

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

Shrewsbury House

Battlebridge Lane, Merstham, RH1 3LH

Tel: 01293826200

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Manager	Mr. Stephen Luckens
Overview of the service	<p>Shrewsbury House is a large detached house located close to Merstham Village and the local facilities. Accommodation is arranged over two floors for up to five people who have a learning disability. The home is owned and operated by Ashcroft Care Services Limited who operate several other homes in the area.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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
Summary of this inspection:	
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
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Management of medicines	9
Supporting workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	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 2 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us that they liked living in the home and that it had been their home for several years. They told us that staff treated them with respect and that their views were taken into account regarding the daily routines of the home.

People who used the service told us that they had been involved in developing their care plan and that they always attended their care reviews.

We were told that the food was good and that people who used the service were involved in menu planning and food shopping for the home. People also said that they enjoyed eating out.

People told us that they knew how to make a complaint and could tell the staff or other people who supported them if they were unsure about anything or not happy about something.

We were told that people were encouraged to personalise their rooms and people showed us some of the ways they achieved this.

Staff told us that they enjoyed working in the home and felt that they had the training and support necessary to undertake their roles.

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 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

Care and welfare of people who use services

✓ Met this standard

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 respected 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 plan.

The five people who lived in Shrewsbury House had been living there for several years and were well settled in their environment. Needs assessments had been updated since people were admitted and care plans formulated and reviewed according to individual's changing needs.

We looked at three care plans. People who used the service were aware of their care plans and some people chose to keep their care plan in their bedroom. These took into account people's strengths, needs and goals, and included guidance for staff on how people wished to be supported to achieve these.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example we saw that risks had been identified and risk assessments were in place that included risks for people who travel on public transport either alone or with a member of staff, for road safety, for people who smoke, for people who use alcohol and for kitchen activities. The information recorded enabled staff to ensure that people were kept as safe as possible and that when changes were required these were addressed through an update of assessment.

Care plans also included health passports. These were important documents that contained information on the individual if they need to be treated in hospital.

We saw individual activity plans that were written with people who used the service ensuring that all their interests and hobbies were included. Examples included garden activities drama group and individual shopping. People who used the service told us that they liked to use the local community facilities. We saw one person who used the service ask a member of staff to accompany them to the polling station to enable them to vote in the local elections. We saw staff support people who used the service to prepare their lunch.

All people who used the service were registered with a local GP. We were told that annual health checks took place but people were able to visit their GP when necessary. We saw records were maintained when people visited the dentist, optician and chiropodist. People

who used the service also had access to a psychiatrist at the local resource centre. People's privacy and dignity was respected and we heard staff address people who used the service in an appropriate and respectful manner. We were told that people had keys to their rooms and staff were seen to knock on people's doors before they were invited to enter.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and to protect this from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that the service had corporate adult protection policies and procedures in place known as safeguarding. These demonstrated how the provider minimised the risk of abuse for people who lived in the home. We also saw that the home had the most recent copy of Surrey County Council's Multi Agency safeguarding procedures in place. This meant that staff had access to up to date guidance and information to assist them should they need to raise a safeguarding concern.

We spoke to staff who were aware of safeguarding procedures. Staff had recently received refresher training in this area. Staff were also aware of other related policies such as whistle blowing and deprivation of liberty safeguards.

There had been no safeguarding referrals investigated since the last inspection.

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

We saw that medicines were prescribed and given to people appropriately. We saw that the home had a policy and procedure in place for the administration of medication. All the staff that administered medication had undertaken training in medication administration and had been assessed as competent prior to undertaking this procedure.

We saw that staff had signed a policy document statement supporting this, and a list of staff signatures were retained in the home that identified the staff member trained in this role. This ensured that people who used the service had their medication administered safely.

We saw that medication was stored correctly in a designated medication storage cupboard. Medication was provided by a local pharmacy mainly in blister pack format. Audit trails of medicines entering and leaving the home were maintained and the pharmacist also undertook audits of medication.

The GP or psychiatrist reviewed medication regularly. There were no people living in the home that could self medicate, but this could be facilitated if people's needs changed.

We looked at medication administration recording charts (MAR charts), and found these were well maintained. These recording charts included a photograph of the individual person receiving the medication, and an appropriate signature which ensured that medicine was administered safely.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We spoke to staff working in the home and they confirmed that they had received induction training when they commenced employment with the organisation. This included an introduction to organisational policies and procedures, shadowing a senior staff member, observation work, practical training sessions for example moving and handling, and the use of an induction workbook. The introduction programme in place was based on Skills for Care guidance. Staff told us that they were assessed as competent before they undertook a task unsupervised.

People who used the service told us that they were well cared for by the staff and said they they were treated with respect. Staff told us that they liked working in the home and felt that they had the training and support which enable them to undertake their roles. We saw that staff were professional in their approach and had a good understanding of people's individual care needs. For example we saw a staff member defuse a situation using guidance from an agreed individual care plan, and continued to provide reassurance for the person involved.

The organisation had a training coordinator in post, who monitored all the staff training and facilitated new training courses and mandatory refresher training. This ensured that people who used the service were cared for by an efficient and well trained staff team. A staff member told us that there was always some training in progress. We saw evidence in staff training and development files of some of the training that had taken place.

We saw that staff were recruited in accordance with the home's recruitment procedures. This ensured that appropriate checks such as criminal records bureau (CRB) disclosures were carried out to protect people who used the service.

Staff received formal supervision four or five times a year. Records were maintained and confirmed this. Annual performance appraisals were also in place.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

People who used the service told us that they could tell a member of staff or the manager about anything they were not happy about. We noted at this inspection that people had their complaints and comments listened to without the fear that they would be discriminated against for making a complaint. A person who used the service told us that if another person using the service caused them concern or upset them they would tell the staff who would act on their concern immediately.

We looked at the complaints log maintained by the home. The last complaint recorded was 16/01/2012 which was resolved using the home's complaints procedure.

We were told that most complaints rarely get to the formal stage as the manager will deal with on a day to day basis.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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

Website: www.cqc.org.uk

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