

## Ashcroft Care Services Limited

# Trent House

### Inspection report

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#### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

#### Overall summary

Trent House is a care home which provides care and support for up to five people who have a learning disability, such as autism. At the time of our visit there were five people living at the home.

There was a registered manager in post. 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 and

associated Regulations about how the service is run. The registered manager was not present during our inspection and we were assisted by the shift leader and other staff.

Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. Where there were restrictions in place staff had followed legal requirements to make sure this was done in the person's best interests. We found that mental capacity assessments had been carried out for people for specific decisions.

# Summary of findings

We saw staff had really good relationships with people. It was evident staff knew people well and were knowledgeable in relation to their individual likes and dislikes. When people wished time on their own staff respected this.

People were safe living at Trent House as staff carried out appropriate checks to make sure that any risks of harm were identified and managed. For example, there was a swimming pool in the back garden and people had risk assessments around that.

Staff knew how to safeguard people from abuse. They were able to tell us what they would do in such an event. We saw information for people around safeguarding displayed in a way they could access. In the event of an emergency and people needed to be evacuated from the home staff had guidance to follow. People would be moved to another of the provider's homes should the house need to be evacuated.

Staff were provided with training specific to the needs of people. This meant they could work in a confident and independent way. We saw this happen throughout our inspection.

There were enough staff deployed in the home. Where people required one to one care, we saw this happen. We did not see anyone having to wait to be assisted by staff and there was always enough staff on hand to support people when they needed it.

People received their medicines in a safe way and staff had supported someone to be able to self-medicate. People were involved in choosing and cooking the food they ate. We saw people had participated in shopping for the food for the week. People were independent wherever possible and this was encouraged by staff.

Appropriate checks were carried out to help ensure only suitable staff worked in the home. Staff were involved in running the home as they had the opportunity to meet together to discuss all aspects of the home. Staff also met regularly with their line manager to discuss their individual work.

Professional involvement was sought by staff when appropriate in order to maintain good health for people. We saw people were referred in a timely way if people's needs changed or they were not well.

Activities were planned in an individualised, meaningful way for people. One person told us they had stopped a particular activity and this was respected by staff. Other's told us they really enjoyed the activities they did because they had chosen them.

Quality assurance procedures were in place and audits were undertaken by both the staff and the provider. People had access to information on how to make a complaint should they wish to.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People's medicines were managed safely and there were good medicines management processes in place.

Risk assessments were in place for people which identified potential risks for them.

There were enough staff to meet people's needs.

The provider employed staff to work in the home who had undertaken appropriate checks.

Staff knew what to do in the event they suspected abuse was taking place.

People would continue to be cared for should there be an emergency or the home had to be evacuated.

Good



### Is the service effective?

The service was effective.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in decisions about their meals.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Good



### Is the service caring?

The service was caring.

Staff showed respect to people in a way that upheld their dignity.

People were encouraged to be independent and supported by staff in a caring way.

People were enabled to make their own decisions on a daily basis.

Relatives and visitors were able to visit Trent House at any time.

Good



### Is the service responsive?

The service was responsive

Relatives felt staff responded well to people's needs.

People were involved in developing their care plans and information contained in care records was person-centred and individualised.

People were able to go out and take part in activities that interested them.

Good



# Summary of findings

Information about how to make a complaint was available for people and their relatives.

## **Is the service well-led?**

The service was well-led.

The home had a registered manager and staff knew of their responsibilities in relation to the requirements of CQC.

Staff felt supported by the registered manager and they were involved in the running of the home.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people.

People and relatives were encouraged to give feedback on the care that was being provided.

**Good**



# Trent 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 was an unannounced inspection that took place on the 26 October 2015. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR 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. This was because we carried out this inspection sooner than we planned.

As some people who lived at Trent House were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved following the inspection.

As part of the inspection we spoke with three people, three staff, the provider's residential area manager and two relatives. We spoke with one health and social care professional to gain their feedback as to the care that people received. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

We last inspected Trent House in August 2014 when we had no concerns.

# Is the service safe?

## Our findings

Staff followed good medicines management procedures which meant people's medicines were managed safely. We saw each person's Medicines Administration Records (MAR) contained a photograph to identify the person. The MARs were completed in full, with no gaps and information relating to the individual, such as allergies, was complete. Where people self-medicated we noted their medicines were contained in locked cupboards in their rooms. Some people were able to show us how they took their medicines themselves and we noted the MAR charts for them were completed in a way that meant they had taken their medicines correctly.

PRN (as required) protocols were in place for people that required them. We found staff had taken people's capacity into account when producing documentation around these protocols as most people living at Trent House would be able to tell staff whether they were in pain or not.

Stock control of medicines was carried out routinely to ensure all medicines were accounted for. We saw staff had recorded quantities of medicines going in and out of the home and updated this information as and when medicines were administered.

There were a sufficient number of staff on duty each day to meet the needs of people. We saw that where people required one to one care this was being provided by staff. We checked the staff rotas for the previous two weeks and found staffing was in line with what we had been told by the shift leader. People who went out and those who remained in the home were enabled to because of the staffing levels.

People did not have to wait to be supported. We observed and heard people asking for support from staff and saw this was provided quickly. Staff did not rush people and provided the support that was required in an attentive way. Staff told us activities were always booked one week in advance and rotas were organised around this. If necessary additional staff could be called in if a specific activity was taking place and extra staff were required.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and

a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Accidents and incidents were logged and action taken to help prevent reoccurrence. Information relating to any accidents or incidents in the home was completed by staff and signed off by the registered manager. The completed forms contained detail of the accident or incident together with the action taken by staff to ensure the person was safe and staff had considered steps to avoid further incidents. Analysis of these incidents was undertaken by staff at Ashcroft head office to identify trends or patterns.

Staff had identified potential risks for people and produced guidance to staff on how to mitigate these risks. For example, the home had a swimming pool in the garden and risk assessments around the potential risk of harm to people around accessing the pool had been developed. We read people were to have a firework party in November in the garden and risk assessments had been drawn up in relation to the bonfire and fireworks. Other risk assessments were in place for people accessing the community or participating in their activities, such as horse-riding, or in relation to their behaviours.

Staff understood the different types of abuse and what they should do if they suspected any abuse was taking place. Staff knew about the role of the local authority in relation to safeguarding and knew where to find the policy which contained guidance and relevant telephone numbers. We saw information in relation to abuse displayed in an accessible way for people living in the home. Staff told us they felt confident that if they had any concerns these would be addressed by the registered manager. We saw where safeguarding concerns had been raised; these had been handled appropriately and reported to the relevant agencies.

People's care and support would not be interrupted in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. For example, another of the provider's home would be used as alternative accommodation. Each person had an individual personal evacuation plan which detailed their needs should they

## Is the service safe?

need to evacuate the building. There was a 'grab and go' file in the hallway containing all the relevant information about people should everyone need to leave the home in a hurry.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

Where people may not be able to make or understand certain decisions for themselves staff followed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguard (DoLS) requirements. Capacity assessments had been undertaken for individual decisions. For example, we read some decisions around constant supervision had been made and DoLS applications submitted and there were records of a mental capacity assessment and best interest meeting to show how these decision's had been made.

We read staff had managed the balance between protection and freedom in relation to one person who wished to lock their bedroom door from the inside. We read how this person had made an informed choice around this decision.

People were involved in choosing the food they cooked and ate. Staff told us everyone sat together each week to discuss the menu for the week and each person was given the opportunity to contribute towards this. Where appropriate pictures were used to help support someone to do this. Each day people were involved in the cooking of the meal and as we arrived we saw one person accompany staff to do the shopping for the week.

The menus contained a good variety of dishes which meant people were receiving a healthy, balanced diet. At lunch time people, with the support of staff, made soup from the left overs of the roast dinner they had cooked the previous day. The soup looking nutritious and people clearly enjoyed it. Those people who did not wish the soup were offered different choices of food by staff. There was a good supply of drinks on offer and we saw people making their own drinks when they wished one. We saw fresh vegetables and fruit available for people. One person told us, "I like the food and I enjoy my baking days." Another had prepared their own breakfast and said they had chosen what they wished to eat.

Staff identified risks to people in their eating and drinking. Some people suffered from diabetes and we saw staff took this into account when meals were chosen. For example, by ensuring foods did not contain a high sugar content and people were guided towards low sugar options. Other people attended the gym or went on long walks to help maintain a healthy weight.

People received support from staff who had undergone appropriate training. Staff told us the training provided by Ashcroft was good. They said it was relevant to their role and gave them the confidence they needed to carry out their job in a competent manner. One member of staff told us, "It makes me more efficient, for example in writing my notes."

Staff told us they were provided training in a variety of topics which included first aid, health and safety, mental capacity assessment, safeguarding as well as training specific to the people who lived at Trent House, for example, epilepsy. This helped staff to develop effective and particular skills where needed.

Staff had the opportunity to meet with their line manager regularly on a one to one basis. This gave them the opportunity to talk about any aspects of their work as well as aspirations or professional development.

People were supported by staff who had a good knowledge of them. Staff were able to describe to us people's individual characteristics and their likes and dislikes. They could tell us how individuals liked to spend their time and what was important to them. For example, how one person liked to keep fit. We read guidance for staff in communicating with people, for example asking the person to repeat back what staff had said.

Each person had a health plan in place which detailed the various health care professionals involved in their care, for example the GP, optician, dentist, district nurse or dietician. We read people were referred to health care professionals when appropriate, for example we read one person had been referred to the doctor in relation to some pain they were experiencing. People told us they could see a doctor when they needed to. One relative told us staff kept them informed if their family member was unwell.

# Is the service caring?

## Our findings

One person told us they, “Loved” living at Trent House. They said they felt safe, the staff were nice and, “Nothing could be better.” Other people told us they felt staff were good and helped them when they needed it. Relatives said they had no concerns about the care that was provided. One told us, “X always seems upbeat when I talk to them. The staff seem good – I have no concerns.”

We observed staff providing kind, caring attentive attention to people throughout our inspection. People were responded to in an appropriate and polite manner when they asked staff a question and they were always acknowledged by staff. During lunch people and staff sat around the dining table chatting amiably. We heard a lot of laughter during the day between staff and people.

Staff treated people in a considerate and encouraging way. One person sang us a song and we heard how the member of staff had encouraged them to sing to us and then praise and clapped them when they had finished. Staff constantly prompted people to speak to us, show us their home and show us things they had made or things tell us about the things they liked to do.

People were emotionally supported. One person was seen to display some behavioural needs and we saw staff support this person in a calm, empathetic way trying to distract them in a way to help them feel less anxious. We saw this person respond to staff in a positive way.

People’s individuality was recognised by staff. People told us they could choose the colour of their room and we found these very personalised and homely. One person liked gardening and a small patio garden had been created

outside of the doors leading out of their room. Another liked a particular television programme and we saw staff had recognised this by purchasing items that depicted the programme.

The environment was like people’s own home. We saw pictures had been hung up of people who lived at Trent House as well as items of art and craft which individuals had made. This made the home feel one of being owned by people, rather than a care home. During the afternoon we saw staff showing a brochure to people to help choose the new television that was needed.

People could make their own decisions. One person told us they used to go to college, but had stopped because they didn’t like it. This decision was respected by staff. Another person wished to go out to get their daily newspaper and we heard staff encourage them to make their own decision about whether they wanted to do that before or after lunch. A further person had decided to have a late breakfast and we saw they helped themselves to this when they were ready for it.

People were supported and assisted to be independent and help around the home. We saw people going in and out of the kitchen making drinks or helping to prepare meals. People cleared away their own plates after lunch and did their own laundry. One person was able to manage their own money and staff encouraged them to do this. Another person had goals set for them which helped them to slowly gain more independence.

Relatives were able to visit when they wanted and were made to feel welcome. Relatives told us there was good communication between them and the staff at Trent House.

# Is the service responsive?

## Our findings

Activities were organised on an individualised and meaningful basis. During the morning one person accompanied staff on the weekly food shop and another went to the gym. We were told by both how they enjoyed doing this. One person like sugar-craft (making models from icing) and sewing and we saw a variety of items around the home which they had created. Other's liked to go out walking, for a meal, or to college. Everyone was encouraged to make choices in how to spend their money, their friends and how to occupy their spare time.

People had good involvement in the community and access to part time jobs if they wished it. Two people worked at Ashcroft head office helping with administrative duties. We read in the Ashcroft summer news of the various activities and events that took place and how everyone was involved. There were pictures showing people helping out at head office events, for example a recent recruitment day, or organised parties and outings. We spoke with people about the magazine and they were clearly proud to have appeared and participated. There was a section at the back of the magazine which gave information about events which would be appropriate for people, for example autism friendly screenings at a local cinema.

Relatives and professionals felt staff responded to people's needs. One relative told us they knew their family member had a particular preference of where they liked to sleep. They said staff had recognised this and ensured they did all they could to keep this person comfortable during the night.

Care plans reflected what care people needed. Care plans were well written and person-centred. They included a wide range of information about a person to help ensure staff knew what care a person required. We saw information in the care records included a past history, their mobility, social and personal requirements, their likes and dislikes and their preferred routine for the day. There was guidance to staff on how people communicated and specific information for people recorded should they need to go to hospital.

People were involved in developing their own care plan. Staff told us they would go through care documentation with people and we saw one person reading their care plan and the information in it. Staff sat with this person and spoke with them about it. Relatives told us staff kept them informed of any changes to someone's care plans and we saw that records were reviewed regularly to ensure they reflected the most up to date information about a person.

There was a comments book available for people who did not wish to be involved in formal care review meetings. This allowed them to record their thoughts and feelings and any concerns they had around the care they received or wished. We saw people had used the book regularly and they (people) told us they liked the idea of having the book.

People and relatives knew how to raise a concern or make a complaint. There was a complaint policy available in the home which people were aware of and able to access. The registered manager had a system in place for recording complaints. We saw no formal complaints had been received in the home. Staff told us if anyone raised a concern with them they had a duty to look into it and raise it with the (registered) manager.

# Is the service well-led?

## Our findings

People and their relatives were encouraged to give feedback about the home. We read the results from the most recent survey and saw that of those responding people were happy with the care provided by staff.

People were involved in the home. We read regular house meetings were held and saw people were each given the opportunity to speak. We read there were discussions around food, outings, activities and general updates.

Staff said they felt supported, especially by the registered manager. One member of staff said she was, "Hardworking, supportive and fair." They added the registered manager supported them at annual appraisals in any areas of weakness or where they needed additional training or advice.

Staff had a good understanding of their responsibilities. We found in the absence of the registered manager staff were knowledgeable and able to answer our questions and assist us in the inspection.

The registered manager followed the requirements of registration. We had reviewed documentation prior to this inspection. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant notifications had been sent to us appropriately.

Staff had a clear understanding of the ethos of the organisation and the purpose of their role. One member of staff said they were there to support people to develop life skills and to access in the community. They told us, "It's the best house I've worked in."

Staff were involved in the decisions about the home. Regular staff meetings were held and we saw there was a good staff attendance at these. Staff told us they felt comfortable during these meetings to voice any suggestions or concerns they had. They said they could approach the registered manager at any time and she would listen to them. There were also separate manager's meetings which discussed issues such as maintenance, finance and training.

Policies and procedures were in place to support staff. We saw the registered manager held a file which contained policies useful for staff. For example, this included the provider whistleblowing policy, safeguarding information, the fire procedure, MCA and DoLS guidance and Surrey's choking policy.

The home was quality assured to check that a good quality of care was being provided. The registered manager carried out a number of checks and monthly health and safety and environment checks. For example, in relation to quality assurance, water temperatures, vehicle checks, fire checks. We read one vehicle required new tyres and noted this had been reported by staff and the tyres had been replaced.

The provider carried out monthly provider visits to look at quality assurance. We read the last two audits and saw no actions had been identified for staff. Each visit focused on a different area and we noted during August and September 2015, the provider looked at personalised care, health and well-being and safety.