

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Wood Close

1 Wood Close, Horely, RH1 5EE

Tel: 01293826200

Date of Inspection: 25 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Managers	Mrs. Jacqueline Jones Mr. Paul Sarjantson
Overview of the service	1 Wood Close specialises in providing a service for up to six younger adults who are assessed as having complex learning disabilities, including behaviour which can be described as challenging. There are five people living at the service at the moment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

People using the service had complex needs, including various abilities of communication. This meant that it was difficult for the five people to tell us about their experiences of using the service. To gain a view we spent time observing the care and support people received from staff.

We were introduced to people and allowed them to take the lead on how much they wanted to interact with us, which was very minimal. We also talked with a relative who spoke positively about the service which they said was, "Very, very good," and described the staff as, "Very caring."

We saw good interaction and could see that people liked and trusted staff. For example, we saw people were comfortable approaching staff, and that staff treated people in a respectful, kind and professional manner.

Staff supported people with their communication and behavioural needs. We saw that the staff were attentive, and their knowledge of people's individual behaviours was used in the identification of potential 'triggers' (such as the presence of a stranger in their home) which could cause a person distress.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

People were supported in promoting their independence and community involvement. Throughout our inspection people were going out and arriving back from trips to the local community. We saw that people were in the process of planning their 2013 holiday. Staff told us that the trips were planned on an individual basis, which took into account the person's likes, preferences and mental health needs. This supported people to achieve the most from their holiday to enhance their wellbeing.

We saw that staff supported people to maintain relationships with others who were important to them. We saw a communication book which a person took with them on their visits to their family home. It provided a diary of what had been happening in the person's life. Their relative told us that it provided a good forum to communicate with staff. They confirmed when they had made comments or requests to staff, they had been acted on.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Staff had a good understanding of people's individual communication needs which enabled them to support, and where required, advocate on their behalf. For example, in one care plan staff were given guidance on the different sounds the person made, which they used to communicate when they were in pain, happy or unsettled. Further information was given on what action staff should take to support the person's safety and wellbeing.

This was demonstrated during our inspection, the staff were mindful of people's verbal and non verbal body language to ensure that they did not become unsettled by our presence. This supported us to be aware and ensure our interaction did not cause people anxiety.

Care records showed where important decisions needed to be made, and the person did not have contact with a family member to advocate on their behalf, staff had sought the input of an Independent Mental Capacity Advocate (IMCA). This meant that staff were aware of their responsibilities under the Mental Capacity Act to protect the rights of the

people they supported.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care. We looked at two people's care plans. They were written in a person centred way; instructions to staff members were specific to the person and included their preferences. We saw that the care plans were kept under review and updated to reflect any changes in a person's health and wellbeing.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The two care plans we reviewed were comprehensive and contained risk assessments associated with the person's health, physical and behavioural risks. Care plans contained information on the person's nutrition, mobility, emotional and behavioural support given and their involvement in activities. To ensure people's safety, risk assessments had been completed for various activities that people took part in where risks were identified.

Care records showed that people were supported to access a wide range of health and social care services to support their individual needs. This included input from GP's to seek prompt medical advice and intensive interaction practitioners to support communication needs. A relative told us that staff kept them updated on any changes in the person's welfare, either verbally or in writing through a communication book.

Where a person required treatment in hospital, care files held completed 'hospital passports' which they would take with them. The booklet included information on; 'Things you must know about me, things that are important, my likes and dislikes'. This meant that hospital staff could take into account the information given when planning their care and treatment, to ensure the safety and wellbeing of the person.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

Medicines were kept safely in a locked cupboard with restricted staff access and staff had been trained to ensure medication was given out correctly.

Appropriate arrangements were in place in relation to obtaining medicine. We were shown the repeat prescription sheets that staff completed to re-order people's medication.

Medicines were safely administered. Staff showed us the system they had in place. To reduce the risk of medication being given to the wrong person, we saw that staff unlocked the cupboard and took one person's medication out at time. They checked the medication, supplied by the chemist in a monitored dosage system, against the person's medication record to ensure it was correct. The medication was then dispensed into a named container, which was sealed, put into another container and taken to the person. This reduced the risk of the person's medication being dropped or lost as they moved around the service. On their return they signed the medication records and repeated the procedure for the next person.

Appropriate arrangements were in place in relation to the recording of medicine. We saw that each person had their own medication records which staff had completed to confirm the person had been given their medication. The medication records included a photograph of the person and guidance on the level of support they required from staff. For example, for one person staff were told that they liked their, 'tablets on a spoon with jam.'

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

We observed staff interacted with people in a kind, caring and professional manner. Feedback we received from a relative, identified that they had confidence in the staff's abilities, who they described as, "Very patient."

There were effective recruitment and selection processes in place. Prospective staff members were asked to complete an application form and they were provided with information on what the role involved. This meant that they knew what was expected of them and if they had the skills required. The manager told us that the application forms were reviewed, and people were selected to attend an interview. Discussions with the manager identified the need for careful selection to ensure the successful applicant had the personal qualities and skills required to support people with their complex needs.

Appropriate checks were undertaken before staff began work. We looked at the recruitment file for a member of staff who had recently been employed. It contained information to confirm they were of good character, allowed to work with vulnerable people, and paperwork to validate their identity. We saw that the staff member had been asked to complete a pre-employment health questionnaire. This supported the provider to check that staff were physically and mentally fit to undertake their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

---

### Reasons for our judgement

---

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager told us about the different systems they had in place to gain people's feedback. This included; provider quality assurance surveys, unannounced provider visits, care reviews, complaints policy and where applicable, one to one contact with people's next of kin. The relative we spoke with told us they felt comfortable to raise any issues direct with the manager who they had confidence in.

We were shown the outcome of the provider's survey feedback, which incorporated feedback from the provider's other locations, which had been analysed and the results published. This meant that the provider could identify which areas of the service that people felt they did well in.

It also supported the provider to identify which areas of the service could be improved, further developed, or to clarify any issues. For example, the provider had used the summary feedback to remind people that they 'encourage people to raise concerns without fear of reprisal. Your concern might be something we don't know but we need to know'. We saw that the Ashcroft Care Services website also informed people how they could provide their views about the service.

The manager showed us the monitoring systems they had in place to ensure people were supported in a safe and clean environment. It included checks to ensure cleaning schedules completed, that staff had carried out required checks of the fire alarm system to ensure it was working and would alert people if a fire broke out.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---