

Ashcroft Care Services Limited

Shrewsbury House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Shrewsbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Shrewsbury House is registered to provide care and support for up to five people. There were five people living at the service at the time of our inspection. We inspected Shrewsbury House on 9 November 2018.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Sufficient, skilled staff were deployed to meet people's needs. Robust recruitment processes were in place to ensure only suitable staff were employed. Staff demonstrated a good understanding of their responsibilities in safeguarding people from potential abuse. Risks to people's safety were identified and control measures implemented to keep people safe. Accidents and incidents were reviewed and action taken to prevent them happening again. Safe medicines processes were in place and staff competence in supporting people in this area was assessed. People lived in a safe environment and staff followed safe infection control procedures. The provider had developed a contingency plan to ensure that people's care would continue to be provided in the event of an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported by staff who received continuous training and supervision to support them in their roles. People lived in an environment which was suited to their needs. Where areas of the service had been refurbished, people's future needs had been considered. The service worked closely with healthcare professionals to ensure that people's healthcare needs were met. People had access to a varied menu and food of their choosing.

People and staff had developed positive, trusting relationships. Staff treated people with kindness and were aware of their preferences. Staff demonstrated a good understanding of people's communication styles. People were treated with dignity and respect and their independence was promoted.

People's care records were personalised and detailed. Regular care plan reviews were completed with people to ensure their support was provided in the way they wanted and continued to meet their needs.

People received support to develop plans regarding the support they wanted when approaching the end of their life. There was a range of activities which were planned with each person in accordance with their interests and preferences. There was a complaints policy in place and people told us they would feel comfortable in raising any concerns.

There was a positive culture and shared ethos throughout the service. Systems were in place to monitor the quality of the service provided and ensure continuous development. The service worked proactively with other agencies to share best practice. People and staff had the opportunity to contribute to the running of the service. CQC were notified of all significant events within the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Shrewsbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This fully comprehensive inspection took place on 9 November 2018 and was unannounced. Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with four people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager, deputy manager and three staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they felt safe living at Shrewsbury House. One person told us, "I have no reason not to feel safe." Another person told us, "I like it here, having staff and that."

Staff understood safeguarding protocols and their responsibility in protecting people from the risk of abuse. Staff had received safeguarding training. They were able to describe the different types of potential abuse, and signs which would alert them to concerns and reporting procedures. One staff member told us, "We all know people so well so if we noticed anything different we would report it to the manager straight away. We're here for the guys. Not to cover up for anyone. You raise the alarm instantly." Guidance on reporting concerns was clearly displayed and records showed that any concerns had been reported to the local authority safeguarding team.

There were sufficient staff deployed to meet people's needs Staff were available to support people both when they wished to spend time at home or when they accessed community activities. Staffing levels were flexible to ensure that people could be supported to activities and appointments.

Safe recruitment practices were followed. Prior to new staff starting recruitment checks were completed to ensure they were suitable to be employed in care services. Checks included employment histories, two references, health declarations, photographic ID and evidence of a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. People were able to contribute to the recruitment process. Following an initial interview, prospective staff were invited to meet people living at Shrewsbury House. The registered manager observed their interaction and then asked people for their views.

Risks to people's safety were assessed and control measures implemented to help keep people safe. Risk assessments in place included mobility, nutrition, support with finances, medication and accessing the community. Records showed that one person's mobility was changing. The Occupational Therapist had therefore been involved in designing the person's bathroom with additional grab rails to minimise the risk of falls. Risk assessments were designed to promote people's independence and positive risk taking. For example, to support people accessing the community independently where ever possible. Independence was further supported by helping people to manage their anxieties and behaviours. Guidance was in place for staff that identified how to support people, possible triggers and how to respond." Accidents and incidents were recorded in detail and the information used to inform people's risk management plans. The registered manager told us they monitored accidents and incidents on a monthly basis in order to identify any trends and minimise the risks of them happening again.

People's medicines were managed safely. Records showed that medicines were obtained, stored, administered and disposed of appropriately. Each person requiring support with their medicines had a

Medication Administration Record (MAR) which were fully completed. Checks showed that people had received their medicines in line with their prescriptions. Staff who gave medicines received training and underwent a series of tests and assessments to ensure they were competent in this aspect of their role.

People lived in a safe and clean environment. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Regular health and safety checks and equipment servicing was completed to ensure the environment was safe for people. Some areas of the service needed refurbishment and plans were in place for this to be completed. Fire checks were done regularly and the results recorded. Each person had personal emergency evacuation plan in which guided staff and the emergency services on the support they would require to leave the building. A contingency plan was in place which contained relevant contact details and guided staff on the action they should take in the event of an emergency. The plan included alternative accommodation which could be accessed if required. This ensured people's care would not be disrupted.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

Staff received an induction into the service and on-going training and supervision to support them in their role. The registered manager maintained a training matrix which showed staff had received training in areas including first aid, moving and handling, medicines management, health and safety and equality and diversity. In addition, staff undertook training in more specialist areas such as epilepsy and autism. Staff told us they found the induction and training useful in their roles. One staff member told us, "I had a brilliant induction into the company. They made me feel really welcome. The training was really interesting and made me know that I was doing the right thing working here." Another staff member told us, "The training is good. The company want to have very skilled staff so we can support people to fulfil their potential." Staff told us they received supervision regularly and records confirmed this was the case. One staff member told us, "It's good to be listened to. You can tell them anything and they will act on it."

Assessment processes were in place to ensure that the service could meet the needs of people prior to them moving in. The deputy manager told us people currently living at the service had been there for a number of years. Assessment documentation was available and people would be supported to transition into the service by having a series of visits prior to moving in.

People were provided with food and drinks which met their needs and preferences. People contributed to the menu on a weekly basis with alternatives offered to people at each meal.. People told us they enjoyed the food provided. One person told us, "It's alright, I like it. We can have what we want." People's weights were recorded and any significant variations discussed with health care professionals. One person had worked closely with the staff and a dietician and as a result has successfully lost weight. Staff were aware of people's specialist dietary needs and ensured these were met. This included supporting people who required their food to be of a modified consistency such as pureed to aid swallowing.

People has access to healthcare professionals to help them keep healthy, and get better if they were unwell. Records showed there was a wide range of healthcare professionals involved in people's care including GP's, dentists, physiotherapists, dieticians, chiropractors in addition to various specialists and consultants. People were supported to attend appointments and detailed records of health reviews were maintained. Each person had a health action plan which monitored the healthcare people required and received. A social story had been developed for one person to inform them of what would happen during their dental appointment in order to reduce their anxiety.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). People's legal rights were protected. Staff were able to demonstrate good understanding of the Mental Capacity Act 2005 (MCA). Where appropriate, capacity assessments had been completed in areas including managing finances, medicines and leaving the service unaccompanied. Where people were found to lack capacity, best interest decisions were documented and

DoLS applications submitted as required. Records showed that people were fully involved in the process and their wishes were taken into account. Staff understood people's right to take risks whilst supporting them to understand potential consequences. One person was able to describe in detail the possible effects of particular lifestyle choices. One staff member told us, "If they have capacity they have the right to take risks and all we can do is advise them. Whatever the situation we have to think what is the least restrictive option for them."

People lived in an environment which was suited to their needs. A number of people's rooms had recently been refurbished. Consideration had been given to people's needs and the layout and space designed with this in mind. One person enjoyed collecting CD's. A wall of shelving had been integrated into the design of their room to accommodate their collection. Another person's room had been fitted with a small kitchenette as making cups of tea was important to their daily routine. People's rooms were highly personalised with pictures, ornaments and memorabilia which was significant to them. People told us they were involved in choosing furniture and paint colours for their rooms and for communal areas. One person told us, "I have my own room and my own shower. I like it very much. That's good isn't it."

Is the service caring?

Our findings

The service continued to be caring.

People told us that staff were caring and that they enjoyed their company. One person told us, "Staff are friendly and kind. They chat with you and we go out." Another person told us, "You can joke with the staff. We understand each other." Another person told us, "I don't want to leave here ever. I love it here."

People were supported by staff who knew them well. There was a relaxed atmosphere within the service and people were clearly at ease in the company of staff. Many of the staff had worked at the service for a number of years and had developed positive relationships with people. We observed people and staff spent time together chatting and there was lots of laughter heard throughout the day. When speaking about the people they support, staff became animated and expressed genuine affection for people. One staff member told us, "We are like a family here. We all know each other so well. We want them to have the best life possible." There was a keyworker system in place and people told us they could choose their own keyworker who would support them with planning what they wanted to do and reviewing their care plan.

People were supported to maintain and develop their independence. During the inspection we observed people accessing the local shops independently and making choices regarding how they spent their time. Where possible, people were encouraged to make their own breakfast, drinks and snacks. We asked one person if they helped with cooking their meals. They told us they enjoyed sitting with staff and watching but preferred not to get involved. One person's care records showed they were supported to make some of their health appointments independently. In addition, staff were supporting the person to look for employment.

Staff understood people's individual communication styles and supported them in expressing their views. One person had recently been assessed for the use of an electronic communication device to enable them to communicate without the need for staff support.

People's dignity and privacy was respected. Staff knocked on people's doors before entering and personal care was provided in private. People chose to spend their time in their rooms at certain points through the day and this was respected. Staff were heard to offer to put music on for people or ask them if they needed anything before leaving them to have their own space. One person enjoyed spending time with their pet bird in their room. They told us, "I have my own pet. It can swear but it's good company for me."

People were supported to maintain relationships with people who were important to them. Staff ensured people were able to visit family members and there were no restrictions on the times people could receive visitors. Where appropriate, people had been supported to access advocacy services to gain support to express their views and develop their opportunities. People's religious and lifestyle choices were respected and supported by staff. We observed that other lifestyle choices regarding how people spent their time and chose to dress were respected in a non-judgemental way.

Is the service responsive?

Our findings

People continued to receive responsive care.

People told us they were involved in developing their care plans and felt listened to by staff. One person told us, "They are a good team. They help me do the paperwork in my file." Another person said, "They keep good records but I make the decisions." A third person we spoke with referred to positive comments written in his care records several times during our conversation.

Care plans were person centred and contained detailed guidance for staff to follow. Plans covered areas including important contacts, any personal care needs, behavioural plans, communication needs and general routines. Where people had specific health needs guidance was in place for staff to follow. Monthly reviews were held with people and their keyworkers to discuss achievements, things people had enjoyed from the previous month, any concerns, if people were happy with the support and choices available and any plans for the coming month. In addition, a six monthly review was held with a member of the senior management team to ensure people's individual needs were being met and they were happy living at Shrewsbury House. Daily notes were referred to as part of the review process. We found these were written in a person-centred manner and people were able to contribute should they wish to do so. A section of the daily notes prompted staff to refer to discussions held with the person and any significant comments. The registered manager told us, "It helps to get feedback from them every day. It helps them in taking ownership."

The support people received was planned around their individual needs. Staff were able to describe people's preferences and communication styles and how this reflected on the support they received. Staff had supported one person to use a pictorial planner to provide reassurance of what they were doing the following day. This had led to a reduction in the person's anxiety. Another person had discussed their anxiety with the registered manager and agreed to reduce their coffee intake each day as they were aware of the impact this had on their health. The person had chosen to have one very large cup of coffee each day and we saw staff supported them with this. End of life care plans had been discussed with people who wished to plan for this. Plans were sensitively written and reflected people's personal wishes. We heard one person ask the registered manager to add to the list of things on their plan. They told us, "I've got a list of things I want to have with me. It won't be for a very long time though."

People had access to activities in line with their individual hobbies and preferences. Activity programmes were individual to each person and gave an outline to people's week. One person enjoyed football and had been to see their team play. Another person enjoyed day trips and returning to the service late. They told us staff regularly helped them plan trips and that they enjoyed spending the day with staff. Another person told us they had recently taken up Boca and were enjoying going to the sessions. People were supported to have a holiday or short breaks according to their preferences. For example, one person enjoyed visiting their family and another person told us they had recently been to the Isle of White for a few days.

The provider had a complaints policy in place which was available to people in an easy to read format. The

registered manager maintained a complaints log although only one minor complaint received within the last year. People told us they would feel confident in raising any concerns. One person told us, "I would just tell (Registered manager)."

Is the service well-led?

Our findings

The service continued to be well led.

People and staff told us the management team were approachable and friendly. One person told us, "I like (registered manager). She's a good lady." Another person told us, "She's lovely (registered manager). She helps me sort things out if I'm worried." One staff member told us, "(Registered manager and deputy manager) are brilliant. They support us all in so many ways. Both workwise and personally." Another staff member told us, "Ashcroft is a company who supports people and the staff very well. All the managers are very approachable right the way along. The director chats with everybody when we go to the office."

There was a registered manager in post who supported us during the 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 culture of the service was caring and focused on ensuring people received person-centred care. We asked the registered manager what they were most proud of. They told us, "All of the people that live here feel safe and secure. I think they know their voices will be heard and that we'll support them to live their life how they want." Our observations and discussions with people throughout the day demonstrated that this was the case. People showed trust in the whole staff team and were all clear that any concerns would be addressed promptly. Staff told us they felt the registered manager and deputy manager promoted a positive culture and were good role models. One staff member told us, "They make everyone (staff) aware of what they expect and they lead by example. I learn best by seeing how things are done and that's how I've learnt from them."

Quality assurance processes were in place to help ensure people received a good standard of care. A series of audits and monitoring checks were completed by the registered manager deputy and senior managers within the organisation. These included health and safety, medicines, care records and vehicle checks. Where concerns were identified action plans were implemented and monitored to ensure they were addressed. The registered manager told us they were continually looking for ways in which the service could improve. For example, they were in the process of implementing a system of staff champions in areas including MCA, safeguarding, dignity and infection control. Staff with an interest in an area were being supported to complete additional training with a view to supporting the rest of the team on an on-going basis.

People and staff were involved in the running of the service and their views were listened to. People had chosen not to have resident's meetings together but were able to discuss any concerns or ideas as part of their keyworker meetings. Surveys were also distributed to people, their relatives and relevant others. All feedback gained following the last survey had been positive. Regular staff meetings were held and included discussions regarding individual people, routines, planning for future events and information from the wider

organisation. In addition, a different topic was discussed each month such as safeguarding, medicines management, MCA and end of life care planning. This gave staff useful reminders in each area and promoted discussion regarding responsibilities.

The service worked alongside other agencies within the local community to develop the standard of care people receive. The providers PIR stated, 'The organisation is a member of the Surrey Care Association and attend events led by them. The Ashcroft Chairman is also the Chairman of the Surrey Care Association.' The registered manager told us they regularly attended registered managers meetings across the region in order to ensure they were up to date on current guidance and best practice. The registered manager told us they had recently undertaken training by the Surrey Positive Behaviours Support Network. This programme is aimed at developing practice leadership across the county in order to improve people's experiences and support.

The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.