in the service and in response to some previous incidents staff followed a protocol should they experience any negative comments when out in the community to remove them from any situations to keep them safe.
- Observations of staff interactions with people showed them to be compassionate, kind and caring.
- People were able to make their day to day wishes known verbally. Staff understood and followed guidance to ensure they promoted effective communication where there were some additional communication needs, for example although people were able to express their needs verbally staff also knew how people communicated their moods through particular phrases, expressions and body language and this alerted them to whether people were experiencing distress or anxiety.
- We observed that people and staff interacted with each other frequently and in a positive way.

Supporting people to express their views and be involved in making decisions about their care
- We observed that staff listened to people and gave them time to make responses.
- People were encouraged to share their views at weekly house meetings, these provided people with an opportunity to raise any concerns or make suggestions about the service. We looked at the notes from these meetings and saw that people had a chance to express their opinions and their feedback was acted upon. For example, people told us and showed enthusiasm for a proposed holiday. Staff said two people wanted to go to one location and two others wanted something different. Staff were looking at ways they could accommodate both groups.
- People were also given opportunities to meet monthly with their key worker (a key worker is a support worker who knows a person in more depth and co-ordinates aspects of their care and support and acts as a point of contact for family and other carers). A record of these meetings was maintained and reviewed by the registered manager to ensure that action was taken to address any issues people raised and that these were addressed, such as where they wanted to go on holiday, different activities, or foods they wanted to try.

- People and their relatives were involved as much as they wanted to be in the planning and delivery of their care and support. One person's care plan indicated that the person should be asked who they wanted to be present at appointments.
- A relative told us that staff kept them informed. They said worked with staff to ensure a consistent approach was taken with their relative's support.
- Staff supported one person to be in control of conversations about their care and support with external professionals, they did this by referring such calls to the person who spoke with professionals directly. The

person then informed staff what had been discussed so their records could be updated.
Respecting and promoting people's privacy, dignity and independence
● Staff and people in the house called each other by their first names, this provided a comfortable, informal and relaxed atmosphere.
● People had keys to their bedrooms and although they often left their doors open they were encouraged to respect each other's space and privacy and not to encroach on each other's private space.
● Staff were welcoming of visitors but respected people's right to refuse visitors into the service. Some people regarded the service as their private space and could become anxious if people arrived they were not expecting. For this reason, staff requested notice of visitors. This helped them prepare people and alleviate anxieties. The registered manager told us that if once consulted people's anxieties remained high alternative arrangements would be made so the visit could happen.
● Staff provided personal care support to people discreetly to protect their dignity.
● Peoples care plans guided staff about each person's individual support needs, preferences, likes, dislikes and interests and what people could do for themselves. Our observations showed that staff had a detailed knowledge of peoples plans and followed them.
● People told us, and observations showed that staff encouraged people to do as much for themselves as possible. For example, people, with staff support, carried out household tasks on a rota basis with other people. People learned how to prepare and cook some meals and household chores for themselves. Some people had been supported to achieve independent travel on public transport, and those assessed to have the right skills had been encouraged and enabled to seek voluntary and paid employment.
● Information about people was treated confidentially.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans contained information about what they needed help with, what they could do for themselves and how they wanted to be supported. Information about their preferences was recorded to inform staff about what they liked. For example, what they liked to eat and drink, how they communicated their wishes, and their personal care routines. For example, a person was able to independently travel but staff were aware they needed to put in place written instructions for every trip. Staff were aware that for some activities they needed to take a wheelchair with them because the person they were supporting could get tired and unsteady on their feet.
- Care plans were person centred. They gave staff detailed information about people's medical history and health needs in addition to information about next of kin, religious beliefs, life history and mental capacity. Strategies were in place to guide staff in identifying and acting upon behavioural triggers that led to anxious behaviour and ensure this was managed appropriately, for example using positive behavioural techniques such as diversion, and proactive breakaway techniques.
- People's care plans were evaluated and reviewed to ensure that when support needs changed staff were following up to date guidance.
- People and their relatives were fully involved in the development and review of their care plans. For example, people met with their key worker each month when they could discuss their care and support. A review of these showed that people mostly spoke about the things they were doing and if they wanted to make any changes to these such as home visits or activities.
- Everyone was able to express their needs to staff but relatives had also been consulted to add to the information staff knew about people in respect of their history and things and people that were important to them.
- Peoples information and communication needs had been identified and assessed. Staff understood the Accessible Information Standard (AIS) and how people preferred information to be conveyed to them. Peoples communication needs were recorded. Where necessary shared appropriately with others. Although people were happy to receive information verbally from staff the registered manager agreed that wider use of pictorial prompts would benefit some people's understanding and would progress this with staff.
- This was a busy household. Individual planners detailed the activities people took part both inside and outside the service. Staff helped to develop activities for people in accordance with their interests and preferences, such as bowling, golf, cinema trips.
- Staff could demonstrate that they were effective in helping people to develop the strengths and skills they would need to lead an ordinary lifestyle. People were supported to achieve the things they wanted to, goals were informal and worked towards at a pace suited to the persons own preferences.
- Staff were available to provide additional support for those people who required it when they went out of the service to activities, for example two people always required one to one support from a staff member when out and this was factored into the rota each day. We observed staff accompanying people out to the

cinema, and to a favourite shop during inspection.
● Staff monitored people's enjoyment and participation in activities and found alternatives if these were no longer stimulating to the person.

Improving care quality in response to complaints or concerns
●The provider information return (PIR) informed us that no complaints had been received in the last 12 months and this was confirmed at inspection.
● There was a complaints policy and a complaints procedure was displayed. People told us that they preferred having things explained to them verbally and said if they were unhappy about anything they would tell(name) the registered manager or other staff.
● People had opportunities to raise any concerns with staff at any time, or through house meetings and individual one to one time with their key work staff. A relative said they had never felt the need to complain.

End of life care and support
● At the time of inspection no one living at the service was receiving or required end of life care.
● All service users had a completed 'When I die' booklet this informed staff about the persons preferences for care and support should anything untoward occur so that their final wishes could be respected.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff continued to make improvements to the quality of people's lives and experiences that meant that outcomes for people remained good, for example after talking with people about improvements they would like to see, developing plans to use a new shed as a games room and installing a wild life area in the garden.
- The provider had improved upon the quality assurance system previously in place and took an active role in overseeing what was happening in their services. They did this by reviewing all weekly and monthly reports from the registered manager and highlighting what actions they wanted them to take to address shortfalls and in what timescales. The provider also visited on occasion or sent a representative. The registered manager and staff completed an appropriate range of in house weekly and monthly quality checks. These provided assurance that's quality was being maintained.
- A provider representative conducted a quarterly independent review of the service assessing all aspects of service quality. They sought feedback directly from staff and people in the service. A report of findings was made available to the provider and the registered manager with any areas for improvement highlighted. For example, regarding maintenance, cleanliness, staffing matters or record keeping in the service.
- The registered manager understood the regulatory requirements to report notifiable events and had done so when these had occurred.
- The registered manager and staff understood their individual roles and responsibilities., the lines of accountability within the organisation and they were held accountable for their performance where required.
- The previous inspection rating was displayed clearly within the service, it does not have an individual website, but their current rating can be found on the provider website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had maintained an open and transparent culture. This enabled and supported staff to be confident in their delivery of safe, high quality and compassionate care for people.
- There was an inclusive atmosphere in the service fostered by the registered manager. Staff said the registered manager was very approachable, they spoke positively about the support they received from the registered manager, and they felt their contribution was valued.
- Staff were encouraged by the provider and registered manager to take on additional higher vocational qualifications. Staff said they were always given 'plenty of praise' by senior staff.
- The registered manager understood their responsibility under duty of candour to take responsibility for

when things go wrong and to be open and transparent in reporting issues to other agencies and relative's.
● Staff told us that communication between staff was good and the registered manager had an active presence in the service and worked on shift with them so there were always opportunities to talk. The registered manager told us they liked work some late shifts to have an all-round oversight of the service.
● Staff understood the arrangements for seeking out of hours management support if they needed advice and guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives and other health and social care professionals were encouraged to give feedback about the service through annual surveys, the provider and registered manager analysed these to inform service improvement.
● People had opportunities to share their own thoughts and views about improving their own experience, and improvements within the service through individual face to face meetings with their allocated key worker or as part of regular house meetings, this could include things such as their participation in household tasks, their relationships with others in the service, whether they wanted to make changes to aspects of their care and support. Minutes of these were kept as a record.
● Staff had regular staff meetings and felt confident about bringing any issues, suggestions and ideas to these meetings for shared discussion. They said they thought overall communication was good and they were kept informed of important changes.

Continuous learning and improving care
● The provider and registered manager analysed accidents and incidents for trends and patterns and learned from these to develop risk strategies and update care records to minimise the risk of similar reoccurrences.
● The registered manager accessed websites for guidance and updates such as the provider website operated by CQC, and the NICE website, this kept their knowledge and awareness of current best practice and changes to guidance and regulations updated.
● The registered manager attended manager forums and internal manager meetings to discuss and share good practice.
● The provider used an external service to provide them with updated policies and procedures which were cascaded to staff through staff meetings, the communication book, and the read and sign folder. For example, staff were updated on changes to Data Protection because of the implementation of the General Data Protection Regulation. Staff were tasked with reading updates and changes for any impact on their day to day support of people.

Working in partnership with others
● There continued to be effective relationships with relative's, care managers, safeguarding team staff and local health professionals. These relationships helped maintain delivery of high quality and compassionate support to people to ensure their needs and preferences continued to be appropriately and safely met.