Surrey and Borders Partnership NHS Foundation Trust

Ashmount

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
Ashmount is a care home providing personal and nursing care and support to five people with learning disabilities and autism at the time of the inspection. The home can provide support for up to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service
All five people living at the home had learning disabilities and communication impairments. Although we were unable to communicate with people we spoke with three family members who told us they were happy with the care and support their relatives received.

We spent time observing the experience of people and how staff interacted with people. People appeared relaxed and comfortable with staff. Staff interacted well with people and were caring and supportive towards them.

The home had arrangements for keeping people safe from harm. Staff ensured people were safe. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

People were safeguarded from the risk of abuse. Staff had received training on how to safeguard people and were aware of the procedures they should follow if they suspected that harm or abuse had occurred.

People received their prescribed medicines safely. Medicines were safely stored and monitored. Staff had received medicines administration training. They worked in partnership with people's GPs and other health professionals to ensure that people received the correct medicines.

The provider had carried out pre-employment checks to ensure that staff were suitable for their roles in supporting people. There was a sufficient number of staff deployed to meet people's needs. Additional staffing was provided where people required support to participate in activities.

Staff had received regular training and demonstrated they had the knowledge and skills to support people's needs. Regular staff supervisions and appraisals had taken place.

The home was clean, tidy and well-furnished. People's individual safety had been considered in the design

and furnishing of the home and garden. Up to date safety checks had been carried out and any essential maintenance concerns had been addressed. Suitable fire safety arrangements were in place.

Staff supported people to eat a healthy diet that was in line with their individual dietary needs and preferences. Guidance and training were provided to support people's individual eating and drinking needs.

People were supported to remain healthy. Staff had worked in partnership with health professionals to ensure people's healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the services supported this practice.

Staff provided people with person-centred care and support that met their individual needs and choices. People's care and support needs were regularly reviewed, and staff were knowledgeable about how they should support these.

Staff supported people to participate in a range of social, therapeutic and community activities which met their individual needs. Family members told us that staff had supported people to successfully participate in new activities.

There was a complaints procedure and family members told us they knew how to complain. Although people were not able to verbally communicate complaints, staff had responded to their behaviours to make improvements.

The home was well managed. There was a transparent and open culture. Management monitored the quality of the services provided via regular audits and checks. Staff told us they felt well supported. Family members consistently praised the information they received, and the support provided to their relatives.

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

Rating at last inspection:
The last rating for this service was Good (published 23 May 2017). The service remains rated as Good.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Ashmount

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Ashmount is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The first day of our inspection was unannounced. We gave 24-hours' notice of our return visit to ensure that the registered manager was available.

What we did before the inspection
Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, clinical lead nurse and three support workers. We spoke with a behaviour therapist who was visiting the home. We were unable to speak with people living at the home due to their communication impairments. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and five medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with three family members and one professional who regularly visited the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● The provider had policies and procedures to safeguard people from abuse. Staff were knowledgeable about the actions they should take if they suspected people were at risk of harm or abuse.
● Staff had reported concerns to the local authority safeguarding team where required
● Family members told us that people were safe. Comments included, "They are always watching out for [relative]," and, "[Relative] has lived in other places and this is the safest they have ever been"

Assessing risk, safety monitoring and management
● The home had procedures in place to ensure that people were protected from risk. Personalised risk assessments had been developed for a range of risks. These included risks associated with personal care and hygiene, eating and drinking, social and community activities and behaviour which presented challenges to staff.
●People's risk assessments contained detailed guidance for staff on minimising identified risks. Staff were knowledgeable about risks to people and were aware of how to keep people safe from harm.
● The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. People had personal emergency evacuation plans (PEEPs). These contained personalised information for staff and members of the emergency services on supporting people in case of a fire or other emergency.
● Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

Staffing and recruitment
● Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. New staff members were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
● The provider had ensured that there was an adequate number of staff in place to ensure that people's needs were met. We observed that people were not left unattended at any time. When people required support, staff were prompt in supporting them
●Staffing rotas had been developed to ensure that people were supported to participate in individualised activities. The registered manager told us that additional staff had been rostered to support people on day trips, holidays and to attend appointments. Staff members confirmed that there were always enough staff to ensure that people's needs were met.
● Family members told us they were satisfied with the staff support that their relatives received. One family

member said, "[Relative] gets so much attention now. They are now able to do things that I wouldn't have thought possible thanks to the staff."

Using medicines safely

● Medicines were managed safely. Medicines were stored securely and at the correct temperature.

● People received their medicines as prescribed. Medicines administration records (MARs) were correctly completed with no gaps.

● Where people were prescribed PRN (as required) medicines guidance was in place for staff on when and how to administer these.

●The provider had signed up to STOMP. STOMP is a campaign to reduce the over-medication of people with learning disabilities and autism. We saw records which showed that liaison with healthcare professionals had taken place to reduce the medication prescribed to a person.

● Regular audits of medicines records and stocks had taken place.

Preventing and controlling infection

● The provider had developed policies and procedures to minimise and control infection. The home was clean and free from odour.

● Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were provided to staff.

● Staff followed effective infection control procedures when supporting people. They washed their hands and wore gloves and aprons when necessary.

Learning lessons when things go wrong

● Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.

● For example, where a person had communicated that they did not wish to receive necessary health treatment, staff had worked creatively with other professionals and the person's family. This had resulted in a strategy to ensure that the treatment took place with minimum anxiety to the person.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 had been assessed prior to them living at the home. This had helped the provider to ensure that they could effectively meet people's needs.

●The home provided care to people in line with current best practice. Details of people's needs, including their daily routines, cultural, religious, dietary and other preferences were recorded in their care records.

● People's care plans and risk assessments were linked to their assessments. They contained the information and guidance that staff needed ensure that people received the care and support they required.

● Regular reviews of people's care needs had been carried out with them, their relatives and relevant health and social care professionals. People's care plans and risk assessments had been updated to reflect changes in their care and support needs

Staff support: induction, training, skills and experience

● People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.

● Staff received the training and support that they needed to carry out their roles. Staff training covered a range of areas, including, medicines management, safeguarding, health and safety, equality and diversity and infection control. Training was 'refreshed' on an annual basis to ensure that staff remained competent.

● Staff had also received training specific to the individual needs of people. This included, for example, training on nutritional support, understanding autism, positive behaviour support and Makaton. Makaton is a simple sign language that is used by some people with learning disabilities,

● Staff we spoke with told us they felt well supported by the registered manager. They told us they had received regular monthly supervision and annual appraisal of their development and performance. The records we viewed confirmed this.

● Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and communication needs.

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

● People's nutritional needs had been assessed and staff understood how to meet their dietary needs and preferences. Speech and language therapy and dietitian support and guidance had been sought where people had specific needs in relation to eating and drinking. People's care plans included guidance for staff on meeting their nutritional needs.

● Staff had worked with other professionals to develop strategies to ensure that people's eating and drinking needs were met. For example, where people were at risk in relation to choking from eating too quickly or where they were compelled to drink fluids to a dangerous level, plans had been developed to ensure that risks were reduced.
● We observed a communal meal and saw that people received the support they required. Staff supported people in accordance with the guidelines contained within their care plans and risk assessments.
● People were offered choices at mealtimes. We saw that some people asked for second helpings of foods that they enjoyed. The registered manager and a staff member preparing the meal described how they encouraged people to eat more healthily. Our observations confirmed that people were offered healthy choices.
● Staff had received training in supporting a person who used a PEG (percutaneous endoscopic gastrostomy) for their nutrition. A PEG is a tube that delivers nutrition to people where there is a significant risk of choking if they take food orally. The clinical lead nurse had developed training videos to support staff to support PEG feeding and management safely. Staff had worked with other professionals to develop strategies to ensure that people using a PEG were not unduly restricted in their ability to participate in activities.
● People's weight had been monitored to ensure that any significant fluctuations in their weight were noted and responded to.

Staff working with other agencies to provide consistent, effective, timely care
● Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
● People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.
● Where people required treatment, staff had worked with health professionals to develop strategies to ensure that their anxieties were minimised. People's care records showed that staff had worked with healthcare professionals and relatives to agree processes for managing anxiety, for example, where hospital or dental treatment was required.

Adapting service, design, decoration to meet people's needs
● The home is a bungalow and designed to enable people with mobility needs to have access to all communal areas. People were able to move around the home safely.
● The home had recently been redecorated and refurbished. The communal areas were attractive, and furniture was designed to reduce risks to people. For example, dining tables and chairs had round edges and were designed to take 'wear and tear'.
● People's bedrooms had recently been redecorated. The registered manager told us that, where people were unable to communicate their preferences, colours and decorations had been chosen that reflected staff knowledge of these. For example, a room had been decorated in shades of red for a person whose care records showed that this was their favourite colour.
● Some people liked to spend time walking around the garden at the home. The garden had been designed to provide level access to people and we observed that any trip hazards had been minimised. The registered manager told us they had researched the plants in the garden before they were put in the beds to ensure that they were not toxic to people.

Supporting people to live healthier lives, access healthcare services and support
● People's health and support needs were regularly reviewed updated in their care records. People had access to the healthcare services they needed.

● Staff worked with healthcare professionals to ensure people were provided with the care and support that they required. A health professional told us that staff were proactive in ensuring people's healthcare needs were met.
● People were supported by staff to keep as mobile as possible. During our inspection people were given the opportunity to access the wider community as well as participating in meaningful activities in house and on site.
● The service had recently introduced a dental health project. Most staff had attended oral health care training and, when we inspected, we saw that training had been scheduled to the remaining staff members. Information about people's dental healthcare needs was included in their care plans. Staff had worked with dental services to ensure that people's needs were met.

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 when this is in their best interests and legally authorised under the MCA. 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 working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The home worked within the principles of the MCA. Information about people's capacity to make decisions was included in their care plans.
● DoLS authorisations had been sought for people. Conditions on DoLS authorisations were being met.
● Staff had received MCA and DoLS training. They were understood that when a person lacked the capacity to make a significant decision, families and relevant health and social care professionals should be involved in making the decision in the person's best interests. For example, we saw that family members and health professionals had been involved in best interest decision making around hospital and dental treatment.

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

At the last inspection this key question was rated as good. At this inspection this key question remained as good. This meant 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
- Staff were respectful to people and provided them with support in a friendly and caring manner.
- Staff had received training in equality and valuing diversity. They respected and supported people in meeting their diverse needs and were non-judgemental in their approaches.
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so.
- Information about people's personal relationships and sexuality was included in their care plans. People were supported to maintain personal relationships.

Supporting people to express their views and be involved in making decisions about their care
- Although people could not easily express their views verbally, staff had responded to people's behaviours and preferences in providing care. For example, new activities were based on people's preferences. A step by step approach to introducing people to activities took place so that, at any time, staff could adjust their approach or the activity in accordance with people's responses.
- Family members told us that staff asked them for their views, All the family members we spoke with said that staff supported people in accordance with their personal preferences.

Respecting and promoting people's privacy, dignity and independence
- Staff were aware of the need to protect people's dignity and privacy when attending to their personal care or before entering people's bedrooms.
- We observed that staff offered people choices about what they wanted to do. Staff responded to people's behaviours by offering new activities and people responded well to this.
- People were encouraged to be as independent as possible. People required staff support for most activities and care. However, we observed that people were enabled to move around the home independently and sit where they wished to. We saw a person going into the kitchen to choose their dessert with encouragement from staff. A person went independently in to the sensory room to hold a bubble tube.
- The registered manager told us that, wherever possible, staff allowed people to be as independent as they could. For example, staff supported a person to visit a friend and enabled them to have privacy and independence whilst they communicated with each other.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
At the last inspection this key question was rated as Good. At this inspection this key question remains as 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 were personalised and included detailed up to date information about their individual needs, abilities and preferences. The plans provided guidance for staff about how best to support people's needs and preferences. People's daily care and support records showed that staff were meeting their individual needs as described in their care plans.

● Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.

● Staff offered people choices using communication methods that they understood. For example, we observed staff offering people choices about food and activities. They did so by speaking with people using words they understood whilst showing them, for example, foods, pictures and objects.

● A family member told us, "[Relative] has many more opportunities and choices now than they have ever had."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had individual activity plans. These showed that people were regularly engaged in a wide range of individual and group activities. During our inspection people were supported to go on outings to local parks and to participate in individual activities in the home and within the local community.

● People also had opportunities to go on short holidays and day trips further afield. These were planned according to people's interests and preferences. For example, a person had been supported to take a trip on the London Eye. People had visited a heritage railway with an overnight stay. A family member said, "[Relative] has done things I could never have imagined for them."

● Staff supported people to maintain and develop relationships. Some people attended a local day centre. One person was enabled to visit a friend who lived in a nearby home on a weekly basis. Family members told us that they were welcomed to the home to spend time with their relatives. A family member said, "The staff are so welcoming and encouraging. When I visit I see how much they have supported [relative]."

●Information about people's personal histories and interests was recorded their care plans. Staff knew how to assist people to follow any religious and cultural observances. For example, people had been supported to attend a local place of worship when they wished to do so.

● The provider had invested in a range of interactive and sensory resources to enhance people's experiences. A sensory room had recently been introduced to the home, along with a 'magic carpet'. A magic carpet projects interactive images on the floor and people can use their hands and feet to move and change these. The registered manager and staff told us that people were beginning to become familiar with these resources. During the inspection we observed a person embracing the bubble tube in the sensory room. People also had personal IT tablets and staff used these to engage them in visual and audio activities.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●The home had a policy for meeting this standard. Documents such as care plans and menus were provided in pictorial form so that they could be easily understood by people with support from staff.
● Information about people's communications need was included in their care plans, along with guidance for staff on meeting these. Guidance included communication charts. These described people's communication behaviours, what they may mean and how staff should respond.
● Individual visual timetables were displayed for people so that they could understand when planned activities were taking place. People had personalised place mats which contained pictorial information about their eating and drinking needs.
● Staff used a range of other methods to communicate with people in accordance with their individual needs. These included words, gestures and Makaton signs. Makaton is a simple sign language that some people with learning disabilities are able to use and understand.

Improving care quality in response to complaints or concerns
●The home had a complaints procedure. The family members we spoke with told us that they knew how to make a complaint but had not had reason to do so. One family member said, "[Relative's] care is the best it has ever been. I have nothing but compliments about the staff."
● No complaints had been recorded. A family member said, "If I raise a concern they sort it out straight away. I've not had to make a complaint."
● People living at the home were unable to make verbal or written complaints. However, we saw that the registered manager and staff had taken action in relation to people's behavioural responses to their care. For example, staff had worked proactively with health professionals to develop strategies for a person using a PEG feeding system to ensure that their home and community activities were not restricted by this.

End of life care and support
● The home had an end of life policy to provide guidance for staff should this be required. The registered manager told us that they would ensure that people were supported to remain at the home where possible should they have a life-limiting condition,
● Staff had worked with people, their family members and other representatives to develop end of life care plans should these be required. People also had pre-paid funeral plans. A family member said, "I feel happy that [relative] will be cared for as long as they can live at Ashmount."

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
- There were systems in place to monitor the quality of the home and any risks to people's safety. A range of regular audits and checks were carried out and immediate action was taken to address any concerns arising from these. The provider used learning from these to develop and improve the quality of the support people received.
- Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and independence. They were clear about their roles in supporting those goals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had promoted an open, inclusive and caring environment within the home.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- Staff and people's family members told us that the registered manager was open and responsive. Family members consistently confirmed that people had been enabled to lead healthy and active lives. One said, "The home was good before, but I think it's getting better,"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC and commissioning local authorities.
- Staff members spoke positively of the management of the home. One said, "I've worked here for some time and the support I get is really good." Another staff member said, "I can't fault the support we get from the management team."
- Family members told us they felt the registered manager and staff team were open and transparent. One family member said, "They always keep me informed. They let me know if there are any problems and ask me for my views."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● Although people who lived at the home were not able to give their views about the care and support they received, family members had opportunities to feedback about the care provided. The feedback received from them was positive.

● The registered manager stated that they had regular contact with care professionals and consulted with them when needed. Evidence of this was noted in the care records.

● People's diverse and individual needs had been met. Some people had special diets, and these had been provided. Other people were able to attend preferred places of worship. People's communication and relationship needs were supported by staff.

Continuous learning and improving care

● The service had a quality assurance that included regular monitoring and auditing of safety, records and care practice. Actions had taken place to ensure that any concerns were addressed immediately. When we visited, essential maintenance work was being carried out. Some people were taken on an outing to ensure they were not distressed by the work.

● The registered manager listened to people and their representatives and improvements were made when needed. Family members confirmed that they had been involved in making decisions about improvements to people's care and support.

● The home had recently introduced a sensory room and 'magic mat'. These had been provided to enhance people's communication and sensory needs.

Working in partnership with others

● The registered manager and staff worked closely with health and social care professionals to improve the care and support people received. This was evidenced in the care records we viewed and the feedback we received from professionals and family members.