Inspection Report

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, Horley, RH1 5EE

Tel: 01293826200

Date of Inspection: 02 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Manager	Mr. Paul Sarjantson
Overview of the service	Wood Close provides accommodation for up to six adults with a variety of learning disabilities. It is comprised of a detached house in a residential setting, close to the town of Redhill, Surrey. At the time of inspection, there were five people living at the home.
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'.

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 January 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Because of the complex needs of the people we met on the inspection, they were unable to tell us directly about their experiences of living at Wood Close. To address this, we used a variety of other methods to assess the care and support provided. For example, we spoke with relatives, one of whom said, "The care is wonderful and the staff are very friendly". We also noted that the home provided a wide variety of social and educational opportunities for people living at the home in both individual and group settings.

We saw that people's consent was obtained where possible before care and treatment was undertaken. We observed that the care given was safe and appropriate and based on effective care planning and risk assessments. This meant that people's individual needs were met and preferences were taken into account.

People were protected from abuse and cared for in a safe and inclusive environment. We noted that there were adequate numbers of skilled and experienced staff to deliver safe and appropriate care. We also found that systems were in place for people and relatives to make a complaint about the service if necessary.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We examined five support plans and daily records and observed interactions between people and staff. We spoke with the home manager, two staff members and two relatives. We also examined the provider's documentation related to consent to care and treatment. The relatives we spoke with told us that staff always asked before offering care or support. Our observations and conversations confirmed this.

The support plans and daily records we looked at provided evidence that consent had been sought before treatment was given or care and support offered. We noted that consent was sought from people or their representatives regarding the management of medication. We also saw that the provider made provision for relatives or representatives to participate in person centred plan meetings and found evidence that people and their representatives could have access to their support plans at any time. In addition, consent was sought in areas such as photography for identification purposes.

We found evidence from the support plans that assessments had been made about people's capacity to make choices and decisions for themselves. This guided the care planning process and meant that those unable to make informed decisions would have their best interests safeguarded. We noted that this included the appointment of an Independent Mental Capacity Advocate (IMCA) for someone with no relatives or representatives. We saw that the relevant people were involved in this process and it was conducted in line with the provider's policies. This meant that the provider was acting in a manner consistent with the law.

The staff we spoke with had a clear understanding of the implications of the Mental Capacity Act 2005 in areas such as the general principles of consent and acting in people's best interests. We found evidence that staff had undertaken, or were about to

undertake, relevant training in this area. This meant that staff were able to provide care consistent with the law. One staff member told us, "We will always try something new with people, for example a bus ride. If the service user likes it, we will include it in their activity planner. If not, then we don't persist".

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The relatives we spoke with evidently held the home in high regard and were happy with the care provided. One said, "I can't find fault really. I have no complaints or concerns". Another told us, "It's a great place and the staff are very good".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The support plans and daily records we examined were legible, detailed and person centred. We found evidence of care planning and individual risk assessment having been undertaken, which was reviewed regularly and updated in line with the person's changing circumstances. The risk assessments were focused on the individual, in diverse areas such as road safety, management of the risk of people absconding and the use of a swing seat in the garden. There was also evidence of good communication in the management of people's care between the provider and external agencies such as Consultant Psychiatrists, dieticians and the Community Team for People with Learning Disabilities. We noted that advice and guidance given by these professionals was followed up by the provider and properly documented. This meant that the care given was relevant, up to date and person-centred.

The staff we spoke with were knowledgeable about people's individual needs and preferences. We noted, through our conversations with staff, that they were focused on delivering care based on that knowledge. One staff member told us, "All of the people here have quite a lot of communication difficulties. But we work closely with them and get to know what they need. For example, one person has recently learned how to tell us if they have a headache, so we can manage that better now".

We saw that each person had a weekly activities plan, devised in conjunction with people and their families. These included activities such as ten pin bowling and access to music therapy. In addition, staff accompanied people out to venues such as restaurants and the cinema. This meant that people's emotional and psychological needs, in addition to their physical care needs, were met.

There were arrangements in place to deal with foreseeable emergencies. We observed that the provider had clear protocols to follow in case of emergencies, such as an outbreak

of fire or contact with a hazardous substance. We noted that each person's support plan contained a personal emergency evacuation plan. We also saw that each support plan contained a missing person profile, which could be given to external agencies such as the police in an emergency, in line with the provider's policy. The staff we spoke with were clear about their responsibilities in this area.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

We spoke with relatives and staff members on this subject. The relatives we spoke with told us that they felt that their family members were safe and protected from harm. One said, "Yes, they are safe. There was an incident a while back with another resident but it was quickly sorted out and my relative was protected". There were no ongoing safeguarding concerns or investigations at the time of inspection.

The staff members we spoke with were all able to identify the correct safeguarding procedures should they suspect abuse to have taken place. All were aware that a referral to an external agency, such as the local Adult Services Safeguarding Team, could be made anonymously if necessary, in line with the provider's policy. One staff member told us, "I would definitely let my manager know if I saw something I didn't like". Staff confirmed to us that the home manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

We noted that the provider's safeguarding and whistle blowing policies contained information and the contact details of agencies who would investigate concerns raised by people or their families. People and their representatives had also been given information related to their rights in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We examined the provider's staff training matrix and found evidence that training in adult safeguarding was undertaken by all staff members in line with the provider's policy. This meant that staff were able to identify cases of abuse and take action to protect vulnerable people from harm.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

Reasons for our judgement

We spoke with relatives and staff on this matter. We also examined the duty rota covering a recent four week period and looked at the provider's documentation pertaining to staff training. One relative told us, "There always seem to be plenty of staff around when I visit".

We noted from our examination of the duty rota that staffing levels adequately reflected the number and circumstances of people living at the home. We saw that the provider took action to ensure this by operating an internal bank system comprised of existing staff in order to cover vacant shifts. This meant that they were able to raise staffing levels when needed to maintain safe and appropriate care. The provider did use agency staff on occasion and had ensured that the same staff member was used in order to minimise disruption. One staff member told us, "There are enough staff I think. We will cover shifts for each other if necessary. It's easier that way". We noted that the home ran regular staff meetings. We found evidence, through our examination of the minutes of these meetings and in conversations with staff, that they were able to raise issues of concern to them, including staffing levels, on these occasions.

We noted, through our examination of the staff training matrix and talking with staff, that they received regular training in fields relevant to the care needs of the people they were looking after. These were in areas such as the issues associated with autism, challenging behaviours and the management of pain. This meant that staff were given the opportunity to gain the relevant knowledge, skills and experience to care for people safely and effectively.

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, in writing to them in pictorial form on admission to the home, or informally via staff members subsequently. The relatives we spoke with felt that they could make a complaint if they needed to and would be listened to. One said, "I would certainly complain if I needed to but I don't. I speak to the manager regularly anyway so any issues can be sorted out quickly".

We examined the complaints policy and procedures and found that they included clear guidelines on how and by when issues should be resolved. They also contained the contact details for relevant external agencies such as the Local Government Ombudsman and the Care Quality Commission.

We examined the provider's complaints log and found that there had been no recent complaints made. Our observations and conversations also indicated that the provider operated an 'open door' policy in which people, their relatives and staff could raise issues important to them. We noted, from our discussions with relatives, that they were given the opportunity to contribute to matters concerning their family members' care and welfare. This meant that they could raise issues of concern to them without the fear that they would be discriminated against.

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.

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