

Speciality Care (Rest Homes) Limited

Ash Street

Inspection report

23 Ash Street
Southport
Merseyside
PR8 6JE

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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: Ash Street is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. Ash Street can provide accommodation for three young adults aged over 18 who attend the college and there are support staff 24 hours per day. Accommodation can be term time only and outside of term time if required. At the time of our inspection there were two people living at the home and attending the college and one person staying at weekends for respite care.

People's experience of using this service:

Comments indicated that Ash Street was safe, and people enjoyed living there and attending college. Medication was managed safely and only administered by staff who had the correct training to do so. Staff were recruited safely, and checks were made on their character and suitability to work with vulnerable people. Risk assessments were clear, reviewed often, and contained information which described how to reduce the risks occurring. The environment had undergone contractual checks to ensure it was safe. There was some agency staff being used, however, these were only used following an induction process, and the same staff were often requested. Staff we spoke with could clearly describe the process for safeguarding people from abuse.

The registered manager was following the principles of the Mental Capacity Act 2005. We did discuss that some information around consent and best interest decisions would benefit from being clearer in support plans. The registered manager took this feedback on board. People were supported by staff who were skilled and had undergone all mandatory training. Staff also engaged in regular supervision. People made their own meals supported by staff and using recipe picture cards. The staff engaged with other health and social care professionals to ensure people had access to appropriate health care.

Staff were caring. We received positive comments regarding the staff's approach and the way they respected people's privacy and dignity. People were encouraged as much as possible to be involved in their support plans.

Support plans were personalised and were written in a way which encouraged staff to promote people's independence and diverse needs. Complaints were recorded and responded to in line with the organisation's procedures.

The registered manager worked a part of the team and staff said they were a good source of support. The registered manager was visible during our inspection and responded positively to feedback. There were a range of audits in place which scrutinised service provision and any changes were implemented as needed. There was positive partnership working between Ash Street and Arden College to ensure people received safe and consistent support.

Rating at last inspection: The service was last rated good, report published October 2016.

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last inspection.

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

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led

Details are in our Well-Led findings below.

Good ●

Ash Street

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by an adult social care inspector.

Service and service type: Ash Street is a 'Care Home.' People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at on 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 48 hours' notice of the inspection visit because it is small, and people are often out during the day. We needed to be sure that they would be in.

What we did:

Before the inspection, we looked at the Provider Information Return, which includes information from the provider about how the service is run and where they will make improvements. We also looked at notifications received from the home, which tell us how events that happen in the home are dealt with. We also requested feedback from the local authority. We used this information to populate our 'planning tool'. This helps us to plan how the inspection will be carried out.

During the inspection, we spoke to one person who lived at the home and one relative by telephone. We also spoke with three staff and the registered manager. We also spoke with one social care professional who provided feedback via email. We looked at two support plans for the people who lived at the home, two staff files, medicine administration processes, complaints and other records relevant to the quality monitoring of

the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the process they would follow to ensure people were kept safe from harm and abuse. This included reporting to their registered manager and whistleblowing to external organisations, such as the Care Quality Commission when needed.
- The registered manager appropriately reported any safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- We spoke to one person who told us they felt safe living at the home. One relative we spoke with said, "I feel like [person] is safe."
- There were detailed risk assessments in place for the people who lived at the home. Risk assessments encompassed both education and social aspects of people's lives and helped minimise harm. We saw where people were assessed as being at risk of harm, measures were recorded for staff to follow to ensure the person was kept safe. We saw for one person, there was a process for communicating with them when they became anxious to minimise the risk of them harming themselves.
- The environment and equipment were well maintained and checked regularly. Safety checks and audits were in place and the service had appropriate safety certificates for utilities within the home.
- Personal emergency evacuation plans were in place to provide guidance to staff in the event of a fire and regular fire drills took place.

Staffing and recruitment

- Staff records demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable to work with vulnerable people.
- There were sufficient numbers of staff to provide safe, consistent care that met the needs of the people living in the home. Rotas evidenced some dependency on agency staff, however, we saw all agency staff received an induction into the home and the same staff were 'block booked'.

Using medicines safely

- Medications were stored safely and we saw from records that people received their medication at the prescribed times. The registered manager completed regular audits to monitor medicine procedures and identify any areas for improvement.
- Staff were required to complete medication training and competency assessments every year to ensure

they were able to give medications correctly.

- Were people required medication as and when required, often referred to as PRN medication, they had a separate plan in place to describe what the medication was and how often they had the medication.

Preventing and controlling infection

- There was personal protective equipment in place. These were gloves and aprons and staff told us they wore these when they provided personal care.
- Staff had completed infection control training.

Learning lessons when things go wrong

- The registered manager had identified that the front door was not fit for purpose. This was due to one person being able to force the door open. We saw that action had been taken and the door had been replaced.
- All accidents and incidents in the home were clearly recorded along with the action taken.
- These were analysed monthly by the registered manager to look for trends. Records showed where patterns were seen, action was taken to see if lessons could be learnt or additional action needed to be taken.

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

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

- Both of the people who lived at Ash Street had been assessed for their residential placement at Arden College and Ash Street and the third person had been assessed for their respite placement.
- Family members had been involved in this assessment process, and we saw the information gathered formed part of the person's support plan at Ash Street and their learning programme at college.
- One relative we spoke with told us they were happy with their family members placement and they felt the staff supported them effectively.

Staff support: induction, training, skills and experience

- Staff we spoke with described their induction process and said they received regular training updates.
- There was additional training for staff to help them support people with complex needs, such as Team Teach.
- Staff training courses were recorded in the training matrix. We spot checked some of the dates on the staff certificates and saw they matched the dates recorded on the matrix.
- Staff induction was completed in line with the principles of the Care Certificate, which is a recognised induction process for staff who are new to health and social care.

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

- Due to the service being small, people were supported to make their own meals.
- We saw every week people compiled their own shopping lists and then went shopping with staff to buy the ingredients.
- One person told us how they enjoy making their own meals with staff support following menu cards that had been made by staff.
- People were supported as far as possible to make healthy choices with regards to their meals.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to attend their college placement every-day.
- We saw how the staff at Ash Street and Arden college worked in partnership to ensure people had consistent care. Good practice guidelines, such as keeping people safe online, was implemented.

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

- The home was spacious and decorated in modern colours with new furniture and fixtures and fittings. People's rooms were personalised to meet their own choice requirements.
- There was pictorial information and easy read information displayed in the communal areas of the home to support people's understanding.
- There was a computer room to support people to complete their college work at home.

Supporting people to live healthier lives, access healthcare services and support

- People had access to doctors, dentists and other health and social care professionals when needed.
- Staff often communicated with these professionals to arrange medication reviews or other appointments for people, as and when needed.
- There was a section in each person's support plan dedicated to documenting the outcomes of these meetings.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had capacity assessments in place and we saw that referrals had been made appropriately to deprive people of their liberty.
- We did raise however, that some of the information around MCA would benefit from being clearer, as we could not see any recorded best interest decisions for people if they were deemed to not have capacity or whether consent to provide care had been discussed with people. We raised with the registered manager at the time of our inspection, and they agreed to review their information around people's decision making to ensure it was more clearly recorded. We spoke with one person who told us their support plan had been discussed with them and they agreed with it.

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

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

Ensuring people are well treated and supported; equality and diversity

- The person we spoke with who lived at the home described how the staff treated them with kindness. They said, "The staff are really nice, they make sure I am okay."
- The same person told us how the staff had helped them plan their travel time, so they could do short journeys on their own without staff support.
- We spoke to one person's relative who informed us how they felt the staff at Ash Street supported their family member and how their different choices were respected. The relative said, "I think that the staff are very good with [person], they have worked hard to understand them."

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

- Our conversations with both the person who lived at Ash Street and the relative of another person who lived at Ash Street, evidenced that they had been involved in their support plans. We saw completed easy read versions of the support plans which had been signed by the person who lived at the home.
- We saw that people were involved in weekly conversations with their key workers, who also discussed their progress at college as part of the review.
- People had the opportunity to choose which staff members supported them with certain activities. One person told us they liked spending time with one particular member of staff because they told them jokes.
- There was advocacy information available for people to access and this was made available in different formats to support people's understanding.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respectfully supporting one person who lived at the home during our inspection. We heard the staff speak to the person with respect and they asked permission before they entered their room.
- Support plans were written in a way which promoted the people's independence. For example, 'always encourage [person] to wash themselves by handing them the soap and the flannel.'
- During our conversations staff confirmed they tried to promote the person to use their 'skills' they had learnt at college, such as cooking, to do as much for themselves as possible. One staff member told us it was rewarding to see how much a person had progressed since moving into the home.

Is the service responsive?

Our findings

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

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

- Support plans that we viewed were person centred. This means support was reflective of the person's needs and not the needs of the organisation.
- There was detailed information documented about each person's likes, dislikes and routines. For example, we saw how one person liked to get up at 8am every day except Saturday and Sunday. We saw how another person preferred staff to wake them up following a 'count down' routine.
- Our conversations with staff demonstrated that they knew people well and they were able to describe to us what good support looked like for each person. This included what activities they enjoyed doing and how they spent their one to one time.
- We saw the staff tried to engage people in activities at home such as DVD nights or trips out. People had also been away on holiday with staff. We also saw how one person had taken part in celebrations relating to their cultural heritage supported by staff.

Improving care quality in response to complaints or concerns

- There was a process in place to respond and deal with complaints.
- There had only been one complaint made at Ash Street, which we tracked through to ensure it had been responded to in line with company procedure. We saw it had.
- The complaints' procedure was presented in different formats in line with the accessible information standard. This is when information is set out in a specific way so it is more clearly understood by people who have communication needs, a sensory impairment or a learning disability.
- The relative we spoke with said they knew how to complain and would not hesitate to raise any concerns with the registered manager.

End of life care and support

- We saw that staff had a basic awareness of end of life care, however, due to the home being a special college residential placement for young adults, this was not at the forefront of the support offered at Ash Street.

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

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

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

- The ethos of the organisation was very much focused on promoting and encouraging people to be as independent as possible.
- Staff we spoke with were able to confirm they were aware of this ethos and supported the registered manager to ensure people were getting support which was right for them as an individual.
- The registered manager was responsive and transparent during our inspection. They had sent us information we had requested before the inspection, and was on hand during the inspection to ensure we had everything needed.

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

- Our conversation with the registered manager demonstrated they knew what was expected of them, and what they had to notify CQC of by law. We checked and saw we had received notifications appropriately.
- There were audits in place for areas of service provision such as support plans, health and safety, medication and the environment. We saw that these audits were effective in highlighting any areas of improvement. For example, we saw a recent audit of the environment had highlighted the need for a new front door, this had been actioned.
- There were policies and procedures for staff which set out the organisations objectives and what was expected from them.

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

- Due to Ash Street being a small service, feedback in the form of satisfaction surveys were not carried out. Instead, people and their relatives had a continuous dialogue with the registered manager, which was appropriate for the size of the service.
- Team meetings took place every month with the staff at Ash Street. We saw, in the minutes, there was a range of topics discussed, such as record keeping, health and safety and rotas.
- People who lived at the home had regular key worker meetings and meetings at Arden College to ensure they were engaged in their placement and were being supported appropriately.

Continuous learning and improving care

- The audits we viewed and the registered managers response to the feedback from their CQC inspection evidenced that were happy to take on board feedback and improve practice. For example, we saw the registered manager had implemented a more robust approach to documenting and mapping incidents and accidents. As a result of this, one person does now require their PRN medication as often.

Working in partnership with others

- Ash Street and Arden College worked in partnership with each other to ensure that people received safe and consistent support both at college and at home.
- The service worked closely with other organisations to help support people to find alternative placements once their college course had ended and it was time to transition to another service. We saw however, people were not rushed with this, and one person had chosen to remain at Ash Street.