

Nexus Programme Limited

Ashlea House

Inspection report

Bockhanger Lane
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Ashford
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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 27 October 2016. Ashlea House is registered to provide accommodation and personal care for up to four adults with a learning disability. At the time of the inspection there were four people living at the home.

On the day of our inspection there was not a registered manager in place. 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. We checked our records and did not find an application in place for a person to become registered to manage this home. We have raised this with the current manager and they have agreed to take action to address this.

People told us they felt safe living at the home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place, but these needed amending to ensure they took into account each person's individual needs. There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. People's medicines were managed safely.

Staff were well trained, received regular supervision and felt supported by the manager. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People received the food and drink they wanted and were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People felt the staff were kind and caring and treated them with respect and dignity. People were involved with decisions made about their care. Information was available for people if they wished to speak with an independent advocate, but this needed to be more easily accessible. People were supported to live as independently as they were able to and staff respected people's privacy.

People were supported to take part in the activities that were important to them. People's care records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs. Complaints and concerns were managed in line with company policy.

There was not a registered manager at the home. However, people and staff spoke highly of the manager. The manager welcomed people's views on developing the service and they understood their roles and responsibilities required of them as the manager of the home. Robust quality assurance processes were in place.

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.

People felt safe living at the home.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place, but these needed amending to ensure they took into account each person's individual needs.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were well trained, received regular supervision and felt supported by the manager.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People received the food and drink they wanted and were supported and encouraged to follow a healthy and balanced diet.

People's day to day health needs were met effectively by the staff.

Is the service caring?

Good ●

The service was caring.

People's felt the staff were kind and caring and treated them with respect and dignity.

People were involved with decisions made about their care. Information was available for people if they wished to speak with an independent advocate, but this needed to be more easily accessible.

People were supported to live as independently as they were able to and staff respected people's privacy.

Is the service responsive?

The service was responsive.

People were supported to take part in the activities that were important to them.

People's care records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs.

Complaints and concerns were managed in line with company policy.

Good ●

Is the service well-led?

The service was not consistently well-led.

A registered manager was not in place.

People and staff spoke highly of the manager.

The manager welcomed people's views on developing the service and they understood the roles and responsibilities required of them as manager.

Robust quality assurance processes were in place.

Requires Improvement ●

Ashlea House

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 inspection took place on 27 October 2016 and was announced. The provider was given 24 hours' notice as we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with all four people who used the service, two members of the support staff, and the manager. We also observed staff interacting with people.

We looked at the care records for all four of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Before the inspection we invited external health and social care professionals to comment on the quality of the service provided. One person responded and gave us their views.

Is the service safe?

Our findings

People living at the home told us they felt safe when staff supported them. One person said, "Yes, I am safe. I am very happy living here." Another person said, "I have always felt safe here."

Staff had received training in the safeguarding of adults. This ensured the risk of people experiencing abuse was reduced because staff could identify the different types of abuse that people could encounter and knew who to report concerns to. The process explained by staff was in line with the provider's safeguarding policy. This included reporting concerns internally, but also to external agencies such as the CQC or the local authority safeguarding team. A staff member said, "All of the people are safe here, but I know what to do if I have any concerns."

The manager told us they had not needed to report any concerns regarding people's safety at the home, but was able to explain the process they would follow if they needed to.

Assessments of the risks to people's safety were carried out and regularly reviewed. Each person had detailed risk assessments in place which enabled the staff to assess whether people's safety would be at risk when specific activities or tasks were carried out. For example, people's ability to maintain their own safety when accessing the community had been assessed and detailed care plans were put in place to ensure people received the support they needed that did not unnecessarily restrict their freedom.

We spoke with one person who explained the system they had agreed with staff when they went out alone. They told us it did not restrict their ability to do what they wanted to, but reassured the staff that they were safe. The person also said, "I agreed to a system where I let the staff know where I am and when I'll be back and I'm happy with how it works for me." Other processes were in place for other people living at the home.

The manager had an effective process in place to investigate accidents or incidents that occurred and then to implement changes to people's care if and when they needed to reduce the risk of reoccurrence. Records showed people were involved with this process and if changes to the care and support needs were recommended they were discussed with the person to advise why the changes were needed and to obtain their agreement.

The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. An evacuation plan was in place for the home in case of emergency and records showed regular fire drills were carried out to ensure people were aware of what to do in an emergency. However, the evacuation plan did not contain a personalised assessment of each person's needs in an emergency. It was agreed with the manager that each person should have a personalised evacuation plan that took into account their physical and mental health needs. The manager agreed to put these plans in place immediately.

Throughout the inspection we saw there were enough staff to keep people safe. Records showed that where people had been assigned continuous supervision, sometimes known as one to one support, this had been

provided.

People told us they felt there were sufficient staff in place to support them. One person said, "The staff are there if I need them."

Although a formal assessment of people's level of dependency was not carried out, the manager told us that as the people living at the home had been there for long periods of time, they were able to identify if more staff were needed to support them at certain times of the day. They told us this could be if they wished to take part in a certain activity that required more staff.

We checked the staff rotas and saw the appropriate numbers of staff were in place. The manager told us they did not use agency staff to cover shifts. They told us staff from other services from within the provider group covered shifts, which helped to provide people with a consistent level of care and support. All of the staff we spoke with agreed that there were sufficient numbers in place to support people safely and effectively.

Safe staff recruitment processes were in place. Before staff were employed the provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff.

People told us they were happy with the way their medicines were managed. One person said, "I'm happy with the staff managing my medicines. I get them the same time every day."

There were processes in place to assist trained staff to manage people's medicines in a safe way. People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. We observed staff administering medicines to people and they did so in a safe way.

We looked at the MARs for all four people who used the service. These records were used to record when a person had taken or refused to take their medicines. These records were appropriately completed.

Regular checks of the temperature of the room the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits. People's medicines were stored safely and there were robust processes in place to ensure reordering of medicines were made in good time.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. The reasons why these medicines had been administered were recorded, which enabled the manager to review whether staff had done so consistently with the guidance provided.

Records showed that staff who administered medicines had received the appropriate training. The manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Is the service effective?

Our findings

People spoke positively about the way staff supported them. One person said, "The staff help me all of the time." Another person said, "The staff are lovely."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people safely. Training was carried out in a number of areas such as fire awareness, food hygiene and infection control. Records showed the training for the care staff was up to date.

The manager told us staff were encouraged to develop their skills and to complete externally recognised qualifications. Two members of staff had completed a diploma (previously known as NVQ) in adult social care. Another member of staff was currently completing their 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff we spoke with told us they felt well trained. One staff member said, "I have had lots of training. I feel comfortable supporting people." Another staff member said, "The training I've had really helps me to do my job well." Staff told us they felt supported by the manager and received regular supervision and an annual appraisal of their work. Records viewed supported this.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We reviewed records which showed how examples of these behaviours had been addressed and where needed, changes to people's care plans had been made to reduce the risk of reoccurrence and to educate staff further on how to manage them.

A social care professional, spoken with prior to the inspection felt staff responded well to a person who demonstrated behaviours that may challenge. They also felt the staff responses to these incidents ensured other people's safety.

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We discussed the communication needs of all four people living at the home with the manager. They were able to explain clearly how staff were expected to communicate effectively with people. Records viewed, and observations with staff supported, the manager's comments.

We observed staff offer people choices and respect their decisions throughout the inspection. This included the choice of meals people wanted and where they wanted to go in the afternoon. People's care records contained numerous examples where people had given their consent to certain aspects of their care. This

included the use of people's photographs and staff managing their medicines for them.

People told us they were happy with the way staff offered them choices and respected their decisions. One person said, "I can do what I want 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. We checked whether the service was working within the principles of the MCA.

Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's day to day finances. For other decisions it had clearly been recorded within people's care plans how they had been involved with the decisions made about their care, and people had signed to say they agreed with the decision.

The manager and staff had a good understanding of the principles of the MCA and could explain how they ensured decisions were not made for people that they had not consented to.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications had not been made for the four people who lived at home. Upon reviewing people's records and observing them throughout the inspection we asked the manager to consider whether DoLS may be required for one person living at the home to ensure their liberty was not being unintentionally and unlawfully deprived. The manager advised they would do so.

People were encouraged to plan their own meals and to cook meals for themselves and for their fellow housemates. A menu, which had been agreed with all people, was placed in the kitchen to show what meals were being cooked that week. We observed people prepare their own lunchtime meals and they ate them at a time that was convenient to them. The manager told us people were able to eat whenever they wanted to and were encouraged to develop their own independence with preparation and cooking of their own meals.

People were encouraged and supported to lead a healthy lifestyle. Where people agreed, they were weighed regularly to enable staff to monitor any excessive weight loss or gain. Where needed, people were offered the choice of speaking with a GP or dietician about their weight.

The staff we spoke with had a clear understanding of the benefits of promoting healthy eating. One member of staff told us they encouraged healthy eating as much as they could, however people had the right to choose whatever they wanted to eat.

People told us they felt staff supported them with their day to day health needs. One person told us they were able to see their GP whenever they wanted. People's records showed they were able to see a wide range of health and social care professionals about their health needs.

Care records contained information about the involvement of a range of other external professionals such as, dentists, opticians and hospital appointments people attended. This demonstrated that people had been supported appropriately with their healthcare needs.

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "All the staff have helped me a lot, they really do seem to care about me." Another person said, "They are really nice and friendly." A third person said, "They like me."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained detailed information about them which provided staff with the information needed to support them with forming meaningful relationships.

Staff interacted with people in a positive and caring way. We observed staff sit and talk with people, listening to what they had to say and showing a genuine interest in their views. We observed a jovial discussion about music videos which people and staff contributed to equally, with both enjoying the conversation.

Staff spoke passionately about the support they provided for people and showed a genuine empathy and understanding of each person's individual needs. One staff member said, "I like to join in with the people here. I have a positive personality and I hope that helps people." Another staff member said, "I have a good relationship with people, I am able to empathise with them and help whenever I can."

Throughout the inspection there was a friendly and positive atmosphere with staff and people and staff clearly enjoyed each other's company. However, the manager told us there were times when staff needed to respond to people who had become upset or distressed. People's care records contained numerous examples where staff had supported people in this way and recorded the positive impact their support had provided for them. A person who used the service said, "When I get upset, they [staff] come to help and put my favourite CD on." They person told us by staff putting this CD on it made them relax and calm down.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

People told us they felt involved with decisions about their care. One person said, "I am fully involved with the decisions. I lead an independent life." We saw numerous examples throughout people's care records where people had been involved and consulted before any decisions were made about their care. One person who lived at the home explained in detail about a decision that was made which they agreed with and felt staff supported them fully with the decision.

Information was available for people in the manager's office if they wished to access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However, this information was only available if they requested it from the manager. This could have an impact on people's ability to make independent choices about the support they wished to receive in relation to their care. The manager agreed, and told us they would ensure that this information was made easily accessible for people within the home.

There was a clear and strong emphasis on supporting people to lead independent lives. One person told us they felt staff were providing them with the support they needed to move from the home to a supported living environment, where they would need less support from staff. They told us they felt they were confident in their ability to lead a much more independent life and they were grateful for the support they had received from staff.

Throughout people's care records we saw numerous examples where people's ability to perform daily tasks independently of staff had been assessed. This included carrying out domestic tasks around the home. We observed one person who was vacuuming the living room. They told us, "I vacuum twice a week to help around the home." The manager told us they and their staff encouraged people to do as much for themselves as possible and they felt this had a positive impact on the person themselves but also for the others living at the home.

Staff treated people with respect and dignity at all times. When staff discussed people's care needs, they either lowered their voice or shut the door to the room they were in to ensure people's dignity was maintained. People's care records referred to the need for staff to treat people with dignity, both when supporting with personal care and in their day to day interactions with them.

People within the home looked clean and well presented. Their clothes, hair and nails were free from dirt. This meant staff treated people with respect and maintained their dignity by ensuring they were clean and presentable.

We saw staff respect people's right to privacy. When we arrived at the home one person was still in bed. We heard staff speaking about this and they agreed to leave the person to get up at a time that they wanted to, ensuring the person was not unnecessarily disturbed.

People's care records were handled respectfully. Records were returned to the locked room in which they were stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The manager told us that people's relatives and friends were able to visit them without any unnecessary restriction, however many of the people living at the home regularly visited and in some cases stayed with their families. One person living at the home said, "I go every six weeks to see my mum." Another person said, "I can use the home phone if I want to call people."

Is the service responsive?

Our findings

People told us they were able to take part in the activities that were important to them. One person said, "I like to go to the fair ground." Another person said, "I play football every Wednesday. My friends are football mad and I like playing with them. We have a laugh." A third person said, "I like to go to the charity shop." A fourth person said, "I go out with my mates. I can see them whenever I want to."

There was a clear emphasis on supporting people with leading their lives in the way they wanted to. Throughout the inspection we observed people deciding what they wanted to do, where they wanted to go and what support they needed from staff. The staff respected people's choices and offered people the support they needed to follow their chosen activity for the day.

People's care records contained detailed examples of the activities that people had been involved in. These ranged from day to day activities such as going to the shops and local parks and attractions, to more wide ranging activities such as going on their chosen holiday. Records showed people had regular discussions with staff about the activities they wanted to do and then plans were put in place to help people to do them.

People were encouraged to access activities in the local community that supported people living with a physical and/or mental health disability. Two of the people living at the home attended a group set up by the provider which supports people with gaining skills to aid their transition to independent living. The courses included cooking, computer skills, social interaction and life skills. People were also supported to improve their literacy and numeracy skills. The manager told us these groups helped to improve people's ability to lead a more independent life, but also supported people socially, with meeting other people from the local community living with similar disabilities.

People were also supported to find employment, either in the voluntary sector or paid employment. One person told us about their part-time job which they said enabled them to become more independent, but also enabled them to have more money to spend on the things they wanted. The person also said, "I've been doing my job for six months now. I love it." The manager told us that others living at the home, having seen this person attend work, had also expressed an interest in finding employment, which the staff are supporting them with achieving.

There was a clear emphasis on providing people with care and support in a person centred way, ensuring they were in control of their own lives, using the support of the staff if and when they needed it. A staff member said, "People can do what they want to. They make suggestions and we help them."

People's care records contained detailed examples of people controlling their own lives and guidance was provided for staff on how people wanted them to support them. This included day to day tasks, such as the level of support people wanted with their personal care, to setting long term goals to achieve qualifications or to go on holiday. These plans were regularly reviewed and discussed with people and the progress to achieving these goals was recorded.

Prior to people living at the home pre-admission assessments were carried out by the manager to assess whether they would be able to support each person safely and effectively at the home. Once agreed, people were offered the opportunity to attend the home, sometimes staying overnight if they wished. The manager told us this ensured that people were fully comfortable with their new home before they committed to living there.

Staff spoken with told us they felt the care planning records provided them with the information they needed to respond to people's care and support needs. A staff member said, "The care plans are detailed and give me what I need; although you do get to know people very quickly."

People were provided with the information they needed if they wished to make a complaint. A complaints policy was provided which informed people who they could complain to, both internally and externally to agencies such as the CQC. The manager told us they were in the process of ensuring the policy was provided in an easier to understand format, using signs and pictures to ensure all people within the home were able to understand and to use the process if they wished to.

The manager told us they had installed a programme on a person's computer which spoke a variety of company policies to them, including the complaints process, which enabled the person to use and understand them. This ensured that the person was not discriminated against as a result of their disability.

People told us they felt confident that if they raised a complaint with the manager or the staff that it would be acted on. One person said, "I know [the manager] would sort it." Another person said, "If I say something the manager will sort it out for me."

We reviewed the provider's complaints policy and complaints register and the saw the manager managed complaints in line with the company policy.

Is the service well-led?

Our findings

A manager was in post but had not started the application process to become registered with the CQC. The service had not had a registered manager for over two years.

People and staff were encouraged to become involved with the development of the service and contributed to decisions to improve the quality of the service they received. Regular resident and staff meetings were held. Minutes of these meetings showed a wide variety of issues were discussed, ranging from the quality of food to the activities provided. One person who lived at the home said, "We had a meeting recently about treating each other with respect." The staff we spoke with told us they felt their opinions were valued and welcomed. The manager told us the meetings were useful as they gave people and staff the opportunity to comment on the quality of the service provided and whether any changes were needed.

The manager told us they completed a quarterly report for each person living at the home. The report contained a variety of information about each person including; people's current health needs, their activities, and if they had been involved in any accidents or incidents. These reports were discussed with representatives of the provider which enabled the provider to recommend any changes to people's care and support if needed. However, the manager assured us that no changes were made to people's care, without discussing and agreeing it with them first.

There was a positive and friendly atmosphere throughout the home. Management, staff and people living at the home all appeared to enjoy each other's company. A person who used the service said, "I love living here." A staff member said, "I love my job, every day is different. It is a home from home. It works really well." Another staff member said, "Everyone, including the people who live here have a role to play. It is a nice, calm place to work."

The manager contributed to the friendly and positive atmosphere through their relaxed and open approach to managing the home. All of the people living at the home told us they liked the manager. One person said, "I really like her." Another person said, "She is superb, really good. She is really supportive." Staff also spoke positively about the manager. One staff member said, "She is a diamond, she is really on the button." A health and social care professional we spoke with before the inspection told us, 'My experience at the service indicates that it is safe and well-led'.

The manager clearly leads the home well. They have a good relationship with their staff and staff understand their roles and responsibilities. The provider information return (PIR) forwarded to us before the inspection stated the manager, 'Encourages staff to share best practice and will challenge bad practice through on the spot supervision as and when required.'

People and staff were supported by a manager who understands the requirements of their role and their responsibilities to ensure the home is well managed. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

There were clearly defined aims and values which the staff were expected to adhere to when supporting people. The PIR states, 'The service is inclusive. We involve everyone in the care of each service user with the service user being at the centre of every aspect of the service we provide'. When speaking with staff it was clear they understood these aims and values of the service. One staff member said, "We all work together to ensure people live in a happy environment."

Robust quality assurance and auditing processes were in place. Regular audits were carried out. These included audits of the environment, people's care records, staff performance and medicines. These audits ensured people who used the service, their relatives, staff and visitors were safe.