

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

## Trent House

Balcombe Road, Horley, RH6 9SW

Tel: 01293826200

Date of Inspection: 25 June 2014

Date of Publication: July 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>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Manager	Mrs Sharon Davies
Overview of the service	Trent House provides care, support and accommodation for people with a learning disability for up to a maximum occupancy of five people. The house is operated by Ashcroft Care Services Limited who provide supported living and residential care services in the area.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Assessing and monitoring the quality of service provision	12
Records	13
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	14
<hr/>	
<b>About CQC Inspections</b>	15
<hr/>	
<b>How we define our judgements</b>	16
<hr/>	
<b>Glossary of terms we use in this report</b>	18
<hr/>	
<b>Contact us</b>	20

## 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 25 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

At the time of our inspection, the service provided care and support to five people, although one person was on holiday at the time. Some were not able to tell us about their experiences of living at Trent Road because of their communication difficulties; however, we did receive feedback from three people who used the service and three relatives. We also spoke with three members of staff as part of this inspection.

We reviewed records that related to the management of the service which included support plans, policies and daily records.

Below is a summary of what we found. The summary describes what people who used the service, their relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

We saw that risk assessments were in place to provide information to staff to help minimise the risk of any harm to people. For example, in relation to being out in the community or being in the kitchen.

The provider had ensured that staff were provided with information that related to safeguarding vulnerable adults. Staff were able to tell us what they would do if they had any concerns. One member of staff told us, "I have a small card with telephone numbers that I can use if I had any concerns."

Is the service effective?

Our observations told us that staff had a good understanding of people's needs. The relatives we spoke with confirmed this. One relative told us they had seen a difference in their family member since they moved in to Trent House. They told us, "They have come

out of themselves since they have been there. A lot more sociable and outgoing."

Discussion with staff confirmed that staff knew and understood people's individual care and social support needs. However, we found that some of the care plans were not accurate and had not been recently reviewed.

Is the service caring?

People were encouraged to be independent but were helped when they needed any support. Staff told us they felt there was enough staff on duty each day to support people in the way they needed. One relative told us, "They are very dedicated, affectionate and sympathetic staff."

The activity plans for the people who used the service showed us that activities were tailored to the individual. One person who used the service told us, "I can do what I like here." A relative told us, "My relative's welfare is always put first."

Is the service responsive?

We saw in a care plan, and also heard from staff, how they had responded to a change in one person's health.

Is the service well-led?

There were meetings for the people who lived at the home as well as staff. Staff told us the manager encouraged them to make suggestions on how to improve the service. One relative told us, "There is a very good relationship between me and the staff. The owner of the company is great and has an open door policy."

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 15 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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On the day of our inspection there were five people living at Trent House. All of these people had lived in the home for a number of years. People seemed to know each other and were seen to appreciate each other's need for space. One person we spoke with told us, "I like it here, the staff speak to me nicely." They added, "I help clean my room and I like cooking and watching DVDs." The service had a relaxed, homely feeling, with people able to go into the garden, their room or any part of the house without restriction. One person lived in a separate annex within the grounds of the service and we saw how they came and went freely between the main house and the annex. We found that people appeared content and there was good interaction between them and the staff. Relatives spoken with were satisfied with the care and support provided. One said, "The staff talk to them nicely." Another relative told us, "I walked in and immediately felt at home. The staff are fantastic." This showed us that people and their relatives were happy with the care and support provided at Trent House.

We observed staff treated people as individuals and encouraged people to make decisions about their everyday life. For example, what they wanted to eat at lunchtime, or what they wished to do during the day. Staff took time to explain things and they did not rush people but negotiated with them if they needed to be prompted with anything. One person who we spoke with told us, "I like doing different things." A relative told us, "Everything is orientated around the person and they've got it so right."

We saw that each person took a turn with cooking the main meal of the day and two of the people we spoke with told us how much they enjoyed doing that. On the day of our inspection one person who lived at Trent House was on holiday with two members of staff. Two other people had been out for a morning activity and one person went out in the afternoon. We spoke with one person who told us that staff took them to see their relative. Another person was in regular contact with their family either by telephone or visits. One relative we spoke with told us, "Staff try and find as much as they can for activities. Further education opportunities have diminished unfortunately. It would be nice if there were more opportunities in that respect." This showed us that the provider ensured that people who used the service were provided with appropriate opportunities to remain active and

independent. It also showed us that people were able to maintain contact with their friends and relatives.

We asked staff how they ensured they treated people with respect and dignity. One member of staff told us, "I would never dream of going into someone's room without knocking." They added, "If we are bathing someone we ensure the door is closed and they are covered up appropriately." Another member of staff said, "I support them by following the guidance in their care plan. I give them choice and help them to learn new skills. I also give them their space." We saw throughout our inspection that staff spoke to people in a respectful manner and gave people their privacy if they did not want to be disturbed. This told us that staff were aware of their role and responsibilities in relation to treating people in an appropriate manner.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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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 support plan.

Staff seemed to know people well. This was confirmed by the relatives we spoke with. One told us, "They understand my relative's needs." Another relative told us, "They don't have the behaviour problems they did when they moved in, because staff know just how to manage them." All of the staff we spoke with were able to tell us in detail about people's needs. This meant that people received care and support appropriate to their needs.

Staff told us that they had a handover meeting each day to discuss any changes to people's needs. The communication book was also used to record anything of importance. Each person who used the service had a keyworker who was responsible for reviewing and updating the care plan. Staff said they had regular staff meetings where they could discuss any changes that related to a person. This meant that staff were updated on anything that had changed since their last shift and care could be organised to meet people's individual needs.

We looked at the care plans and associated documentation for three people who used the service. These contained information about each person's health and social care support needs. They were personalised and gave guidance about abilities and preferences. Other care documentation included people's medical and social history, next of kin and relatives. A number of risk assessments had been completed depending on people's individual needs. Examples of these were accessing the community and areas within the home, like the kitchen.

Each person had a hospital passport which is a useful document that gave information about the person should they need to go into hospital. This showed us that the support plans provided sufficient information in relation to people to allow staff to be able to plan appropriate care and treatment. However, we noted that some of the information had not been updated or was inaccurate, particularly in relation to one person who was at risk of choking.

We saw evidence that health professionals such as doctors, opticians or the dentist were

involved in providing care for people when this was needed. One person had an increased risk of choking. We spoke with staff about this person and they were all able to tell us what support this person needed. Another person was diabetic and we heard from staff how they had introduced some different foods for this person. This showed us that staff adapted the care and support depending on a person's needs.

There were arrangements in place to deal with foreseeable emergencies. There was an emergency contingency plan and file available in the service. This included information on who staff should contact in the case of an emergency. Staff told us they could use other locations run by Ashcroft Care Services as temporary accommodation. This would ensure any lack of continuity of care during an emergency would be kept to a minimum.

**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 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.

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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 that there was material in the house that gave information on what to do if people were unhappy or had any concerns that abuse was taking place. We asked people who lived in the house if they felt safe there and they told us they did. One relative we spoke with told us, "They (staff) are looking after my relative and keeping them safe." Another relative said, "Yes, they are safe in the service."

We saw that staff had up to date training in safeguarding vulnerable adults. We spoke with staff about their understanding of safeguarding and what they would do if they had any concerns. Staff that we spoke with showed a good knowledge of safeguarding people from abuse and how and where to report any suspicions or concerns. They told us that if they had a concern they would report it to the manager. Staff were also aware of the safeguarding team in Surrey. This showed us that staff knew how to respond appropriately to any allegation of abuse.

We saw procedures were in place that gave guidance to staff on safeguarding vulnerable adults. This had been displayed in the office and also communal areas. This meant staff had been given access to relevant information in relation to keeping people safe.

We were provided with evidence that showed us that all of the staff who worked at the service had undergone a criminal's record check. This told us that the provider had ensured they employed people who were suitable to work with vulnerable adults.

**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 skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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

Staff told us they had two staff on duty each shift but worked a 'staggered' shift system, which meant they was often a period of cross-over when three staff were on duty. We looked at the staffing rotas for the last four weeks and saw evidence that this was the case. Staff said that they never used agency staff, but instead used staff from other Ashcroft Care Services locations if they were short staffed. Staff told us the manager was, "Excellent" at sorting out the staffing numbers depending on people's needs or activities. This showed us that the provider ensured the service worked to the minimum number of staff required and endeavoured to maintain continuity in staff as much as possible.

We asked staff that we spoke with if they felt there were enough staff on duty. We were told, "Yes." One member of staff said, "One person wants to go out for the day and the manager has arranged for additional staff to allow for that." This told us that staff felt they had a sufficient number of staff on duty each day to assist to the needs of the people who lived at Trent House.

Staff told us that no-one missed out on activities because of a lack of staff and our observations on the day told us that people were assisted to when they needed it. We saw that people were not kept waiting when they were ready to go out or when they wished to have their lunch. The person who lived in the annex used an intercom between their room and the main house. When this rang, staff answered it very quickly. One relative we spoke with told us, "I was surprised to see so many staff when I went." This showed us that people were cared for in an environment that ensured there were enough staff to respond to their needs in a timely manner.

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

Ashcroft Care Services carried out an annual satisfaction survey every year. We looked at the results of the 2013 survey and saw that of the 20 completed, everyone felt that staff treated people with respect and involvement. Comments included, "The managers are open and willing to discuss and resolve worries" and, "Staff helpful, compassionate and kind and know how to respond to people's needs." This showed us that the provider asked for people's feedback on the service that was provided.

Meetings were held for people who used the service and staff told us that each Sunday they all sat together and discussed the meal choices for the following week. Staff told us that they were supported with any suggestions they made. One member of staff told us, "I and one person who lives here talked about turning the area outside of their room into a patio. We've started to do it and they are really pleased with it." Another member of staff said, "We are encouraged to give feedback and the manager always acts on it." This told us the provider encouraged everyone to be involved in the running of the service.

Ashcroft Care Services carried out health and safety checks of the service as well as quality assurance monitoring visits. These were based on the compliance requirements for providers. The most recent audits looked at supporting staff and safeguarding. We also saw that the service held an accident/incident log as well as a complaints folder. Staff undertook routine daily or weekly checks which included, water temperatures, the environment, lighting and first aid. This meant that the provider checked the safety of the service provided at Trent House.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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Although we saw through observation and heard from staff when we spoke with them, that they knew the needs of people well, we did not always find that information in care plans was up to date or accurate.

We asked staff how often they reviewed care plans and we were told, "Every six months." One person was at risk of choking. In their health assessment, the question, 'I have difficulties with swallowing', was answered 'no'. However, in their hospital passport there was information that related to their risk of choking. Risk assessments were included in this person's care plan. Two of the four risk assessment's we looked at had not been updated since August 2013 and two which were due to be reviewed in February 2014, had not been. This meant that staff may not be working to the most up to date information.

Another person was diagnosed with diabetes in March 2014. They were also at risk of recurrent urinary tract infections (UTIs). However we found no guidance to staff. Staff were knowledgeable about the change in this person's health and were able to tell us that they had adapted their diet and encouraged them to drink more water. However, this was not recorded in any reviews and the care plan had not been updated. We also found that their hospital passport contained no information that referred to this person's diabetes. The care plan also stated in February 2014, "Regular blood tests needed." We found no guidance to staff on how often these should be done, or whether they had taken place. This meant that any new members of staff, who did not know this person, may not provide them with the most appropriate care and treatment.

The third card plan we looked at had risk assessments which included being out in the community and bathing. We saw that these were due to be reviewed in February 2014 but had not been. We also saw that their 'About Me' information pack was due to be reviewed at the same time, but had not been. This told us that although staff were aware of people's required needs, care plans were not reviewed in the timescales that staff told us they should be.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>  <b>How the regulation was not being met:</b>  The registered person had not ensured an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Regulation 20(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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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