

Ashcroft Care Services Limited

Spring Park

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 ●

Summary of findings

Overall summary

Spring Park provides accommodation, personal care and support for up to three adults who have a learning disability. There were four people living at the home at the time of our inspection as the provider had recently changed their statement of purpose to accommodate an additional person in the house.

There was a registered manager in place, who had taken up their post since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

People were supported to eat safely. People who had needs related to eating and drinking had guidance in place to help ensure they received their food in the most appropriate way for them. People were supported to eat the food they wanted. Staff were knowledgeable about people's needs and knew people well. We observed people being supported in line with their care plans which were person-centred and detailed.

Where necessary, referrals had been made to health and social care professionals to ensure that people remained healthy. People's well-being was the most important thing to staff and as such staff put people at the heart of the service. People were encouraged to experience a wide range of activities to suit their individual preferences.

People were cared for by staff who responded to people's needs resulting in a positive effect on people's wellbeing. Where people had experienced deterioration in their mobility or suffered with emotional needs there was a consistent approach from staff which resulted in people gaining confidence and independence. People were actively encouraged to be independent and were supported by staff to learn and develop new skills. Professionals spoke positively about staff and the care that people received. Staff recognised people as individual's and developed ways of ensuring that they had the opportunity to make decisions in their care and felt listened to.

The management oversight of the home was good. Staff felt supported by the registered manager and told us that because of their approach it had created a good ethos and culture within the staff team. Relatives and advocates told us the registered manager provided good leadership for the home. The registered manager also managed another of the provider's registered homes but demonstrated that this did not diminish their ability to manage Spring Park effectively. Records were well organised, up to date and stored confidentially where necessary.

People were safe because staff understood any risks involved in their care and took action to minimise these risks. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Staff told us that people never missed out on any planned activities because they always ensured there were enough staff available. Staff understood their roles in keeping people safe and protecting them from abuse.

The provider carried out appropriate pre-employment checks before staff started work.

Staff maintained a safe environment, including appropriate standards of fire safety. The provider had developed plans to ensure people would continue to receive care in the event of an emergency. People received the medicines they required and the storage and recording of medicines followed best practice. Accidents and incidents were recorded with detailed information about actions taken.

People's care was provided by staff who had access to the training and support they needed to do their jobs. People were supported to have maximum control of their lives. Staff followed the principals of the Mental Capacity Act which meant they supported them in the least restrictive way possible.

People were supported by caring staff. Staff treated people with respect and maintained their privacy and dignity. People lived in a homely environment surrounded by their own personal belongings.

There was an appropriate complaints procedure which explained how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. There had been no complaints since our last inspection.

Team meetings were used to ensure staff were providing consistent care that reflected best practice. Relatives felt communication was good and they and external agencies were asked for their views about the service provided.

The provider's quality monitoring checks helped ensure people received safe and effective care. Staff made regular in-house checks and the provider's area manager carried out a monthly audit. The organisation promoted a good culture within the staff team and support and recognised staff.

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 deployed on each shift to keep people safe and meet their needs.

People were protected from avoidable harm. As risks to their health and safety had been assessed and well managed.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed. People enjoyed the food provided and could choose what they ate.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence. People were involved in making their own decisions.

Relationships that were important to people were encouraged by staff.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People's care plans contained person-centred information about how they preferred their support to be provided.

Staff were aware of people's individual needs and preferences and provided responsive care in a way that reflected these.

People had opportunities to take part in activities that they enjoyed. Staff actively encouraged people to engage with other events and people outside of the home.

There was a complaints procedure in place if anyone was unhappy with the care being provided.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff had opportunities to contribute their views about the home.

Staff felt supported by the registered manager.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were accurate, up to date and stored appropriately.

Spring Park

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 checked 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.

The inspection took place on 27 September 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had completed 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 inspection we met all of the people who lived at Spring Park. We spoke with two people. Some people were not able to tell us directly about their experience due to their communication needs. We observed the support they received and the interactions they had with staff. We spoke with four staff which included the registered manager and one relative.

We looked at the care records of two people. We looked at how medicines were managed and records relating to this. We checked three staff recruitment records, minutes of staff meetings and records of staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks and the provider's audits of different aspects of the service.

After the inspection we spoke with one relative and one social care professional by telephone to hear their views about the care their family members received. We also received feedback by email from another social care professional who had some involvement with people in the home.

Is the service safe?

Our findings

People told us they felt safe and had no worries about living at Spring Park. They told us there were always enough staff and someone was always around. One person said, "There are always staff around. I shout out for them if I need them." A relative said, "I can tell (she feels safe). [Name] shows it in her own way and she always wants to come back."

People were cared for by a sufficient number of staff which meant they received their care in a prompt way. The rota was planned to ensure that staff were available to support people to take part in activities and access their community. Staff told us there were enough staff available to ensure that people were supported in line with their care plans. During our inspection we observed that staff were available when people needed them and that people did not have to wait when they needed support. Staff were on duty 24-hours a day and had access to on-call management support at all times. We saw staff spend time with people in an individual way. Some people chose to sit in the lounge area, whilst others remained in the kitchen. At all times staff were present.

People's risks had been identified and well managed. Risk assessments had been carried out to keep people safe while supporting their independence. Such as one person who liked to take a bath without staff being in the room. Instead staff checked the person every few minutes by calling through the door. The person told us they liked the fact that they could now have a bath alone. A staff member told us one way they helped to ensure people were safe was, "[Name] uses a wheelchair now at times and we need to watch to check they don't take their foot off the foot rest."

Accidents and incidents were recorded and detailed information of action taken was included. We saw few accidents had taken place at the service and where people had had a fall staff had acted appropriately in that they had sought professional advice and input, such as an Occupational Therapist. The provider had developed a business contingency plan to help ensure that people would continue to receive their care in the event of an emergency. This included the use of the provider's other homes should they need to evacuate Spring Park.

People lived in a well maintained environment. Staff carried out health and safety checks and the provider maintained appropriate standards of fire safety. Fire drills were held regularly and each person had a personal emergency evacuation plan, which recorded the support they would need in the event of a fire. These were contained in a 'grab' folder in the hallway of the service so it could be easily accessed if need be.

The provider had robust recruitment procedures, which helped ensure that only suitable staff were appointed. Applicants were required to submit an application form. The provider carried out appropriate pre-employment checks, including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff had attended safeguarding training and were aware of their responsibilities should they suspect abuse was taking place. Minutes of staff meetings demonstrated that the registered manager had reminded staff of their responsibility to report any concerns they had about potential abuse. They told us they knew how to report any concerns they had, including escalating concerns outside the home if necessary. Staff told us they would have no fear about voicing any concerns. One staff member told us, "The best way to stop it is to report it." We found referrals had been made to the local authority safeguarding team and CQC appropriately.

People's medicines were managed safely. We noted the Provider's Information Return (PIR) stated, 'There are robust procedures in place relating to management, storage and administration of medication and staff who administer medication are trained to do so. Each person has their own medication cabinet within their room to promote dignity and privacy'. We found this to be the case. We saw that each person had their own medicines cabinet in their room and their medicines records were stored next to these. Medicines cabinets were neatly organised. Staff responsible for administering medicines had attended medicines training. Each person had an individual medicines profile, which contained information about the medicines they took and what they were for. Where people had been prescribed medicines 'as required', there were protocols in place to guide staff about when these medicines should be used. Medicines were stored securely and appropriately as medicines cabinets were locked and staff checked the temperature of the cabinet each day. This was to help ensure that medicines were stored at their optimum temperature.

Is the service effective?

Our findings

People were enabled to make their own lunches and snacks. One person told them they made their own drinks and helped with meal times. The menu was discussed and staff encouraged people to contribute to the menu. Staff knew people's likes and dislikes and used pictures to offer people choices based on their preferences. We saw that one person liked strawberries and noted they had had these for their breakfast. A relative told us, "They are giving her the opportunities to say what she wants for her meals and getting her more involved in the kitchen."

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The menu was planned to meet people's individual dietary needs and preferences. We noted in people's care plans that some people required their food cut up to help them eat it in a safe way. We saw staff ensured their food was appropriate for them. We also saw people who required plates with a lipped edge were given these.

Staff had the skills and knowledge they needed to support people effectively. We noted the provider had stated in their PIR, 'There is regular 1:1 staff supervision, observation and appraisal. Supervisions contain feedback on areas specific to individual's role and current performance and development needs'. Staff confirmed this to be the case. Staff told us they met regularly with a senior member of staff for one-to-one supervision at which they were given feedback about their performance. Staff told us supervision sessions were useful and that they were encouraged to discuss their training and development needs. We found staff knowledgeable on the day and observed them caring for people in a competent manner. One staff member said, "I feel supported. I have regular supervisions where we discuss my work, if I can improve and generally how I am doing." Another told us, "Supervisions are useful. They give you the chance to speak your mind and make suggestions."

Staff had access to the training they needed to carry out their roles. Ashcroft believed in face to face training as such training attended by staff was delivered in this way. Core training attended by staff included health and safety, first aid, infection control and moving and handling. They also had access to epilepsy and autism training which gave them a good understanding of providing appropriate care for the people living at Spring Park. Training was specific to people's needs. A good example of this was staff had received hoist training in order to ensure they could accommodate the needs of one particular person living at Spring Park. Refresher courses were available to staff and during our inspection we heard that staff had attended person-centred care plans and Mental Capacity Act training in the last two days.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that staff were. For example, we read mental capacity assessments had been carried out where people required support with their medicines, staff opening their post and for staff to manage their money. Where people had capacity we saw that they had signed their consent in relation to voting in local and national elections. We read best interest decisions had been made for one person who required a blood test and another who needed a minor operation. One person needed to lose weight and a best interest decision had been made for staff to ensure they ate healthily in order to achieve this. Staff had a good understanding of the MCA and how it should be applied. One staff member told us, "People can have capacity to make some decisions, but not always others." Another said, "There are five principals of the Mental Capacity Act. We have to assume capacity. If someone makes an unwise decision it doesn't mean they lack capacity."

Staff understood the requirement to ensure appropriate procedures were followed and recorded when people's mental capacity was being assessed and decisions taken in their best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff. A staff member told us how they knew bed rails were a restriction. These had recently been installed for one person who had had a stroke. As such a mental capacity assessment and best interest decision had been made in relation to these. We heard staff asking people throughout the day for their consent before they did anything. A staff member told us, "I chat to them and tell them what's going on and if they want to get involved."

People's healthcare needs had been assessed and support had been planned to meet any needs identified. Some people had healthcare conditions that required regular monitoring by healthcare professionals, such as regular blood tests. There was evidence that these conditions were being managed effectively and that people were supported to attend monitoring checks. A Health Action Plan (HAP) had been created for each person. HAPs contained clear information about people's healthcare needs. Each person also had a hospital passport which contained important information for medical staff should a person require admission to hospital. We found one person's hospital passport had recently been updated to reflect their reduced mobility. We saw evidence of people receiving involvement from health care professionals such as the GP, optician, or occupational therapist. One person, who had spent a short while in hospital, had been provided with appropriate equipment upon their discharge back to Spring Park. This included a hoist and custom made wheelchair. We noted a comment from the hospital team which read, 'staff at hospital impressed with support of Spring Park staff'.

Is the service caring?

Our findings

One person said they liked living at Spring Park because, "Staff are kind." They proceeded to tell us the names of the staff they liked and how this meant they were happy. A relative told us, "They (staff) have got to know her well." Another said, "She is very happy here." The recent quality assurance survey carried out by the provider showed that all respondents 'strongly agreed' that staff were caring. With one person commenting, 'the staff are all very caring and loyal, trustworthy in the care of my sister'.

People benefitted from the friendly aspect in the home. One relative told us, "Everyone is very kind towards her and she gets on with everyone else in the house." A social care professional told us, "It always feels like a family home which I think is a good thing."

People were supported to maintain relationships with their friends and families. We saw one person going out with their family member during the afternoon and we were told this was a weekly occurrence. Another person had regular visits from family members. One relative said, "The communication is good and I get treated very well (by staff) when I go." A staff member told us, "We always make sure people have close contact with their friends and relatives." A social care professional said, "I have absolutely no concerns about Spring Park and I am always made to feel welcome when I visit."

People received their care from a consistent staff team. This meant that people were supported by staff who were familiar to them and who understood how they preferred their care to be provided. A relative told us, "The staff are always lovely. She has a lovely life here." All staff we spoke with commented on the long-standing staff team and told us they felt this helped Spring Park feel a friendly and safe environment for people.

People were supported to be as independent as possible. We saw people helping in the day to day running of the home, such as putting in their own laundry. One person communicated with staff that they wished to go out and staff asked them to put on their shoes and they both went out in the car. Another person had a key to their bedroom as well as a key to the front door which meant they could decide when they wished to lock their room, or open the door in front of staff when returning from outside interests. A relative told us, "They are very open with her in what they are doing which has increased her confidence."

People could have privacy when they wanted it and staff respected their decisions if they chose to spend time alone. One person told us they liked to return to their room at times to watch television in peace and quiet and that staff respected this. Staff were discreet with people. We heard staff ask one person quietly if they felt they should go to the toilet before they went out with their family member.

People lived in a homely environment. One which was respected by staff. We saw people's rooms were individual and personalised. Staff encouraged people to show us their rooms but before doing so knocked on people's doors to ask their permission. One person proudly showed us their room and told us how they had chosen the colouring for their duvet cover.

People were made to feel as though they mattered. We noted when one person came into the kitchen and took a staff member's hand, the staff member stopped talking to us and gave the person their attention. They spent time with the person encouraging them to show them what they wanted. Earlier, we observed a staff member sit with this person whilst they did some writing and they congratulated them when they formed some letters.

People were involved in decisions about their care. The provider stated in their PIR, 'one person was able to be involved in making an advanced directive within their support plan in relation to their personal care needs'. We found this to be the case. One person told us staff gave them the care they wanted in the way they liked. We heard how this person had used to require staff with them when they bathed, but due to their increased confidence they now bathed independently, which was their preference. Where people could they were involved in their care plans and we saw how one person sat with a staff member and discussed what would be written in their daily notes for the morning. A social care professional told us, "The staff are very friendly and appear to involve the residents in any decisions that need to be made."

People's needs in respect of their religion were understood by staff. The provider stated in their PIR, 'one service user who has religious beliefs is supported to attend an evening church group for people with learning disabilities which is linked with other providers'. We found this to be the case. Staff told us how important it was for one person to attend church each week and that as such they ensured they were taken each Sunday.

Where people did not have relatives or friends staff ensured people had access to an independent advocate who could help speak on their behalf. We saw evidence of advocate's being involved in decisions about people's care. A social care professional told us, "I have been visiting for four years now and have never had any concerns. Normally you may find something in that time, but I never have."

Is the service responsive?

Our findings

We were given positive feedback about the staff and their understanding of people's cultural and social needs. Professionals told us the service focused on providing person-centred care. A social care professional told us, "I have always considered Spring Park to be an excellent home and feel that the staff there are very competent." Another said, "I have nothing but good things to say about the home. The staff are very knowledgeable about [name's] needs. They responded really well to his changing needs and had everything prepared." A diploma assessor who had been working with three staff had commented in the feedback book at the service, 'impressed with [name], [name] and [name], as been working on their diplomas. Their core practices are an exemplar to them all'. We also noted that the service received an 'outstanding' rating in the Ashcroft People's Standards 2016. This was for a reflection of the teams' outstanding and consistent work in relation to areas such as people living fulfilling lives, family involvement and giving people real choice. A relative had commented in some feedback, 'Staff have created a happy atmosphere to live in. It makes such a difference to her. She shows happiness'.

People's individual needs were responded to by staff. One person had recently moved into Spring Park. Prior to their move a thorough assessment of their needs was completed. The person was involved in as much decision making as possible with an emphasis on choice and development of skills for both them and staff to reflect their individual circumstances. This has resulted in bespoke changes to the environment in that the bathroom was reconfigured. This was only done once staff had established the person's needs and preferences. Another person was admitted to hospital for a period of time. Whilst there staff continued to support them. This was done to ensure that their complex needs were met and to uphold their best interests. Providing support in hospital for this person was not funded, but staff did this as they were committed to the person they supported. A third person had a particular type of hair and as such in order to help ensure that this was maintained in a way that was responsive to her as an individual a staff member travelled to a particular shop in order to purchase appropriate hair products.

People moving into the home were supported during the transition period to help ensure their move to Spring Park went smoothly and with the least possible stress in order to relieve any concerns. Introductory visits took place over a period of time to help ensure people were familiar with the house by the time they moved in. One person had recently moved in and their relative told us, "The transition was nothing to worry about."

People were given the opportunity to participate in decisions about their care. A relative told us, "As she is now more responsive staff are giving her more opportunities to express her views and opinions so staff are stimulating her in that way too." A social care professional said, "The care is exemplary, they always include him in everything and always engage him in everything they do. They ensure they respect his wishes." As staff understood people's individual ways of communicating they recorded observations and non-verbal feedback people gave about activities or food, etc. Observations and comments or conversation were noted in people's individual diaries. This allowed staff to tailor the care provided to people as it helped ensure that people received stimulation and care in the way they liked. It also meant people were listened to and valued.

People told us that because of staff's responsive approach it had helped to ensure they had an enhanced sense of wellbeing. At our last inspection we observed one person who had been often upset and reluctant to speak to staff or us. At this inspection we found a remarkable difference in the person. They were smiling and chatting to everyone. We asked them what they felt had helped them to develop and they told us, "It's the staff. I feel more confident now." A relative told us, "I've noticed a complete change in her. She is really happy and confident. Staff have helped her to be herself again and she is very much on the mend." Another person had experienced deterioration in their mobility following a recent hospital admission. Prior to discharge, arrangements had been made for a hoist and wheelchair to be available in the home for this person. This had been done in order for them to return to Spring Park which they were familiar with, rather than move to another setting which may have caused them distress and anxiety. Within a short period of having been back in the home, due to staff support, input and consistent care this person was now walking short distances again. A social care professional told us, "He came out of hospital and staff took him on holiday for a week which was amazing. They just wanted everything to be as normal as possible for him."

People were cared for by staff who enabled people to improve/take control of their own life's and health. One person was on a health regime and staff placed the jigsaws that they liked to make in a corner of the lounge so the person had to walk from their chair to get them. This helped ensure the person moved around and took some exercise whilst in the home. The provider wrote in their PIR, 'staff have supported one service user who has never been able to make themselves a cup of tea gain independence in this area by sourcing equipment to enable them to do so with minimal support'. We found this to be the case. Staff had purchased a one-cup kettle which enabled one person to now make their own hot drinks.

People's care plans were person-centred and detailed. They contained all relevant information that enabled staff to provide responsive care. Where people required intervention from external health professionals or people not so well known to them staff used pictures to help explain. One person required some dental treatment and we saw a series of pictures which explained from start to finish how the dental treatment would take place. This had helped reduce any possible anxieties in the person. We heard a staff member talking through a blood test with one person and explaining to them what would happen. We heard the person repeat back the information and acknowledge to the staff member that they understood. People's plans were reviewed regularly to ensure that they continued to reflect their needs. One person had specific routines they liked during the evening to help them relax. Because of this staff responded by planning activity such as relaxation and foot spas for evening times. This same person had epilepsy and we found an epilepsy care plan in place which described the actions staff should take in the event of a seizure. Staff were able to describe to us what they would do if this person had a seizure.

People had opportunities to take part in activities of their choice and to access their local community. Staff were always thinking of ways in which people could broaden their experiences, such as one person who had got involved in the planning for the local carnival. People were supported to engage with others outside of Spring Park as staff held a garden party in the summer and invited all the Camden Road neighbours as a way of helping people to integrate into their local community. We noted in the provider's PIR they stated, 'in order to promote the diversity of the people at Spring Park and enhance social interaction and networking, we held a 'World Food Day' where people were involved in preparing food from around the world and sharing this with people from outside the service including members of the local community'. Other activities included art classes, trampolining, the cinema, bowling, pub evenings and in-house activities. One person told us, "Wednesday is my best day as I have painting and trampoline." They described to us how much they enjoyed their painting and were keen to show staff and us their art work when they returned in the afternoon. Another person also went to painting classes which they had done for many years. Staff had just introduced them to bowling but the two sessions clashed. As such staff were discussing changing the bowling session day in order that this person could also participate. A relative told us, "The activities are

plenty and varied. I think she has a very reasonable lifestyle. She is always positive about the things she is looking forward to." Another said, "They keep her busy." A social care professional told us, "Whenever I have visited they always appear to be responsive to the residents. They actively encourage residents to go into the community and respect their wishes if they do not want to."

People were encouraged to develop and staff found creative ways to meet people's individual needs. We saw that staff had supported one person to attend fire safety, safeguarding training and nutrition training. This helped them in particular with preparation of healthy meals for example. The courses were prepared and offered at an appropriate level for the person to understand and fully participate in. We noted a healthcare professional had left a comment in the feedback book at the service, which stated, 'It was observed how attentive the carers were with the clients. It was evident clients were engaged in activities to occupy them and stimulate them'. One person was involved in the Ashcroft focus group which is a user-led championing group that discusses issues and disseminates information to other people. This can include topics such as eating healthily and keeping safe. The group recently had a talk from the police about stranger-danger.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaint procedure was written in a way people could understand. One person had experienced poor care in a previous service they had lived in. In order for staff to support this person to feel confident and comfortable raising any issues they had produced a pictorial complaints/concerns process for this person. This was individualised to them and explained what they could do if they were worried about anything, who they could talk to and that they would be listened to. The provider had written in their PIR, 'the service have a complaints and compliments log which is monitored monthly, there were no complaints received in the past twelve months'. We found this to be the case. A relative told us, "I would say something if there was an issue and I'm confident they would address it. If something was not right they would sort it out immediately." We found the service had been left several compliments. These included, 'Relaxed, calm atmosphere' and, 'Impressed with relationship [staff name] has with [name]'.

Is the service well-led?

Our findings

People and relatives told us they liked the staff and felt the registered manager had had a positive impact on the service. One relative said, "Things started to get better once (the registered manager) was there." Another told us, "I am very happy. It has been peace of mind for me. The staff are very good and communicate with me." A social care professional told us, "She is very knowledgeable and knows all the needs of people." The recent quality assurance survey carried out by the provider showed that all respondents had 'confidence in the manager's ability to lead the service'.

The registered manager also managed another of the provider's registered care homes but demonstrated that this did not diminish their ability to manage Spring Park effectively. Both the homes managed by the registered manager had a deputy manager. The registered manager and deputy manager had attended a series of workshops run by Ashcroft to support them in their roles. One of the first workshops was learning about accountability and responsibilities. One staff member told us, "[Name] is very accommodating and understanding. If she says she's going to do something she will." Another said, "We have a very good deputy manager and we can always contact the manager when she is not here." A social care professional told us, "The home manager, [name] is always amenable, easily contacted and welcomes any contact from our team." The registered manager was supported by the organisation in that they worked in partnership with other organisations to keep up to date with new research and developments and share best practice. As such the registered manager had the opportunity to attend manager networks and subject-specific workshops and training. In addition the registered manager was encouraged to develop their skills by Ashcroft and as such had just completed their Level 5 NVQ (a nationally recognised set of standards for people working in care). In addition the Chairman of Ashcroft is currently the Chairman of the Surrey Care Association which is a forum for managers to meet with their peers to share best practice.

Staff told us they enjoyed working at Spring Park and felt there was a good culture within the staff team. We observed this on the day and saw that staff worked in a way that demonstrated they took responsibility for their role. One staff member told us, "There is a good knit between us and we have a consistent staff team." A second staff member said, "We have a good team. The manager and the deputy manager are helpful." A third told us, "We treat them as people. It's the values, it's the culture – not one particular thing – it's an overall attitude." Ashcroft had a clear vision and strategy to deliver high quality care and support promotion of a positive culture. As such the provider also recognised good culture within the staff team and had awarded staff an 'outstanding' rating in strong values and open culture. They recognised the work staff did and saw that one staff member was the first employee to get 'employee of the month' award. In addition nominations for staff had been made for the Surrey Care Awards.

The standard of record-keeping was good and people's personal information was kept confidential. Staff maintained accurate records for each person that provided important information about their needs and the care and support they received. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.

Staff met regularly as a group to discuss the needs of the people they supported and to ensure they

provided care in a consistent way. Each staff meeting was used to discuss a different topic to remind staff of important issues, such as a CQC inspection, human resource processes, equality and diversity and end of life care. In addition staff were supported by Ashcroft as a whole as they recognised staff's requested working hours and the need to have protected time to read people's care plans.

Relatives and advocates had opportunities to contribute their views about the home. They were also kept up to date with news relating to the provider as a whole. The provider stated in their PIR, 'views of others are sought through annual stakeholder, staff and relative survey'. We read the results of the most recent quality assurance survey. From the three responses received we read that everyone either, 'strongly agreed' or 'agreed' that they felt their relative was safe, they were comfortable raising a concern, staff had positive and caring relationships, they had been consulted in relation to best interest decisions, privacy and dignity was respected and staff had the appropriate skills. Updates on Ashcroft as a company and service provider as well as issues pertaining to the learning disability sector were communicated to people and their families in the form of a quarterly newsletter and an annual face to face meeting with the chairman of Ashcroft.

There was an effective quality monitoring system in place. Staff carried out regular health and safety checks to ensure people lived in a safe environment, such as legionella checks, fire checks, electrical and gas checks and vehicle checks. The management of medicines was audited regularly and the services first aid box was checked to ensure that it was kept stocked appropriately and items were in date. The provider stated in their PIR, 'the service has an operational action plan which the manager drives through continual improvement'. We saw that the provider carried out monthly visits when they reviewed the service in line with CQCs KLOE's. Where actions had been highlighted we saw they had been addressed by the registered manager. Such as arranging refresher MCA training for some staff,