

Shine Partnerships Ltd

Ashford Lodge

Inspection report

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Date of inspection visit:
02 August 2018
09 August 2018

Date of publication:
24 September 2018

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

Our inspection of Ashford Lodge took place on 2 August 2018. We returned to the service on 9 August 2018 to complete our inspection.

Ashford Lodge is a supported living service for people with mental health support needs. People receiving support live in a shared house with communal facilities. At the time of our inspection the service was providing support to four men with a history of long term use of hospital- based mental health services.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe at Ashford Lodge and were happy with the support that they received from staff. We saw that people were comfortable and familiar with the staff supporting them.

Support plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. People had come to the service following long term hospital stays and their support records showed how they were supported to maintain their mental health and to regain the confidence and skills they required to move on to more independent living in the future.

The service supported people to participate in a range of activities in the local community. Staff members supported people to plan an annual holiday and regular group outings. Staff members also encouraged and supported people to identify and access new activities of their choice. People's cultural, religious and social needs were supported by the service and detailed information about these was contained in their support plans. Staff members demonstrated that they understood people's individual needs and requirements.

Staff members had received training in safeguarding of adults and were able to demonstrate their understanding of what this meant for the people they were supporting. They were knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were well managed. People's medicines were stored safely and given to them appropriately and records of medicines were well maintained. Staff members had received training in the safe administration of medicines. The service aimed to support people to manage their own medicines in the future and regular reviews of progress towards achieving this had taken place.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. People told us there were enough staff members on duty at all times.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was included in their support plans. Three of the four people using the service were subject to restrictions under the Mental Health Act 1983 (MHA), for example, in relation to taking their medicines regularly and returning home at a specified time in the evening. These restrictions were regularly reviewed with the person and their mental health professionals.

Staff who worked at the service received regular training and were knowledgeable about their roles and responsibilities. Appropriate checks had taken place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager and those whom we spoke with told us that they felt well supported.

The home had a complaints procedure that was provided in an easy read format. This was discussed at regular resident's meetings. People told us that they would tell the manager or staff member if they were unhappy about anything. People told us they knew what to do if they had any complaints or concerns.

The home's policies and procedures were up to date and reflected legal requirements and current best practice. Regular quality assurance monitoring had taken place and actions had been taken to ensure that concerns arising from these checks were addressed promptly. People were asked for their views at regular meetings and we saw that the service had made changes in response to people's requests.

People's physical and mental health needs were regularly reviewed. The service liaised with other health and social care professionals to ensure that people received the support that they needed.

Further information is provided within the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Ashford Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which commenced on 2 August 2018. We returned to the service on 9 August 2018 to complete our inspection. We gave the service 48 hours' notice of inspection as this is a small supported living service and we needed to be sure that people would be in when we visited. The inspection was undertaken by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, notifications and other information we had received from or about the provider.

During our inspection we spoke with two people who used the service, the registered manager and two members of the support team. We also spoke with a visiting health professional. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. We looked at records, which included two people's care records, three staff records, policies and procedures, medicines records, and other records relating to the management of the service.

Following our inspection we contacted mental health professionals supporting people using the service.

Is the service safe?

Our findings

One person told us, "I do feel very safe here." Another person said, "Staff help me as much as they can to keep safe. They help me to manage my money."

The service had an up to date procedure on the safeguarding of adults and staff members had received training in this. Staff members that we spoke with demonstrated an understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. A staff member said, "We are aware of where people might be vulnerable to abuse and work with them around keeping safe." We saw that recognition of types of abuse had been discussed at a recent service user meeting.

The service had arrangements in place to protect people from identified risks associated with day to day living and wellbeing. People's risk assessments were personalised and had been completed for a range of areas including people's behaviours, mental health needs, safety at home and within the community. The risk assessments included risk management plans with guidance for staff around how they should manage identified risks. Guidance was in place to support staff in identifying the signs of a mental health crisis and the actions that they should take if someone appeared to become unwell.

We looked at the staffing rotas for the service. We saw that there were two staff members available to people throughout the day with a 'sleeping in' staff member available at night. Staffing was shared across three neighbouring houses with a room in one house allocated for staff sleeping in. Additional staffing was provided as required to support, for example, hospital appointments and planned group activities. This was reflected in the staffing rotas that we saw. People told us that there were always enough staff members available when they needed support. They confirmed that they knew how to access staff at any time of day or night. The office for the service was in the next door house, where there was a large communal area and during our inspection we saw that people regularly came in to sit in the communal area and to speak with staff members. We observed that staff members regularly checked on people's wellbeing.

The provider had procedures in order to ensure that new staff members were not appointed until checks in relation to their suitability had taken place. The staff records that we viewed showed two satisfactory references had been obtained along with enhanced criminal records checks and evidence of eligibility to work within the UK.

Medicines were well managed. Medicines were safely stored and records of administration were correctly recorded. Staff members had received training in safe administration of medicines. Individual medicines risk assessments were in place and these showed that people were currently unable to safely manage their medicines independently. The registered manager told us that the aim of the service was to support people to be able to become self sufficient in relation to medicines management and we saw that the assessments were regularly updated in partnership with each person and their health professionals. Three of the four people using the service were subject to restrictions under the Mental Health Act. These included requirements to take their medicines regularly and on time. People's support plans described how they

were being supported to manage their medicines more independently in the future. Their medicines risk assessments showed that safety in relation to being able to self-administer medicines was reviewed and updated on at least a quarterly basis. We saw that people received their medicines at the required time. One person said, "I don't have a problem with this. It's why I am here." Another person told us. "Usually I go for my medicines, but they [staff] always remind me if I don't."

Staff members had received training in infection control and stocks of disposable gloves and aprons were provided. Individual medicines cups were kept with people's medicines and these were washed after each use.

Accident and incident reports were maintained in people's support records. We saw that immediate actions had been taken to address concerns, for example referral to a medical professional or a review of people's support. Systems were in place to monitor incidents and actions and we saw that information about these were immediately communicated to all support staff.

Is the service effective?

Our findings

People spoke about the support that they received from the service. One person said, "The staff help me out as much as they can." Another person told us, "They do help me with my problems like looking after myself and organising things to do."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that people's capacity to make decisions had been assessed. Three people using the service did have some restrictions in place, for example in relation to taking their medicines and returning to the home at a specified time. However, these restrictions were related to provisions under the Mental Health Act (2007) (MHA), for example, a Section 37/41 or Community Treatment Order. These enable people to live in supported living settings with restrictions in relation to maintaining their mental health and wellbeing. We saw that the service maintained regular contact with people's mental health professionals to review restrictions under the MHA in partnership with the person.

People told us that they were asked about the support that they received from staff. People's support records confirmed that this had happened. People had key workers and the records of monthly key working sessions showed that they had regular opportunities to discuss their support and make plans for the future. One person had chosen not to participate in these meetings and staff respected this. However, we saw that their key worker had made a monthly record of their progress. One person said, "They always check with me and I have regular meetings to tell them what I think." Another person told us, "I can talk to staff at any time if I need to."

Staff members received a range of core training which was 'refreshed' on a regular basis. These included sessions on safeguarding, medicines administration, risk assessment, health and safety, record keeping, consent, equality and diversity and diet and nutrition. Staff training records also showed that service specific training had been provided, for example, mental health and substance misuse, cognitive behaviour therapy, diabetes awareness and person centred approaches. New staff members had received an induction linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services.

The service maintained regular liaison with other health and social care services who were also involved in people's support. During our inspection we met with a visiting forensic mental health professional who told us, "The standard of support is very good here. Staff take people's needs seriously and I get feedback in

between my visits." Following our inspection another health professional told us, "The service is very good. I can see how people have been supported to progress in a way that is best for them."

During our inspection we saw that staff members at the service supported people to attend health appointments. People's support records showed that actions had been taken to follow up any physical or mental health needs. Regular blood testing had taken place for people using prescribed medicines where this was required.

People using the service took responsibility for purchasing and cooking their own food and drink. We saw from people's support records that guidance was in place for staff in relation to supporting people to make healthier choices where this was a concern. During our inspection the weather was hot. We noted that the service had provided chilled drinks and people were told about these and reminded to drink them.

Is the service caring?

Our findings

A person said, "The staff are really good. Better than where I was". Another person told us, "They are kind of nice here. I like them".

We observed that staff members communicated with people in a friendly positive and respectful manner. Staff chatted with people about topics of interest to them. We saw that where a person required personal or emotional support a staff member arranged to speak with them in a private place. A person told us, "If I don't feel good they will always listen and help me."

We saw that people's dignity, privacy and independence were supported. People's support plans contained information about how they wished their support to be provided. Staff members checked with and reminded people, about appointments and other activities in a gentle and encouraging way. A person said, "They remind me about what I need to do sometimes but I don't mind that."

Staff members described their roles in supporting people. One staff member said, "My role is in supporting people to move on. To help them stay well and gain independence. The most important thing is to enable people to live as normal a life as possible." Another said, "Mental ill health could happen to anyone. It's important to listen to people, but I also think about how I would want to be treated if it was me."

People's support plans contained information in relation to culture, religion and relationships. We asked the registered manager about the service's approaches to ensuring that people's needs in relation to equality and diversity were met. They told us that, should there be anyone who required additional support in relation to cultural, religious, language or relationship needs, the service would make arrangements to ensure that the support that they required was able to address this.

People were supported to maintain contact with family members where they wished. The registered manager told us that this wasn't always possible but that staff members supported people to make contact if they agreed to this.

We asked the registered manager if anyone using the service had an advocate. The registered manager told us that no one had an advocate at present but that information and support about accessing advocacy services would be provided if there was a need.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person said, "I know about my plan and they speak to me about it regularly" Another person told us, "They help me to plan things and get things done."

People's support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. We saw that these had been updated where there had been changes in people's needs. The registered manager told us that people's support plans had been changed to a shorter version than previously as people had requested this. Support plans included, for example, guidance about how staff members should support people around self-care, daily living skills and accessing the community. Information about identifying signs of a potential mental health crisis and responding to these was also contained in people's plans.

People participated in a range of activities within the local community that included shopping, college courses and other day activities. Although people attended these independently, staff members had supported people to arrange these. One person told us that they were looking forward to attending a music production course at a local college and said that staff had supported them to organise this.

We saw that discussions about the planning of group activities had taken place during recent service user's meetings. A person told us about a recent group outing to Bournemouth. They said, "It was hot and crowded but I really enjoyed it." A staff member described the support that was provided during this outing. They said, "We put on extra staff. Some people wanted to stay with their key worker and others wanted to go off alone. Where they did we keep in touch by mobile phone. At the end of the day we all had a meal together before coming back."

People had access to an activity room at the end of the garden that was also used for private meetings. In-house group activities were arranged according to people's wishes. These included, for example, a regular movie night, shared Sunday lunch cooking sessions, and a regular exercise group.

The provider had a strategy for supporting people who used the service to apply for part time work. The registered manager told us that this was designed to enable the development of confidence and responsibility and to ensure that people had a recent CV describing a job history should they apply for other work in the future. One person using the service had taken up a part time job managing the gardens of the service and the next-door service.

We asked about how the service addressed people's individual cultural, religious and relationship needs. The service worked with people from a wide range of cultures and backgrounds, although at the time of our inspection the people using the service were all males from Caribbean backgrounds. The registered manager told us that they organised their own activities within the house with support from staff members if required. The staff team also came from a range of cultural backgrounds and those we spoke with demonstrated knowledge of people's specific requirements.

Regular supported activities included cultural meals and a weekly 'breakfast club' where people and staff members went to various local cafes providing different cultural foods. A staff member told us that people sometimes spoke about having a partner. They told us that their approach was to speak with the person about what they needed to do to enable them to think about how they could successfully meet someone and sustain a relationship.

The service had a complaints procedure that was written in an easy to read format. People told us that they knew how to complain. We looked at the service's complaints records and saw that all complaints had been addressed at the first informal stage and to people's satisfaction.

Is the service well-led?

Our findings

People and staff members told us that they thought the service was well led. One person said, "I think management is good." Another person told us, "I know the manager and no complaints." A staff member said, "The management is great. I like having responsibility in my role but this comes with good team working too."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also responsible for other local supported living services run by the provider. They were supported by a staff team who agreed lead responsibilities amongst themselves for each staff shift. During our inspection we saw that the registered manager spoke with people and staff members in a way that showed that they were very familiar with the staff members and with people's needs and interests. A staff member said, "There is a manager here most days each week."

The service had a strategy to support people to develop confidence and independence skills to enable them to move on to independent living arrangements when they were ready to do so. People using the service had histories of involvement in the criminal justice system and of long periods in hospital-based mental health units. The registered manager told us that there was a significant focus on supporting people to readjust to community living and maintain their well-being. We saw, for example, that people's transition from hospital to the service was planned in partnership with their mental healthcare teams and took place over a period of months. The registered manager and staff members told us that they worked with people at their own place. A staff member said, "They have to be ready and willing to take the next step and we provide the support and space they need to do this. . A visiting healthcare professional told us, "We have a good partnership with the service. They are very supportive in assisting people to develop the skills and responsibilities they need to live in the community again."

Minutes of monthly staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. Staff members told us that they valued these meetings. A staff member said, "We were supported to organise our own rotas as a team and this has worked out very well." The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included monthly audits of records, for example, medicines, support documents and staffing records. Where actions had been identified as a result of quality reviews and audits, we saw evidence that these had been acted on and addressed immediately.

People who used the service were asked for their views at monthly resident's meetings and through regular

satisfaction surveys. The most recent survey of people's views had shown a high level of satisfaction. Where people had made suggestions or requests these were acted upon immediately. For example, a person had asked if a staff member could be available late at night in case they wished to speak with them. The staffing rotas were subsequently re-developed to ensure that the staff member covering 'sleeping in' shifts was rostered to be available later at night.