

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Shrewsbury House

Battlebridge Lane, Merstham, RH1 3LH

Tel: 01293826200

Date of Inspection: 14 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

|  |                     |
|--|---------------------|
| <b>Respecting and involving people who use services</b>          | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>               | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b>           | ✓ Met this standard |
| <b>Safety and suitability of premises</b>                        | ✓ Met this standard |
| <b>Staffing</b>  | ✓ Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Ashcroft Care Services Limited  |
| Registered Manager      | Mr Stephen Luckens  |
| Overview of the service | <p>Shrewsbury House is a large detached house located close to Merstham Village and the local facilities. Accommodation is arranged over two floors for up to five people who have a learning disability. The home is owned and operated by Ashcroft Care Services Limited who operate several other homes in the area.</p> |
| Type of service         | Care home service without nursing   |
| Regulated activity      | Accommodation for persons who require nursing or personal care  |

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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Our inspection of this service helped answer our five questions. Is the service caring, safe, effective, responsive and well-led.

Below is a summary of what we found based on our observations during our inspection, talking with people who used the service, talking with staff and looking at records.

Is the service caring?

Peoples views and expectations were taken into account in the way the service was provided and delivered in relation to their care.

People told us they were allowed to express their views and make decisions regarding how their care was provided. We saw people were well cared for and staff had a good understanding of individual needs. People had been living in the home for a long period of time and told us their needs were regularly reviewed. They told us they were supported by staff to participate in a wide range of activities. Staff supported them to maintain links with family and friends. We saw staff were proactive in facilitating activities for example arranging holidays, attending football and maintaining contact with friends and family.

Is the service safe?

People told us they felt safe living in the home and said they could relax. They said if they felt worried or unhappy about something they knew who to talk to about this. We saw safeguarding vulnerable adult procedures were in place and staff told us they had undertaken training in adult protection. During discussion with staff they demonstrated to us how they safeguard people they supported. We saw assessments were in place to manage risks associated with finance, managing predictable behaviour, and health care.

Is the service effective?

People's health care needs were discussed with them and we saw how these were managed in health action plans. We saw people visited their GP and we saw a risk management plan in place which was signed to ensure appropriate guidance was followed

to maintain their health and wellbeing.

Is the service responsive?

We spoke with staff who told us they felt had the training and support required to undertake their roles. They told us they were always attending training relevant to their roles. We found the service responded to various situations. For example staff said if a person's psychological needs changed the manager would arrange additional training in order that they would be able to understand and manage that person's needs.

Is the service well-led?

We found the service was well managed and people felt confident with the management structure in place. We saw systems were in place to manage the quality of service provision which included regular auditing, provider visits, and feedback surveys. This ensured the service identified shortfalls and made adjustments to continue to improve.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

Peoples views and experiences were taken into account in the way the service was provided and delivered in relation to their care,

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### Reasons for our judgement

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People who used the service were given appropriate information and support about their care and treatment.

People who used the service were provided with a statement of purpose and service user guide to ensure they had access to appropriate information about the home. The home is well established and the most recent admission was six years ago. People told us they were able to talk to staff at any time about their care and staff were always supportive towards them.

We spoke with four of the five people who used the service who all confirmed they had an assessment of needs in place and that they participated in that assessment. They told us they had a review of care every six months and any changes were recorded and monitored. People told us their reviews were important to them and they liked to share their views and comments with the team. The manager was responsive to the changing needs of people and made appropriate referrals following people's reviews to source the support and treatment required by people to maintain their wellbeing.

People who used the service understood the care and treatment choices available to them.

People were able to choose what activities they participated in. Some people attended structured activities on a sessional basis either at the local college or day centre. Other people took the less formal option and liked to go shopping, visit places of local interest, go to the gym, meet friends from other homes, attend to their garden or listen to their music. People could choose what food they ate, and there was a menu planning rota in place where each person planned the menus for the week. This was discussed and if people did not like what was suggested then an alternative option was provided.

People were supported in promoting their independence and community involvement.

People told us that staff supported them to participate in events of their choice. One person liked to go bell ringing as this was a tradition in their family and staff facilitated this. Another person liked football and staff supported them to travel to Manchester by train to see a football match. Another person was supported to visit their family abroad and staff accompanied them on a flight to ensure family links were maintained. One person keeps birds as a hobby and said staff supported them to go to the pet shop and buy bird food. People were supported to use public transport and there was also a house vehicle provided for people's use. People said the staff are "the A team" and "staff are excellent".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People we spoke with during our visit were aware of their care plan and had been involved in developing this. We looked at three care plans which were person centred and outlined individual strengths and goals. Care plans were supported by action plans and guidance for staff to follow to enable people to achieve their goals. We saw these plans were reviewed monthly or more frequently if needs changed. Additionally people who used the service had an annual review of care facilitated by their relevant funding authority. People told us they looked forward to their reviews and were able to invite people who were important to them to attend.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. When risks had been identified assessments were put in place to manage the risk to promote safety without compromising people's independence. We saw risk assessments were in place for community participation, using public transport, financial management, aggressive behaviour, and epilepsy. We saw two samples of risk assessments that had been undertaken in accordance with The Mental Capacity Act 2008, (assessment of capacity and best interest) and were signed by the people concerned. This outlined the danger to individual people if particular guidance was not adhered to in respect of their health and welfare. These assessments were monitored regularly and updated accordingly.

We saw people were registered with a local General Practitioner and had the support of other health care professionals. People had health action plans in place. These were supported by hospital passports which contained important information about individuals it they needed to be treated in hospital. We saw visits to the optician, dentist and chiropodist were recorded. This ensured that people's health and welfare were being maintained.

All the staff we spoke with had a good understanding of people's needs and preferences. They spoke to people in a respectful way and provided sensitive support where it was required.

There were arrangements in place to deal with unforeseeable emergencies. For example in the event of a fire, adverse weather conditions, an outbreak of infection or in the event of utility failure.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the service had adult protection policies and procedures known as safeguarding in place. These demonstrated how the provider identified potential abuse and prevented abuse from happening for the people who lived in the home

We saw that the home had the most recent copy of Surrey County Council's Multi Agency Safeguarding procedures in place. This meant that staff had access to up to date guidance and information to assist them should they need to raise a safeguarding concern.

We spoke with three members of staff who were able to demonstrate to us their knowledge of the safeguarding procedure and told us that they received safeguarding training. We saw that this training was updated annually. This ensured staff had up to date information in order to protect the people living in the home. Staff told us that they would know what action to take if they suspected an incident of abuse had taken place. We saw risk assessments had been undertaken for some people regarding financial management. This ensured that people who were vulnerable were protected from financial abuse.

We also noted that the organisation undertook all the appropriate security checks on staff prior to their employment. This ensured the safety and welfare of the people who lived in the home.

Staff had also undertaken training in other related policies for example whistle blowing, the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DOLS) to further protect people who used the service.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

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**Reasons for our judgement**

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People who used the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

We found the home was clean and hygienic. We saw that cleaning schedules were adhered to and that the standard of cleanliness was good. Some people who used the service told us they liked to clean their room and vacuum their carpet. Other people required staff to undertake this task on their behalf.

The home is a detached property located in a residential area. Accommodation is provided in single rooms arranged over two floors. We were invited to view two bedrooms. We saw bedrooms were comfortably furnished and nicely decorated. We were told when a bedroom becomes due for redecoration people were able to choose their colour scheme. People were able to personalise their rooms with ornaments and photographs with the help of relatives and staff. This enabled people to maintain their individuality and they were able to see friends and family in privacy of their rooms. Both people told us that they liked their rooms and enjoyed buying things from car boot sales to "make it their own".

Communal space included a large open plan kitchen with a small dining area, that provided people with ample space to move around freely and safely. This overlooked a large garden where people grew vegetables and flowers. There was a large lounge which had another dining area as people ate at various times and chose to sit where they wanted to. There was also a smaller lounge where people could sit if they wished to be alone. All communal areas were comfortably furnished.

There were two bathroom/shower rooms and adequate toilet arrangements located on both floors. The manager told us it was part of his management plan to have the downstairs bathroom adapted as a wet room. This was to meet future changing mobility needs of people who used the service.

We found that the provider had up to date contracts in place for the maintenance of equipment and utilities. For example fire safety equipment, boiler maintenance, laundry

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs.

The service is well managed by an experienced manager who is currently managing two location within the organisation. He had the support of a deputy manager at both locations.

We spoke with staff working in the home and they told us they felt well supported by the management structure in place. They said there was always someone "on call" for support when the manager was off duty.

We saw staff were allocated according to the needs of the people who used the service and the activities planned for that shift. For example if people required a staff escort to support them with an appointment then the duty rota was flexible to accommodate this. Staff were also allocated to accompany to take a holiday.

Staff recruitment practice was safe and we saw all the required employment documentation was in place, which ensured the safety and welfare of people who used the service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives, and staff were asked for their views about their care and treatment and they were acted on.

We saw that the home had systems in place to monitor the quality of service provision and improvement. The registered manager was managing two locations at the time of our inspection. He was in daily contact with both services, and allocated his time across both locations in an administration and hands on capacity. This enabled him to identify any issues and to resolve any problems immediately.

During discussion with the registered manager we were informed of the various methods used to monitor the quality of the service which included house meetings. On-going audits of care plans, risk assessments, medication audits, housekeeping audits, and catering surveys were undertaken for the monitoring of for quality assurance purposes. Care management reviews also contributed to assess the quality of care being provided.

The manager undertook monthly health and safety checks that promoted people's welfare and maintained a safe working environment. Reports were retained in the home for information.

The provider visited the home monthly to undertake a quality auditing survey and reports were also retained in the home for information.

Customer satisfaction quality assurance questionnaires were sent to people who used the service, relatives, and stakeholders by the organisation for comments. All feedback was coordinated at head office and reports sent to individual homes for action where required.

There was evidence that learning from incidents took place and appropriate changes were implemented. For example incidents were reported to the head office where the clinical team analyse these. The manager and staff team are then supported or briefed on how incident should be managed in the future and the appropriate support provided to minimise the risk of this being repeated.

The provider took account of complaints and comments to improve the service. People we spoke with knew how to make a complaint if they were unhappy about something and they knew who to talk to about any issues they were worried about. People had access to the complaints procedure and there were no formal complaints noted in the past year.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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