Ashcroft Care Services Limited

Wood Close

Inspection report

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Date of inspection visit: 29 October 2015
Date of publication: 24/12/2015

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

This inspection was carried out on the 29 October 2015 and was unannounced. Wood Close provides accommodation for up to six adults with learning disabilities. It is a detached house in a residential setting, close to the town of Redhill, Surrey. At the time of inspection there were four people who lived at the service.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager had applied to the CQC to become the registered manager.

Risks to people had been assessed and managed appropriately to keep people safe. Staff understood risks to people and what actions to take to reduce risks.

Summary of findings

There were enough staff to meet people's needs. On the day of the inspection staff were supporting people when they needed. Appropriate recruitment checks were carried out on staff to ensure they were suitable to support the people that lived at the service

Accidents and incidents with people were recorded with information included detail of what happened, who was involved, who had been informed and what actions were taken. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse.

People's medicines were administered and stored safely. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People were supported by staff that were knowledgeable and supported in their role. Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Staff received appropriate supervisions with their manager.

People at risk of dehydration or malnutrition had effective systems in place to support them. One relative told us "(The family member) gets enough to eat and drink."

People's human rights were being protected because the requirements of the MCA and DoLS were being followed. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

People were supported to remain healthy. One relative told us "They always take (the family member) to the GP if they need to go." People had access to a range of health care professionals, such as the Epilepsy team, dietician and GP.

Staff were seen to be caring towards people and people's dignity and privacy was maintained. One relative said "Staff are excellent, they are very good with (my family member) and with me." Relatives told us that they were involved with the plan of care for their family member. Staff understood about people's life history and family.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and provided staff with what they needed to support people.

Relatives told us that their family members led an active life outside of the service. One relative said "(The family member) enjoys working; they go out regularly when they want to. There was a list of regular activities that people participated in which included clubs, shopping, music therapy, walks and trips to the town.

Relatives told us that they knew how to make a complaint if they needed. One told us "I would speak to the staff at the home, if I wasn't satisfied I would go to the provider, I've never made a formal complaint, I had an issue but that was dealt with." There was a complaints procedure in place for people and relatives to access if they needed to.

Staff were supported by the management team and were involved in the running of the service.

Systems were in place to monitor the quality of the service that people received including audits and surveys to relatives. The Care Quality Commission were informed of information about the service when they needed 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?

Good

The service was safe.

There were enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date clinical and service mandatory training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them

With appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored.

Is the service caring?

Good

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us most staff were caring and we observed that people were consulted about their care and the daily life in the service.

People and relatives were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in that people enjoyed.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Relatives and staff said that they felt supported and listened to in the service.

Wood Close

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 which took place on the 29 October 2015. The inspection team consisted of two inspectors. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with two relatives, the registered manager and two members of staff. We were unable to communicate with people verbally due to their disabilities however we spent time observing care and support.

We looked at a sample of two care records of people who used the service, medicine administration records, two recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was on the 2 January 2014 where we found our standards were being met and no concerns were identified.

Good

Is the service safe?

Our findings

One relative told us that they felt their family members were safe at the service. One said "(The family member) is very safe because of the way staff are with them" whilst another said "They look after (the family member) very well."

Risks to people had been assessed and managed appropriately to keep people safe. Staff understood risks to people and what actions to take to reduce risks. One member of staff told us that one person required one to one support from staff when out in the community to protect the person from harm. They said that another person was at risk of choking and they had specially adapted equipment to eat with to help prevent them from choking. We saw this equipment being used.

The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of people's rooms being accessed by other people, choking, de-hydration, safety whilst in the community and personal care. Risk assessments were also in place for identified risks which included maintaining a safe environment. One person was at risk of having their items removed from their room by other people living in the service. Steps were taken to secure the persons belongings when they went out. The floors and surfaces around the service were free from clutter to help prevent people from tripping or falling.

People's needs were met because there were enough staff at the service. One member of staff told us that they were reliant upon using agency staff at the moment but that they tried to always get the same staff to ensure consistency of care. They said that this was important for people who took time to get to know new people. The registered manager told us that the staffing "Is very stretched at the moment, there have been a couple of occasions where there have been less staff than needed due to sickness and not being able to cover that." However we looked at the staff rotas and found that on the whole there were always the correct amounts of staff on duty. On the day of the inspection staff were supporting people when they needed.

Accidents and incidents with people were recorded with information included detail of what happened, who was involved, who had been informed and what actions were taken. A copy of this was then given to the head office for trends to be analysed. We saw that the accidents and incidents recorded were mainly around the management of people's behaviours. Steps had been taken to reduce the risks of incidents happening. For example one person had an injury to their finger, more appropriate supervision was taken with this person by staff.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office and on the noticeboard in the lounge if they needed to refer any concerns about abuse.

People's medicines were administered and stored safely. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photos of people in the front of each chart to identity who the medicine had been prescribed to. Assessments were undertaken for each person to look at the person's understanding of medicines. Whether they can read the label, how to best take their medicine and whether they understand what they are taking the medicine for.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans and in the hallway in the event that these needed to be accessed quickly.

Peoples were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history.

Good

Is the service effective?

Our findings

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training needs the member of staff may need. One member of staff told us "Training is pretty good and we get regular refreshers, if we feel we need some additional training we just ring HR department, if you ask for something you will get it."

Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Training included challenging behaviour, autism, moving and handling and infection control. We did note however from the training matrix that some staff had not received their refresher training in some areas. The registered manager told us that this was being addressed.

People at risk of dehydration or malnutrition had effective systems in place to support them. One relative told us "(The family member) gets enough to eat and drink." Where people needed to have their food and fluid recorded this was being done appropriately by staff. One member of staff said "Although people can't tell us what food they don't like we know when they push foods away, I know what people like to eat and what they don't." Intake and output of food and fluid was recorded where necessary so that staff could easily keep an accurate record of what people had eaten and what they had had to drink. People were being weighed regularly to keep a check on whether people were either gaining weight or losing. One person had recently lost weight and advice and support was being obtained from health care professionals around this. People were supported to eat and drink enough and maintain a balanced diet and health care professionals were contacted if staff had any concerns.

People's human rights were being protected because the requirements of the MCA and DoLS were being followed. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). 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.

People were protected as there were appropriate assessments of their mental capacity. There were detailed mental capacity assessments specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was appropriate assessment in that related to this decision. There was detailed information about why it was in someone's best interest to restrict them of their liberty where necessary. For example, there were MCA assessments in relation to any medical treatment and people's finances. Where necessary DoLs applications had been submitted to the local authority where it was felt that someone's liberty may be restricted. This related to the locked front door and the lock on the kitchen door.

People were supported to remain healthy. One relative told us "They always take (the family member) to the GP if they need to go." Another relative said "They (staff) look after my (family member) extremely well." People had access to a range of health care professionals, such as the Epilepsy team, dietician and GP.

Good

Is the service caring?

Our findings

There were positive comments from relatives of people who used the service about how caring staff were. One relative said "Staff are excellent, they are very good with (my family member) and with me." Another relative said "Staff treat (the family member) in a kind and caring way."

There were kind and caring exchanges between staff and people on the day of the inspection. We saw staff speak to people in a way which suited their needs and speaking clearly to enable communication. We saw the registered manager engaged with one person with warmly and affectionately and the person responded to this positively. We heard conversations between staff and people that were age appropriate and respectful. One member of staff said "The people are lovely, I'm happy to be here and I enjoy working here." Another member of staff said "I like everything here, I enjoy working with people."

Relatives told us that they were involved with the plan of care for their family member. One said "(Family member) has a care plan and we have six monthly reviews of this, we discuss (the family member's needs) and we get minutes of our discussions." Another relative also confirmed that this happened with them and their family member. They said "We can talk about the care plan and (the family members) needs." We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people's life history and family. Staff gave us examples of what people's lives had been like before they came to the service which showed that they knew and understood people.

People's bedrooms were personalised with photos of family and decorated with personal items important to the individual. Relatives told us that they family members were encouraged to be as independent as they could be. One relative said "If (the family member) wants to be alone they can be. They are not made to do anything they don't want to do." Another relative said "They help (the family member) make his bed with them, tidy the room and encourage them to bring their own laundry down." We saw people accessing their own rooms in the service.

People's privacy and dignity was maintained. One relative said "(The family member) is always clean and shaved and they have the privacy of having their own bathroom in their room." Where people were being supported with personal care the doors were always shut. We saw one member of staff ask a person if they could speak to them in another room as they wanted to discuss their personal care. One member of staff said "I will sign to (the person) discreetly if I feel he needs some personal care or to see if they need the toilet."

Where possible people were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Although 'Residents meetings' didn't take place (due to the nature of the behaviours of people who lived there) all people met with their key worker each month. Discussions were recorded around what they wanted to do, whether they wanted anything different from care staff. In each person's care plan there was a section around 'What is important to me'. The information detailed how people could be communicated with (for example with Makaton or pictures). We saw a folder of pictures for one person to ensure that staff could communicate messages which the person would understand. All of the people at the service had relatives who supported them to make decisions.

Good

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. There was specific information and guidelines for staff for any support that needed to be undertaken with people for example in relation to shaving and how people preferred to make choices about everyday things.

For any new staff coming on duty there was also a summary of care for people that explained how people preferred their care and what their routines were. The registered manager told us how important it was to people to have their routines and this information was to ensure staff were aware of them.

Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that the staff coming on duty had the most current information.

Daily records were written by staff throughout the day. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. We saw from the minutes in August 2015 that there were discussions around each person that lived in the service with any changes in their behaviours and needs.

Where it had been identified that a person's needs had changed staff were providing the most up to date care. One person was not sleeping as well at night and staff had been recorded and monitoring this. The registered manager told us that they responded to the needs of people and tried to support them to improve their health and their behaviours. One person since moving in to the service had had their medicines for their behaviour decreased. The registered manager said that they had made a real difference to the person who was now more alert and starting to communicate with them more.

Relatives told us that their family members led an active life outside of the service. One relative said "(The family member) enjoys working; they go out regularly when they want to." Another relative said "(The family member) does horse riding and likes swimming." There was a list of regular activities that people participated in which included clubs, shopping, music therapy, walks and trips to the town. Care plans for people detailed with they liked to be involved in. On the day of the inspection one person was out on an activity with staff. For those people that were there when we arrived they were taken out by staff during the day.

Relatives told us that they knew how to make a complaint if they needed. One told us "I would speak to the staff at the home, if I wasn't satisfied I would go to the provider, I've never made a formal complaint, I had an issue but that was dealt with." Another relative said "They (staff) give us leaflets and I know there is information on the website, I've never needed to complain." There was a complaints procedure in place for people and relatives to access if they needed to and this was also in a pictorial format for people to understand. The registered manager told us that there had not been any complaints received.

Good

Is the service well-led?

Our findings

The registered manager was on annual leave on the day of the inspection but did come to the service to assist us. One member of staff told us "(The manager) is really good, very helpful to me." Staff said that they felt supported by the registered manager. They said that they could go the registered manager whenever they needed to. One member of staff said that that they felt supported with the manager but not always by the 'Organisation.' On the day of the inspection building work was taking place. Staff told us that this was meant to start that day but builders turned up on the Monday without them knowing this was going to happen. This had caused a lot of anxiety with people which meant that staff had to ensure that they kept people out of the service longer during the day. They said that they didn't have an opportunity to plan in advance as they were not communicated with about when the builders were starting.

We spoke to the regional manager about this. They told us that they were unhappy with the lack of communication that staff had been given and asked the builders to leave. They said that they would ensure that proper plans were in place to ensure people were properly protected whilst the building work continued. After the inspection we were shown evidence of risk assessments that had taken place for each person around the work continuing and how to best address any anxieties this may cause to people.

Staff were supported by the management team and were involved in the running of the service. Staff meetings took place regularly and there were discussions around any changes to the building, parties that were being planned and various outings for people that were taking place. Staff were also encouraged to put forward suggestions and views around the strategic plans with the provider and the values of the service. We saw that contributions were made by staff including 'Quality of life focus' and what was important to people. Staff had also been offered counselling over the bereavement of someone who lived at the service and were asked to be involved in the funeral arrangements.

Systems were in place to monitor the quality of the service that people received. The regional manager would visit the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, training and staffing levels. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it was identified that risks assessments needed to be updated following a particular incident which has now been addressed. In addition to this staff undertook internal audits which included water temperature checks, checks of the first aid kit and emergency lighting, environment and health and safety.

Relatives told us that they were always asked their views on the service and how things could be improved. They said they are asked to complete a survey and they are shown the results of the survey. They said that the registered manager makes improvements based on the feedback. One relative had asked for information around any changes that were going to be made to the family member's room and they were provided with this information. One relative said "This is why I think it's managed so well." Another relative said "It's such a happy home, I have confidence that everything is running smoothly." Both the relatives that we spoke with told us that they were always contacted by the staff when they needed to be.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We did note that some of the incidents and accidents that had been recorded should have been notified to the CQC. We spoke to the registered manager about this who said that it was a mistake on their part and would ensure that all appropriate notifications were sent it.