

Ashcroft Care Services Limited

Tanners Farm

Inspection report

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Tel: 01293776431

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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

The inspection took place on 15 February 2017 and was unannounced.

Tanners Farm House is a care home which provides care and support for up to seven people who have a learning disability, such as autism. At the time of our visit there were four 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 2008 and associated Regulations about how the service is run.

Our last inspection was in October 2015 where we identified concerns with medicines management, the application of the Mental Capacity Act (2005) and a lack of quality assurance systems in place. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

People's medicines were managed and administered safely by trained staff. The registered manager carried out regular medicines audits and staff kept up to date records of medicines. Staff worked alongside healthcare professionals to meet people's needs.

There were sufficient numbers of staff present to meet people's needs safely. Staff supported people to take part in activities and to go out regularly. Appropriate checks were in place to ensure that staff were suitable for their roles.

The provider had systems in place to audit the quality of the care that people received, as well as the safety of the premises and measures in place for emergencies such as fire. Plans were in place to protect people should an emergency situation occur.

People were supported by staff who knew them well and were kind and compassionate. Care plans were person-centred and where people's needs changed this was responded to by staff. Reviews took place regularly.

People lived in an inclusive atmosphere in which their independence was encouraged. People were supported by staff to carry out household tasks as well as develop skills such as preparing meals. Staff knew people's food preferences and people's dietary requirements were met. Risk assessments were in place to keep people safe whilst maximising their independence.

Staff felt well supported by management and had input into how the home was run. Staff had access to training courses and were knowledgeable in how to support people with autism. Staff had regular supervision.

People's privacy and dignity was respected by considerate staff. Staff knew how to respond if they had safeguarding concerns. People and relatives were informed of how to make a complaint and where complaints had been made, they were responded to appropriately.

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.

People's medicines were managed and administered safely.

There were sufficient staff present to meet people's needs.
Checks had been carried out to ensure staff were appropriate for their roles.

Risk assessments were carried out and measures were in place to minimise harm.

Accidents and incidents were responded to and measures were put in place to prevent them reoccurring.

Staff were trained in safeguarding adults and knew how to report any concerns.

Is the service effective?

Good ●

The service was effective.

People were supported to prepare meals of their choice.

Staff had suitable training to meet the needs of the people that they supported.

People were provided support in line with the guidance of the Mental Capacity Act (2005).

Staff worked alongside healthcare professionals to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff.

Staff knew the people that they were supporting well.

People were supported in a way that promoted their

independence.

Staff provided support in a way that respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs and preferences.

Regular reviews took place to identify changes in people's needs.

People and relatives were provided with means to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place. Where improvements were identified these were actioned by management.

Feedback from relatives was regularly sought in order to identify improvements.

Staff felt well supported by management and told us they had input into how the home was run.

Tanners Farm

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.

This inspection took place on 15 February 2017 and was unannounced. Due to the small size of the service the inspection was carried out by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider 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.

As part of our inspection we spoke to people and observed the care that they received. People living at the home were not able to provide us with verbal feedback, but we observed caring interactions and activities that they took part in. We spoke to one relative who visited the home regularly. We spoke to the registered manager and two members of staff. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at two staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Our last inspection was in October 2015 where we identified concerns with medicines management, the application of the Mental Capacity Act (2005) and a lack of quality assurance systems in place.

Is the service safe?

Our findings

Relatives told us that they felt the service was safe. One relative told us, "I do feel it is safe."

At our inspection in October 2015, we found that robust medicine management systems were not in place. There were inconsistencies in how medicines were accounted for when people went away from the home. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements in relation to medicines management.

People's medicines were managed safely. Staff kept records up to date and signed a log whenever they took medicines away from the home. One person had emergency medicine for their allergies which staff needed to keep with them when going out. Records showed this was always signed in and out by staff. Following the last inspection, the registered manager regularly audited medicines. They checked the accuracy of the numbers of medicines in stock against records and ensured there were no discrepancies. Recent audits identified no discrepancies.

People received their medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. Information on how people wished to receive their medicines was in their care records and staff demonstrated a good understanding of these. Clear protocols were in place where people received medicines 'as required' (PRN). One person had PRN medicine to be used if they became anxious. The person was not able to verbally tell staff if they were feeling anxious. Records contained a clear description of how this person may present when they are anxious and instructions for staff on when to administer this medicine, if other techniques to calm the person had failed. PRN medicine was not used regularly, which demonstrated that staff were taking appropriate measures before administering medicines.

At our inspection in October 2015, we found staff were not always deployed in a way that meant people could go out or take part in activities. There was a lack of consistency in how staff were deployed which meant that people's activity timetables could not always be followed. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements around staff deployment. People took part in activities and outings as planned. A relative told us, "Whenever we visit there seems to be enough staff for the people that are there." The deployment of staff had been reviewed since our last inspection and was based upon people's needs and timetables. At the time of this inspection, every person had one to one care. We observed sufficient staff present to keep people safe and to take people out. Staff sat with people and took them out of the home throughout the day. Records showed that people participated in their scheduled activities as planned.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff

were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff 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 files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I'd follow our procedures. If it was a serious problem I could contact police, social services or CQC." Staff had attended safeguarding training and had read the provider's safeguarding policy. There had been no recent safeguarding but the registered manager was aware of their responsibility to inform the local authority safeguarding team and to notify CQC.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person enjoyed cooking, this was an important part of their routine. Staff identified that they could rush cooking, particularly when they were anxious. This posed risks in the kitchen as it increased the likelihood of accidents. Staff ensured this person used the kitchen when it was quiet. They prepared ingredients in advance to limit the use of knives and sharp objects. Staff supervised the person, but from a distance to maximise their independence. We observed staff supporting this person to cook during our inspection. Staff and relatives told us how this person had become more confident and independent in the kitchen since they came to live at the home.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. In their PIR, the provider told us that, 'Incidents, accidents, safeguarding and whistleblowing are recorded, monitored and reviewed by the Registered Manager and notifications are made.' Our findings supported this. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person had become anxious and caused bruising to themselves. Staff recorded the incident and what had been done as a result. The person was administered PRN medicines and staff followed the protocol in their care plan. Staff recorded the reasons for the incident, in this case due to the person wishing to use a piece of equipment which was unavailable at the time. The person was supported to take part in an alternative activity. The incident was discussed with staff, relatives and healthcare professionals to help to identify what caused the anxiety and how staff can avoid a repeat in future.

People were protected in the event of a fire. The fire alarm system was serviced annually and fire alarms were tested weekly. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These gave staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Is the service effective?

Our findings

Relatives told us that they felt staff were trained in their roles. One relative told us, "The staff always speak to us with updates and know about what (Person) needs."

At our inspection in October 2015, we found that staff had not always had appropriate training for their roles. Staff did not have regular one to one meetings with their supervisors which meant that they did not always receive the support that they needed. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, the provider had made improvements to staff training.

People were supported by staff who were trained in their roles. All staff completed mandatory training units and these were refreshed regularly. Mandatory training covered areas such as health and safety, fire safety and medicines. The registered manager kept a record of training that identified when staff needed an update. Records showed that staff were training was up to date. Staff also received training specific to the needs of people that they supported. Staff told us that they found training informative and useful for their roles. All staff had undergone specialist training in areas such as autism and epilepsy, which reflected people's needs.

Staff received regular supervision. One staff member told us, "I've had a few supervisions now. We can give ideas and make suggestions." Records showed that supervision meetings happened regularly and were used to discuss good practice and training. One staff member had recently discussed the process for recording medicines during their supervision. Another staff member had discussed their induction and the training that they had received so far. This demonstrated that management and staff used supervision as an opportunity to improve knowledge and practice

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 so that they can 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).

At our inspection in October 2015, we found that the correct legal process was not always followed when applying DoLS. People had restrictions placed upon them before MCA assessments and best interest decisions had been recorded. Applications had not been submitted to the local authority under DoLS. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements.

People's rights were protected because staff worked in accordance with the Mental Capacity Act (2005). In their PIR, the provider told us that, 'In areas where Service users are assessed to lack capacity best interest meetings or discussions take place and the least restrictive measure will be put in place.' Our findings supported this. The provider had reviewed all MCAs and DoLS applications and where gaps were found these had been filled. Staff had attended training on MCA and demonstrated a good understanding of how it applied to their practice. One staff member told us, "People need to make choices. But when they can't, we have to involve family and professionals to decide what is in their best interests." Decision specific mental capacity assessments were carried out. Where people lacked capacity to make a decision, a best interest decision was recorded. One person lacked the mental capacity to make the decision to manage their medicines. An MCA assessment established that they lacked capacity before a best interest decision was recorded. This involved relatives, staff and professionals. It was in the person's best interest for staff to manage and administer the person's medicines. Another person was unable to make the decision to stay at the home. A mental capacity assessment was in place and a best interest decision was recorded. The provider had made an application to the local authority under DoLS.

People were supported to have meals in line with their preferences. Care records contained information about people's favourite foods and drinks. People were involved in deciding what meals they would have each week. Staff used picture cards to support people to make choices when working together to write a shopping list. Care plans contained detail on the support people needed to eat and we observed staff supporting people in a way that reflected their care plans. One person enjoyed preparing their own meals as cooking was important to them. Their records contained information on the recipes they liked to follow and what foods they needed. Staff worked with them to write shopping lists to ensure they had the correct food. We observed this person preparing and eating food with staff as outlined in their care plan. At the time of our inspection, nobody had any specific dietary needs. This information was gathered at admission assessments which meant systems were in place to identify specific dietary needs in the future.

Care records showed that healthcare professionals were involved in people's care and staff supported people to access healthcare professionals. One person was also supported by a local community learning disability team. When they first came to live at the home their behaviour was unpredictable and sometimes posed a challenge to staff. Staff completed behaviour charts and these were shared with healthcare professionals. Healthcare professionals and staff were able to identify triggers for the person's behaviour and identified measures that would divert and distract the person when they became agitated. Since living at the home, incidents for this person had decreased dramatically and they enjoyed more independence as staff were more able to allow them to move freely through the home.

Is the service caring?

Our findings

Relatives told us that they thought the service was caring. One relative told us, "(Person) is a good barometer for stress and they are very laid back there. (Person) is very comfortable."

Interactions between people and staff showed kindness and compassion. In their PIR, the provider told us that, 'Staff are recruited based on their values, caring demeanour, skills and experience, they should have a good understanding of an individual's dignity, need for privacy, independence and choice.' Our findings supported this. People were supported by staff who interacted with them brightly and with good humour. A staff member told us, "I love it here. Every resident is an individual and it is very much a home." One person was speaking to staff about an upcoming visit to relatives and staff talked to them about where they were from. The person responded warmly to the interaction. Staff showed a commitment to the people that they support and enjoyed working with them. A compliment from a relative sent to the home said, "(Person) is so lucky to live there. The staff are all lovely and so caring."

People's care records contained detailed information on people's needs and backgrounds and staff demonstrated a good understanding of these. A relative told us, "They don't have to ring us anymore, they know (person) and things have settled." One person used key words and phrases to communicate. We observed staff using these words when talking to the person and staff had a good understanding of their needs. Another person had previously lived with relatives. Staff supported them to remain in close contact with relatives, providing them with written updates about what they have been doing. Staff demonstrated a good understanding of this person's background and family situation. A staff member told us, "We are a part of their lives, so we get to know them. Some people are more confident than others but the care plans are detailed so we can learn about people."

Staff encouraged people to maintain their independence through providing appropriate levels of support so that people could manage their own needs. Staff also understood the importance of people developing skills and confidence. One staff member told us, "We do a lot of hand over hand care here. This helps people to develop skills." Information on what people were able to do was in their care plans. People's care plans included support to carry out their chores. One person changed their own bed linen and did their own laundry, with the support of staff. We observed this person dealing with their laundry. People were involved in the running of the home as they completed tasks around the home with staff such as cleaning and taking out the bins. This created an inclusive atmosphere and gave people ownership over their home.

People's privacy was respected by staff. Staff demonstrated a good understanding of how to support people in a way that promoted their privacy. One staff member told us, "I always knock on people's doors. With personal care I ensure doors and curtains are shut. I talk to people while I support them." Where people needed support with personal care, staff did this discreetly.

Is the service responsive?

Our findings

Relatives told us that people had access to a wide variety of activities. One relative said, "Activities is one thing we're really happy with. (Person) is trying lots of new things."

People were able to choose what activities they took part in and everybody had an individualised activity plan. Plans contained information on what people enjoyed, and staff supported them to do these things. One person's care plan stated that they enjoyed cycling and the outdoors. Staff took them out regularly to parks where they cycled. People also attended local clubs and activities and staff supported them to do this. People went out regularly and staff were flexible about this. Staff regularly went out on walks in the local area with people, they also frequently visited the shops as part of their routines. On the day of our inspection we observed people going out with staff. People were also preparing for a disco that the provider was hosting for people from other local homes. The provider regularly planned group activities and events, as well as outings and holidays.

Care plans were personalised and information on what was important to people was clear. One person who had autism had very set routines that were important to them. They had personal care at certain times each day, and this was clear in their care plan. Daily notes showed this person received support at times that were right for them. Staff demonstrated a good understanding of the person's routine and we observed staff supporting this person in this way on the day of our inspection. In their PIR, the provider told us that, 'Staff ensure there is scope for service users to try new skills and experiences that they are encouraged to develop and maintain, gain and cultivate independence.' Our findings supported this. Every care plan had an 'Individual Goal Plan' which outlines people's aims and aspirations. One person wanted to develop daily living skills and their care plan included support from staff to learn these skills.

Thorough assessments took place when people moved in to the home to ensure a smooth transition. A relative told us, "We visited the home first with the manager from (person)'s last placement." Important information about people was gathered before admission to ensure staff could provide them with the right care. Staff also gathered information from health and social care professionals. One person's records contained thorough documentation from the local authority, as well as their last placement. This demonstrated that the provider gathered lots of information about people to ensure that their needs could be met.

People's care plans were kept up to date and adjusted when things changed. Regular reviews were documented in people's care records. Review documents showed input from people as well as from relatives and healthcare professionals. A recent review for one person had identified that they were enjoying their outings and that a new 'Star Wars' film was coming out. Staff were planning a trip to the cinema to see this with the person. Another review identified that the person had become more settled and incidents had decreased. Their care plan was changed to include less intensive support which meant that the person had more independence.

Staff ensured people knew how to make a complaint or raise a concern if they were unhappy about any

aspect of their care. In their PIR, the provider told us that, 'There is a robust and accessible complaints procedure and any feedback is viewed as a learning opportunity to improve standards.' Our findings supported this. Relatives told us that they had been informed how to complain. Information on how to complain was available to people and relatives. As people living at the home would not be able to raise a complaint themselves, staff were responsive to changes in their behaviour or communication. Staff understood people's needs and personalities well which meant they would be able to identify if a person needed to follow the complaints procedure. Complaints were recorded and any actions taken as a result were documented. There had only been one complaint since the last inspection. The response was appropriate and the issues it identified were addressed.

Is the service well-led?

Our findings

Relatives told us that they felt the service was well-led. One relative said, "Since (registered manager) has been there it has really settled. It has stabilised things."

At our inspection in October 2015, there was a lack of robust quality assurance audits in place. Audits did not happen regularly which meant that systems were not in place to assure the quality of care that people received. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements.

The registered manager was proactive in identifying improvements to the home. In their PIR, the provider told us that they have an ongoing 'Operational Action Plan.' They told us that this was, 'a live document evidencing that actions are met and the service is progressing and improving.' Our findings supported this. Audits were in place and an ongoing plan was being implemented by the provider to action any identified improvements. Since our last inspection, the registered manager had introduced an additional secondary audit to the one carried out by the provider. Fire safety and health and safety of the home were audited monthly. A recent health and safety audit had identified problems with the gates. This repair had been actioned. The provider carried out a regular comprehensive audit and where actions were identified, these were actioned. The last audit had identified that people's hospital passports needed updating. Hospital passports are documents that summarise people's needs and preferences, should they be admitted to hospital. Following the audit, these had been updated.

Relatives told us that they had regular opportunities to provide feedback. A relative told us, "We speak to them (staff) regularly. They always ask us how things are going." The provider was in the process of preparing a survey to gather feedback from relatives. Due to the small size of the home, management had a lot of contact with relatives and feedback was sought regularly during visits and phone calls. Records showed regular meetings with relatives and where suggestions were made, these were acted upon by management.

Staff told us that they felt well supported by management and they had input into how the home was run. One staff member told us, "Communication is important, everyone has different expertise." In their PIR, the provider told us that there was an open door policy and staff suggestions were welcome. Our findings supported this. Staff had regular meetings which were used to discuss good practice. A recent meeting had discussed the Mental Capacity Act (2005). Another meeting had discussed incidents and staff shared techniques and approaches that had worked when people had become agitated.

The registered manager understood the challenges facing the home and was taking steps to address them. They told us that supporting people with complex needs to develop their independence was a challenge. Relatives told us that they felt the intensive work staff did with people was beneficial and achieved improvements in people's skills and independence. Staff practice that we observed, and people's records, demonstrated a commitment to empowering people and increasing independence. This demonstrated that the registered manager had a plan to overcome this challenge, and it was improving the lives of people at

the home.