

Anthony Toby Homes Trust

Ashton

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

Ashton is a care home providing personal care to up to three people with learning disabilities and/or autistic spectrum disorder. At the time of the inspection there were three people living at the service.

The service has been developed 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's experience of using this service and what we found

People received care and support from staff who knew them well and were well trained. We have made a recommendation that the provider review their training provision against the latest best practice guidance. People received effective health care and support. People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives. Medicines were handled correctly and safely.

People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and relatives who provided feedback. People's diverse needs were identified and met and their right to confidentiality was protected.

The outcomes for people using the service who had a learning disability and/or autism reflected the principles and values of Registering the Right Support. The service and staff strongly promoted choice and control, independence and inclusion. People's support was person centred and focused on them having as many opportunities as possible for them to gain new skills and become more independent. The ethos and values of the service were designed, and were successful, in making sure people were supported to live a full and meaningful life. People were able to enjoy a number of activities, based on their likes and preferences. Staff continually looked for ways to improve and enhance people's lives by exploring new activities and employment they could participate in.

People benefitted from staff who were happy in their work and felt well managed and supported. The service had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. The quality assurance systems were successful in ensuring the quality of the service was maintained.

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 10 August 2017).

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Ashton

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

Ashton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 three people who use the service. We spoke with the registered manager and two support

staff. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included three people's care records and medicines records. We looked at staff training and supervision logs and one staff recruitment file for the only member of staff employed since our last inspection. A variety of other records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We received feedback from two relatives of people living at the service and all five staff. We sought feedback from seven health and social care professionals who work with the service, but received no response by the time of writing this report.

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; Assessing risk, safety monitoring and management

- People said they felt safe living at the service. One person added, "Very." Relatives told us they felt their family member was safe at the service, with one relative commenting, "Very satisfied."
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- People were protected from risks associated with their health and care provision. Staff assessed risks such as nutrition and mobility, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.
- Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire.
- Environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, fire safety checks and fire equipment checks. We saw that any recommendations had been acted upon to ensure identified risks were removed or reduced.

Staffing and recruitment

- People said staff were available when they needed them and had enough time to support them without rushing. Staff said there were enough staff for them to do their job safely and efficiently.
- People were protected by the recruitment processes put in place and followed by the provider. These made sure, as far as possible, that people were protected from staff being employed who were not suitable.
- The one staff file included most of the required recruitment information. This included evidence of conduct in previous jobs working with vulnerable adults, proof of identity and a recent photograph. There was a two-year gap at the beginning of the employment history and verification of why they left a previous employment had not been obtained.
- The registered manager obtained the missing information promptly after the inspection. The registered manager explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff were rostered to work with people living at the service.

Using medicines safely

- People's medicines were stored and handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so.

- Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines.
- We saw that staff followed their training and current best practice guidelines when administering medicines.

Preventing and controlling infection; Learning lessons when things go wrong

- The premises were extremely clean and tidy, and people were protected from the risk of infection.
- Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.
- Procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong. Records we saw showed the procedures were followed.

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.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and their relatives thought staff had the training and skills they needed when supporting them.
- Staff received formal supervision every six to eight weeks to discuss their work and how they felt about it. Staff said they felt this enhanced their skills and learning. Once a year staff had a formal appraisal of their performance over the previous 12 months.
- The service provided training in topics they considered mandatory, such as first aid and fire safety. All training the provider considered to be mandatory was up to date. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- We saw staff were very skilled working with people living at the service with all interactions seen being respectful and caring.

We recommend the provider review the training provided in line with current best practice guidance in ongoing learning and development for adult social care staff.

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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The registered manager and staff were aware of the latest best practice guidance on oral care. Detailed and individualised oral health care was incorporated into the care plans. Staff ensured people had easy access to toothpaste, toothbrushes and denture cleaning products. People received regular dental check-ups and were supported to visit the dentist if they had any dental problems.
- The care plans and actions were based on current best practice and showed the registered manager and staff had a good understanding of each person's individual needs.
- The care plans were kept under six monthly review and amended when changes occurred or if new information came to light.

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

- No people living at the service were at risk of malnutrition or dehydration. However, the registered manager told us, if there were any concerns in these areas it would be reflected in their care plan and records would be kept of their food and/or fluid intake.

People were weighed regularly to identify if any concerns related to weight were present. If there was a concern that someone was losing weight or was putting on too much weight, their GP would be consulted

for advice.

- People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what they had planned together. Drinks were available at all times and people were free to decide what and when they ate.
- Staff made sure foods were available to meet people's diverse and cultural needs and preferences.

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

- People received effective health care support from their GP and via GP referrals for other professional services, such as community health teams.
- The care plans incorporated advice from professionals when received.
- Staff worked well with other agencies to understand and meet people's individual and changing needs. Care plans contained clear details and advice from professionals when received.

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

- A lot of work had been carried out to make the premises more accessible for one person, with a walk-in shower being built on the floor near their room.
- All bedrooms and the lounge and dining area had been redecorated and refurbished with décor and furniture chosen by people living at Ashton. The small separate toilet and bathroom on the first floor had been remodelled and knocked into one larger bathroom. This meant people were able to access the facilities more easily and independently.
- Plans were in place for the kitchen to be replaced and updated and for the carpets in the hallways to be replaced in the near future. People at the service told us how much they liked their individual rooms and talked about how they had been involved in the whole process.
- The atmosphere at the service was very homely and comfortable. One relative commented, "Ashton is based in the heart of the community. The home is perfect and just like any home. Ashton is a fine example of how homes for adult care should be."

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 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. We found the principles of the MCA were being met.
- Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- People confirmed, and we observed, staff asked permission before any care was carried out.

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 has remained the same. 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

- People said, and we observed, they were treated with care and kindness. Relatives said staff were caring when they supported their family member. One relative commented, "[Name] is happy and very well cared for. The staff are kind and caring."
- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

Supporting people to express their views and be involved in making decisions about their care

- People's views on the support they received was regularly sought. People confirmed they were asked their opinion on how things were run at the service.
- People living at the service had all been fully involved in the recent refurbishment and re-decoration of their home and were very proud when showing us what they had chosen.
- We saw a compliment from a relative who had written saying, "Ashton is becoming a lovely home that everyone should be proud of. It must be lovely [for my family member] to come home to at the end of the day."
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. All interactions observed between staff and people who live at the service were respectful and professional.
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. People told us staff encouraged them to be as independent as they could be.
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the home.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was individualised to their personal needs. People said staff knew how they liked things done.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well.
- The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.

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 service identified people's information and communication needs by assessing them and recording this in their care plans. Ways people communicated were set down and included in the 'hospital passport' document so that the information was readily available if the person had to go to hospital.
- The registered manager was aware of the specific requirements of the AIS and was in the process of ensuring the communication needs of people were documented in a way that meets the criteria of the standard.

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 were supported to maintain contact with people important to them. Visitors and relatives were welcomed. One relative commented, in a letter to the service, how they had appreciated the staff providing transport to the local train station after their family member's six-monthly review.
- People had access to activities that took into account their individual interests and links with different communities. Each person had their own individual daytime plan, selected from different activities in which they were interested. Everyone kept busy with pre-arranged activities and at other times decided what they wanted to do, either inside their home or outside. One person worked at a local coffee shop and told us how much they loved their job.
- People were involved in the local community and visited local shops, clubs, restaurants and other venues. Where people were interested, staff supported them to access local events, taking into account their

individual interests and links with different communities.

- People had regular key worker meetings with staff where they could discuss how things were going and what they would like to work towards. People planned for short breaks and annual holidays of their choice with staff support where needed. One person told me about the plans they had to go away with their key worker that weekend for her birthday. They explained how they had chosen the venue and staff had helped with the planning.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. The registered manager explained how complaints were looked into in line with the provider's policy and procedure. There had been no complaints since our last inspection but relatives felt the management listened to and acted on what they said.
- We saw in the minutes from a recent resident's meeting, where issues were raised staff helped people find solutions that suited everyone.

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a good standard.
- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. Comments from staff included, "Ashton is a lovely place. Nice to see happy and content residents... We are like a family" and "An amazing group of service users, makes me want to come to work to support them."
- People and their relatives said the service was well-managed. One relative commented, "We feel very fortunate to have found Anthony Toby Homes Trust to take care of our [family member] over the past years. [Name] was always happy at Staverton [sister home to Ashton] ... since her move to Ashton she seems very happy and content in the quieter environment."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was clear about their role. All the registration requirements were met and, the registered manager knew what incidents required to be notified to the Care Quality Commission and made sure notifications were made when needed. Records were up to date and were kept confidential where required.
- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives.
- There were monthly staff meetings and residents' meetings where views were sought on any proposed changes, as well as suggestions requested for any improvements.
- People and staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.

Continuous learning and improving care; Working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included monitoring care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard.
- Care plans showed that the service worked well with other health and social care professionals to ensure people received prompt and appropriate care and support.
- One member of staff proudly described how the staff team worked together with people living at Ashton. They said, "Ashton provides a very good service to the residents who live here. They are well cared for, involved in decisions making such as planning meals, choosing their daily activities, choosing their holidays etc. Interactions between them and staff are very good. It is a pleasure to work here."