

Ashcroft Care Services Limited

Ashcroft Care Services

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Ashcroft Care Services provides personal care and support to people in their own homes; they provide support for adults with who have physical and learning disabilities. Ashcroft is employed as the primary carer, often supporting people with all aspects of their lives. They also provide support in other cases such as where a person lives with parents or relatives, and fulfil a secondary support role. This might involve, for example, supporting an individual to attend a specific activity, such as attending college or following a leisure pursuit.

The service ranges from a few support hours several times a week, to 24-hour support for some people in supported living settings. A supported living service is when people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and a separate agreement to receive their care and support from the domiciliary care agency.

Ashcroft Care Services also provide twenty-four-hour emergency on-call assistance to ensure that people living independently can access support at all times. They provide support to people with domestic tasks such as housework. At the time of our inspection the service was providing care and support to 11 people.

The inspection took place on the 11 November and was announced. We told the provider two days before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and that we had the opportunity to speak to people who used the service.

The service had two registered managers both were in day-to-day charge of the service. 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.

People were at the heart of the service, which was organised to suit their individual needs and aspirations. People we spoke with felt the service was excellent and the staff and manager provided above average care and support.

People's achievements were celebrated and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. Staff were trained to use a range of communication tools suitable to enable the people they supported to express their needs and wishes.

People were active members of their local community and led busy and fulfilling lives. There was evidence of positive outcomes for people, and that people had progressed over time, gained new skills and increased their independence. People were enabled through positive risk taking, to challenge themselves to achieve. Staff were supported to challenge practice and to experiment and try different approaches with people.

The service worked in partnership with other organisations in creative and innovative ways to improve people's independence. This included working with a variety of organisations to gain opportunities for people to get work experience and gain employment.

The support provided to people was self-directed. People choose when to receive support, who they wished to support them and how they wished to use the support provided to them. Staff treated people with kindness, dignity, respect, and spent time getting to know them and their specific needs and wishes.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were able to demonstrate what they would do should they have any concern that abuse was taking place.

Staff were encouraged to raise concerns and report incidents. Incidents were used as opportunities to review what worked well for each person and what needed to be changed. The people we spoke with were aware of the need for risk assessing and were happy with what was in place to support them.

Staffing levels met people's current needs. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People who used the service were encouraged to participate in the interviewing process for potential employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

People benefitted from a service that was committed to continuous learning and improvement. Staff were enabled to become skilled practitioners through a system of induction, training, and continual professional development. The registered manager promoted evidence based practice and encouraged staff to reflect on their practice through regular supervision and appraisal, team meetings and mentorship. Practice took account of local and national guidance about effective care. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively.

People were supported to receive their medicines when they needed them. We were told by the majority of people we spoke to they did not have any issues with medicines and that they received them when necessary.

People's direct consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone we spoke with told us that staff members always gained their consent before carrying out any care tasks. Staff were confident and knew how to make sure people, who did not have the mental capacity to make decisions for them, had their legal rights protected and worked with others in their best interest.

People were able to choose the food and drink they wanted and staff supported them with this. If required, staff supported people to access health appointments. We saw that people had information about their likes and dislikes with food and drinks, and dietary requirements recorded within their files.

There was strong leadership which put people first, set high expectations for staff and led by example. The service had an open culture, a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people. Many of the staff we met had worked in the service for a long time, knew people well and had developed deep and meaningful relationships with each person they supported.

The service had a complaints procedure in place, where people had made complaints evidence was found that these complaints were recorded and acted upon appropriately. The provider had robust quality monitoring systems to monitor the quality of care. Continuous improvement plans were in place which identified the staff responsible, set deadlines and were regularly monitored and reviewed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service was committed to balancing risk and rights to ensure good outcomes for the people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines when they needed them.

People were supported by enough staff to meet their needs, and there was a robust and inclusive recruitment process.

Is the service effective?

Good ●

The service was effective.

People's rights were protected in relation to making decisions about their care and treatment. Staff had an understanding of the Mental Capacity Act 2005 and acted accordingly.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes.

People had good access to health care professionals for routine check-ups, or if they felt unwell

Is the service caring?

Good ●

The service was caring.

The provider, registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the

service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People felt care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and given ample time to meet people's needs and provide companionship.

Is the service responsive?

Outstanding ☆

The service was responsive.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People who used the service were encouraged to be individual and to pursue their interests. Staff were aware of people's preferences and how best to meet those needs.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to people and their families gave the information and opportunity for people to raise concerns or make suggestions.

Is the service well-led?

Outstanding ☆

The service was well led.

The provider and registered managers promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the service. These were owned by all and underpinned practice.

The management were described as approachable by staff, families and other agencies and professionals without exception. Best practice guidelines were followed and the service was innovative and creative in its approach to support. Feedback was regularly sought from families and comments and suggestions acted on.

Supervisions and team meetings were regularly undertaken and

staff said they were fully supported. We saw evidence that the service was not afraid to challenge other agencies or partners on behalf of the people who used the service.

A number of robust audits were undertaken, results analysed and lessons learned from these to drive improvement.

Ashcroft Care Services

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.

The inspection took place on the 11 November and was announced. We told the provider two days before that we would be coming. This was to ensure the registered managers were available when we visited the agency's office and that we had the opportunity to speak to people who used the service.

The inspection was carried out by one inspector who had experience in working with people with learning disabilities.

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 also made contact with the Local Authority and reviewed information they held on the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We use the PIR to inform our judgment process.

We spoke with three people who used the service, three staff members, one relative and the registered manager. We reviewed two people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service, including quality audits and medicine administration records.

Is the service safe?

Our findings

People benefited from a service that was safe and that prioritised people's safety so they could build on their goals and life's achievements. One person said "The staff support me to be more independent and stay safe." People who were supported by Ashcroft Care Service had an active role in promoting safeguarding within the service. They were supported to take lead roles to support other people who may be less confident and raise concerns if necessary.

People had received training from the local police station on two occasions to support them in developing their knowledge in current safeguarding issues and how to deal with any concerns they had about potential abuse. One person said "I now have a real good understanding of keeping safe." This showed that people were supported in being empowered in keeping safe.

The staff had exceptional skills and the ability to recognise when people felt unsafe. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. One staff member told us "I'd have no hesitation raising the alarm, if I thought something was wrong."

Staff described the actions they followed if they suspected abuse was taking place. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. During our inspection the registered manager described an occasion where a person may have been at risk of harm, they explained how they had referred these concerns to the local authority safeguarding team and the actions that had been implemented.

Risk assessments were undertaken for all people which were regularly reviewed and up to date. These included general risk assessments as well as person- centred risk assessments that were specific to each person particular needs and lives. Where people displayed behaviours that challenged they were supported by appropriately trained staff who used various techniques and strategies to help minimise the impact of the behaviours. Staff worked closely with the people to help them gain control of these behaviours, for example, working with other agencies to help people to communicate effectively to reduce the levels of frustration they may feel when unable to express themselves.

Staff gave an example of a person with spontaneous behaviours that could challenge others, by raising their voice and hitting out at people and objects. Staff worked closely with the person to help them gain control of these behaviours, for example, working with other agencies to help staff to communicate effectively to support the person reduce the levels of frustration they may feel when unable to express themselves. Staff members we spoke to told us they had attended training, and read the risk assessments and knew they had to support the person by setting time limits and being directive.

The staff had a high level of understanding of the need to make sure people were safe. Staff explained to us another person who experienced a health condition that could put them at risk had been supported by a

nurse to monitor their symptoms, and administer emergency medicines, this support enabled the person to be as independent as they could be whilst keeping them safe from physical harm.

The results of the approaches adopted by the service were measurable. There had been a consistent reduction in incidents of aggression. The staff constantly monitored and recorded any changes in the way in which people interacted or expressed themselves and patterns of anxiety or unhappiness could be identified from these records. Therefore the staff could look at what had happened or changed for the person as a trigger for these incidents. We saw that recorded incidents had significantly reduced for each person and their support and staff interventions had been reviewed and changed each time people had shown aggressive or agitated behaviours.

They described how they supported people who had due to their previous living arrangements had not had experience of travelling on public transport. Staff told us how they ensured the person was safe by teaching them how to use different forms of transport, and what bus numbers they needed to attend activities. People were encouraged to think about the consequences of travelling safely and what action to take to keep them safe if travelling alone. Such as taking a mobile phone and having emergency contacts numbers with them.

All incidents were closely monitored and analysed. Reports of incidents gave a clear and detailed account of what had happened and what had happened before the incident, as well as describing any injuries, who the incident had been discussed with and actions to prevent further occurrences. Each month risk assessments and care plans were reviewed to ensure that any information from the analysis of incidents was reflected in these.

The registered manager told us that following any incidents, including those where people became upset or aggressive, they discussed these with the person and the staff. Through their discussions they identified what triggered the incident and whether anything could have been done differently to prevent this. The registered manager told us they made sure the person was given the opportunity to reflect on what had happened and voice any concerns they had so that these were considered when analysing the event. The discussions were recorded as was information on what the person and the staff felt could be done differently in the future and whether any external professional support was needed.

There were clear procedures for the staff to follow in event of any emergency or incident. These were displayed in flow charts in the office. The staff were all aware of these and were able to tell us what they would do and who they would contact in different circumstances. The registered manager's services shared an on call system. They all knew each of the supported living houses well and could support the staff with different situations. The staff confirmed this was the case and told us they felt confident they always had the support they needed.

People were supported to receive their medicines in a safe and timely way. People's ability to manage their medicine was assessed and risk managed. The service encouraged people to be involved in their medicine management and where they are assessed to have capacity they were supported to be as independent as possible. The registered manager showed us person centred information about medicine that were given to people in an easy read format. Staff received training to administer medicine including on-going supervision and observation from their line manager to assess their competency.

The registered manager told us about the medicine competency assessments that had been introduced. These competency assessments helped ensure that staff followed best practice in supporting people to take their medicines safely. All staff we spoke to confirmed they had received training and competencies in

medicine management.

People's medicines were kept within their own homes. People took accountability for developing independence regarding their medicines, they were supported by staff to request and collect repeat prescriptions. Although staff prompted some people, the person themselves took responsibility countersigning their medicine administration record (MAR) chart. The registered manager told us that "It is really important people are supported to take control of their own care and that care is led by the person themselves." During the inspection a person came to the office to discuss their medicines and obtaining a repeat prescription. We saw staff support the person in taking their repeat prescription to the pharmacy so that they could obtain their medicines that had been prescribed.

Each person had regular medicine reviews with their prescribing doctor, to make sure their prescribed medicines met their needs. The supplying pharmacist had carried out audits of medicines management at the service. No concerns had been identified.

Staff undertook equality and diversity training and were aware of issues of discrimination and human rights. For example, one staff member explained about the importance of confidentiality and how this applied to the people and families they supported. Health and social care professionals we spoke with described all the staff and management of Ashcroft Care Services as professional, respectful and non-discriminatory. The PIR stated 'The service promotes equality and challenges discrimination by actively supporting service users to be involved in the local community.' Staff explained to us how they supported people to express their sexual orientation as they chose to and to support people to have positive, healthy, informed and safe relationships. One staff member said "Personal and sexual relationships can bring happiness, fulfilment, companionship and a greater sense of independence. " This showed us that staff promoted equality and human rights principles in their approach and encouraged and supported others to do the same, by putting people who used services at the heart of what they do.

People were supported to be accountable and aware of environmental risks such as fire. Training had been provided to people who lived within their supported accommodation regarding the risk of fire. People were involved in undertaking weekly checks of their homes to ensure they were safe. These included fire drills and checks on fire detecting equipment. There was an up to date fire risk assessment and each person had an individual risk assessment which outlined the support they would need in event of a fire. The provider had considered the needs of the people living at the service when planning fire safety procedures and had made sure these focussed on a safe and quick evacuation of the properties in event of a fire. They had consulted with a number of external organisations to ensure their risk assessment reflected the individual needs of the service.

There was enough staff to keep people safe and to meet their needs. There were weekly meetings to ensure all the people had the correct level of support in place for the following week. Technology in the form a rostering package was used by the managers to support meeting the needs of people. This programme allocated staff on a daily basis in line with the needs and activities being undertaken. Arrangements were made in a timely way to cover for any sickness and absences. We saw examples which demonstrated that all people who used the service had their needs met in terms of staffing. The registered manager said "We try and achieve the right staff at the right time. If our guys ring us and say I want to go to a party tomorrow can you support me, we will ensure this happens." People were able to choose the staff they wanted to support them on a daily basis.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Recruitment procedures were robust

to ensure that only suitable staff were employed. Records showed that staff had completed a full explanation as to their employment history on application forms. Written references from previous employers were robust. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. And eligibility to work in the United Kingdom. Staff members confirmed they had an interview, provided two references and had a DBS check done before starting work. The registered manager had ensured that only fit and proper staff were employed, they showed us the interview outcome form that stated why they made a decision to recruit new staff.

The registered manager told us that some of the people, who wished to be involved, formed part of the interviewing panel for new staff. She said it was important that the people had a say in who was going to work with them. We saw evidence that people involved attended training sessions prior to being on interview panels to ensure they were well equipped to participate in this process. She felt their participation was an important asset to the recruitment of new employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

Is the service effective?

Our findings

The staff had a good knowledge of the Mental Capacity Act 2005 and were confident at applying this to make sure people's human rights were respected.

We checked whether the service was working within the principles of the Mental Capacity Act. MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff we spoke with all had an understanding of the MCA and had completed relevant training.

People were assumed to have capacity. We saw evidence within the care files that people's capacity to make their own decisions was considered and they were encouraged to express their views with whatever communication methods they used. The consent forms on care files we looked at had been signed by the person receiving the support. People had been supported by Independent Mental Capacity Assessors to support them in making decisions about moving to Ashcroft Care services. People had the capacity to make decisions about their everyday lives, for example what they ate, where they went and how they spent their time. One person said "I chose what I want to do every day." Another person said "I love it here because I can be independent and have a choice."

People were able to express their need by a variety of communication methods, such as using sign language or pictures to ensure as much participation in decisions as possible was given to people who needed support. Documents such as capacity assessments were produced in easy read format, where appropriate, so that people could contribute to these. Staff gained consent from people before carrying out any tasks. One staff member said "I always ask the person before doing anything." All the people we spoke with told us that staff gained consent at all times. A staff member said "it's important to listen to what a person wants."

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on their individual circumstances. The staff were all aware of people's dietary needs and preferences. People we spoke with told us that they were mostly able to prepare food for themselves, but they had asked staff for assistance and knew that they could ask for support when required. The staff we spoke with confirmed that they mostly encouraged a healthy lifestyle and choices, but would sometimes help people to prepare food. We saw that information relating to dietary needs and preferences was contained within people's file which gave staff guidance on knowing what people liked to eat and drink and any special requirements. One staff described to us how they supported a person with eating their breakfast and lunch. They spoke of how the person needed to have smaller bite size pieces. The staff encouraged the person to buy types of food to suit their diet which in turn encourages the person to be more independent.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One relative said "The staff are very competent." Staff received an

induction and regular training. Staff told us they were expected to take part in a service induction which included shadowing experienced staff members, undertaking briefing sessions and familiarising themselves with local policies. Each new staff member was buddied with an experienced member of staff to ensure they were supported when they needed it. New employees were given a staff handbook and a statement of purpose to refer to as required.

We spoke with members of staff who were all able to describe their role and responsibilities very clearly. One worker said their induction period was "very good", describing two weeks of formal induction, then a period of service specific induction, including opportunities to shadow and familiarisation with policies and procedures. They told us they had been enrolled in the care certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff attended regular on-going training throughout their employment and had regular updates of policies, procedures and guidance. This was disseminated via team meetings and individual supervisions as required. Staff refreshed mandatory training as required. Training was regularly evaluated by the management to ensure it remained appropriate to the needs of people they supported. Training that staff attended included choking, first aid, health and safety, risk assessment, nutrition & healthy eating, infection control. Specific needs related training included but was not limited to epilepsy, specialist medicines for seizure management, positive behaviour support, and Pain Management. □

Supervisions were undertaken on a regular basis and staff we spoke with told us they felt these sessions were useful and supportive. One staff member said that supervisions were planned for the year and held on a monthly basis and "I am happy with the support I get." Personal development reviews were completed annually with each staff member. This helped the service identify further staff training and professional developmental which staff required.

People's changing needs were monitored to make sure their health needs were responded to promptly. Some of the people we spoke with told us that family members supported them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times. Regular contact was maintained between the service and health care services and we saw evidence of letters, referrals and other correspondence within the files. We saw that people were accompanied to health appointments when required and specialist services, such as hospital or dental appointments. One external professional said "Ashcroft have always sent a representative to attend the clients' annual reviews and show good knowledge of the clients and they have a rapport with clients and know the parents too."

Examples were seen in support plans of 'a social story' which supported people's understanding of medical treatment and test such as; dental treatment. We saw easy read information that described the procedures and how a person might feel afterwards. This showed solutions and techniques based on a thorough understanding of the individual needs In supporting them to maintain their health.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said "I am very happy with the care I receive." Another person told us "The staff - beautiful and gorgeous, all my staff." A community professional said "The clients are treated with respect and the support staff show they know the clients well." A relative said "Since my son has moved here they have had a much better quality of life." And "What they share is a passion for supporting people to live rich and progressive lives in the community."

People's likes, dislikes and preferences were recognised and respected. We saw that people had detailed support plans that reflected their personal choices as well as their preferred routines. They contained information about people's personality, and personal history, values and beliefs.

This information enabled staff to be well informed about the people they were supporting and develop positive relationships. Staff we spoke to had a thorough insight into the people they were supporting. One staff member described how they got to know a person as a "whole" not just tasks that needed to be completed. The staff member said "It's about building relationships that are of benefit to the person." Another staff member said "I enjoy my job knowing in one way or another that I have made differences to someone day even if just a smile."

We saw that the service went to great lengths to try to ensure that the people they supported could lead as independent and fulfilling lives as possible, whilst minimising the risks as much as they could. For example, there was a person who lived in a supported living service who wished to learn to cook their own food and nutrition but was unable to as the kitchen was inaccessible for them in their wheelchair, such as counters too high and taps too high. A solution was found whereby staff helped design and adapt the kitchen to meet their needs and support their independence in a safe way. This demonstrated the service's commitment to finding solutions, whilst minimising the risks so that people in their service could be enabled to participate in an activity that increased their independence. A relative said "I am extremely happy with the support my son receives, and I clearly believe the carers demonstrate they have his best interest at heart. The house feels like a home, not a place of care."

People told us that they felt listened to by staff. They told us that the staff would explain things to them in an understandable way and involved them as much as possible in their day-to-day support. A person told us "I have been taught how to do things and my wishes and preferences have been followed in respect of my care. One person said "I chose what I want to do every day."

People were involved in their own care planning. All the people we spoke with told us that they had the opportunity to speak with the staff and the registered manager about their care and support, and they felt their views were listened to and taken into consideration. During the inspection we saw numerous people come into the office. People spoke of their days, what support they needed, and one person asked about staffing for the next day. The registered manager said "It is so important to allow people to have the freedom to express themselves."

People's privacy and dignity was both valued and respected by staff. The registered manager said "Our service are offered to people in their own homes." The provider said "We do not keep paperwork in people's house; staff have to knock or ring the doorbell when they start work. It shows respect for peoples home." Every person had a key to their front door.

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location in the office. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential wherever possible.

The way the staff members we spoke with talked about the people they supported demonstrated a high level of respect and inclusiveness towards everyone they dealt with. We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures. This approach supported staff to create meaningful interactions with the people they were supporting in calm and supporting ways. One person at the service spoke with Makaton (a sign language) they had been supported to train staff and other people at the service to use Makaton. The person themselves also now hold responsibility for being a translator to assist other people getting their needs known. We saw that the service had access to advocacy services to help people who may be experiencing difficulties and need extra independent support.

Is the service responsive?

Our findings

The service was excellent in being flexible and responsive to people's individual needs and preferences. One person said "They (Ashcroft) have turned my life around, I have never been so happy." Another person said "I only have to ask and the staff help me." A community professional told us "I find them extremely responsive and continuously aiming to improve the service." A relative stated "My relative continues to thrive with Ashcroft's excellent care."

We saw that referrals were responded to in a timely and appropriate way with the correct level of support to meet the person's needs. From initial assessment through to when they moved in people were fully involved. This included meeting staff who would be involved in their support. The service worked with other providers to ensure that the handover of information was relevant and timely. The service matched staff skills, experience and personalities to the people they were supporting which enabled a positive and smooth transition for people between services. One person said "I always ask for a staff member that has a sense of humour."

Another example given was the one person was feeling extremely anxious about moving to the service from their family home. The provider organized for the person's new bedroom to replicate the one that they were leaving to reduce their anxieties. A dedicated staff team (one to one) were provided to support the person with their move, and to provide support in alleviating any anxieties. This enabled the person to bond with an initial member of staff and go to them with any concerns. We heard that the person had settled very well. Their relatives told us "I couldn't have asked for a better outcome."

The registered manager and staff had an excellent knowledge about each of the people who lived at the service, their needs and how these might impact on how they felt about the service. Their needs were well recorded, and all the staff were able to demonstrate their knowledge. Their interactions with people reflected what was written in individual care plans. Each person had an assigned key worker, who took a lead in supporting the planning of their care and supporting the person to achieve their goals. For example one person stated "I would like to go swimming every Sunday, but I don't wake up in time." Staff explained to us that the person asked for support at waking up at a certain time. The staff instead of just waking the person up encouraged them and supported them to purchase an alarm clock and to set it for when they wanted to wake. We spoke to the person and they said "I go swimming every Sunday." This supported the person to develop a routine and to maintain and build on their independence.

Staff throughout the inspection told us of how they supported people needs and lifestyle choices. They had a thorough understanding of the person as a 'whole'. For example staff told us that they support each person with 'Achievement Monitoring.' This enabled people to set their goals and look at the achievements they had made. Staff gave an example of one person being supported to continue their passion in making short films. This led to them attending the Oskar Bright Film Festival, a festival that showcases films made by and featuring people with learning disabilities. The person said "I feel empowered and really proud of what I have achieved."

Care plans were detailed and person centred. They included pictorial and photographic plans which had been created with people to help them understand how their needs were being met. The care plans included information about how to reinforce positive feelings and support people to get the best out of each situation. All records we looked at were up to date and complete. They contained pictorial and easy read plans which gave a description of activities, health issues, behavioural issues so that people with communication needs could be a full part of their care planning.

The files were completely person centred, setting out the individual goals, aspirations and achievements of each person. Each file included details of people's "positive outcomes", which reflected achievements made by the person. For example, one person had an interest in music, in particular music producing, but did not have the confidence to take this further. Over a period of time the person was supported to develop skills in media production, until they had found the confidence to apply for jobs within this industry. The person was eventually able to secure a role at a radio station.

We saw that people were listened to and their wishes acted upon where possible. It was clear from looking at people's files, talking to people and other professionals that the service had a 'proactive' 'if you don't try you don't know' attitude and made every effort to ensure people who used the service got as much out of life as they possibly could. The registered manager said "We work with individuals, and are led by them. We do not promote group activities unless it is what people want." For example, another person wanted to learn to drive and their support worker had supported them to achieve this. They had passed the theory test and were waiting for their practical driving test. Another person said "I kept breaking my glasses and the staff helped me get some which won't break, this is really important to me as I read books every day – and now I can."

There was evidence that the work at the service had made a difference in people's lives and positive changes had taken place. One relative said "The support (X) receives is exceptional, the care and assistance they provide goes way beyond just doing a job. They are always prepared to go the extra mile and this is reflected in the social activities." Other people had been supported to undertake work placement, one person was learning to be a receptionist, whilst others were actively supported in taking part in their hobbies such as boxing and music. Another person played in music gigs throughout the year at different festivals and had recorded music videos.

People who chose to had also been supported to go to college and learn skills such as pottery and IT. One relative said "X social life has improved beyond all recognition, and this is entirely due to the support of the staff team." The provider said "It's so important for us to be brilliant and proactive in each moment of care."

The staff created innovative ways to support people so they understood about different aspects of their care. For example, one person was going on holiday abroad. The staff knew that they became anxious about flying; however the only way to get to the person holiday destination was to fly. The staff had planned ahead and started a 'desensitisation programme' to the person's anxieties. They had talked about planes, taken the person to the airport to not only look at them but to show them what needed to happen on the day of their holiday and to find out information about where they would be staying and the journey there. Staff also used the internet and media to show the person about different aspects of their journey, what a plane looked like inside and what to expect in take-off and landings. This reduced the person's anxieties and also built a sense of excitement. The person went on their holiday and due to the prior planning did not experience high levels of anxieties. They told us "I had a brilliant holiday."

The provider, management and staff took an active part in the community and 'pushed forward' the boundaries of social inclusion, this meant them working within the community to tackle and avoid

circumstances and problems that lead to social exclusion, such as poverty, unemployment or low income, housing problems and becoming housebound and isolated due to illness. A relative told us "Ashcroft has ensured that people have become part of the much wider community. Through taking part and organising community events they have raised the awareness of the ability of people with disabilities." People from the service had participated in the local carnival, met the mayor and won second prize for their carnival float decoration. People took part in fund raising for local charities. At present Ashcroft Care Services and people who lived there had arranged with the local church to organise a Christmas tree festival which lasted for three days, people who visited the church can leave a donation and put a message on a Christmas tree, all the money raised would be donated to a national children's charity.

People from the service had produced a Christmas service which they will be performing in public. This production has encapsulated all level of communication needs and a person from the service will be narrating both verbally and with sign language so that all people can enjoy this. One person shared their excitement with us about the holiday they had chosen "I'm going to Lapland." They told us they "I'm going to be met by reindeer from the plane." This emphasised that each person received truly individualised support.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. The people we spoke with told us that their family members were kept informed and involved in their care if they wished them to be. One relative said "I pop over and have dinner with him now, it's so lovely." The registered manager explained how they built on good and open relationships with parents. They told us how they supported and educated parents and significant others in addressing issues of individualised care and risk taking. They did this by keeping open communications, having meetings and involving when necessary relative in the running of the service. The registered manager told us about training and learning forums they had held to discuss these different topics.

The service had an out of hours number that people and staff could call if there was an emergency or changes to the agreed level of care. People we spoke to confirmed they were aware of how to contact the office out of hours if needed. One person said "Someone always respond's."

People we spoke with told us that they knew how to make a complaint but that they had not needed to make a complaint. One person said "I've never complained." A relative said "I've no need to complain." And "I feel confident; the managers would listen to me if I need to though."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints and these had been investigated thoroughly and people and their relatives were satisfied with their responses. A complaints procedure was in place and was being followed according to the service's policy.

Is the service well-led?

Our findings

People and relatives believed that Ashcroft provided an excellent service. A relative commented "The managers are warm, determined and have a holistic ability to encourage everyone around them, to aspire to their high standards." and "They are true managers in every sense of the word running a complex service with addictive enthusiasm."

All the staff from the organisation who we met, and the consultants who worked closely with the service, spoke about their roles and the people who they supported passionately. The provider said "Ashcroft has a clear mission statement and values which underpins the services we provide. The service follows the strategic direction and has defined its ethos through working with people and continually assessing its performance to meet the outcomes for individuals. The ethos is maintained by managers promoting values and leading by example."

The culture of the service was positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service. A relative commented "We are very pleased with the service provided, which has changed our sons life very positively." The managers and staff were committed to reflective practice where they reviewed and monitored the service they provided. They also demonstrated an understanding and commitment to personalised care where people living at the service were at the heart of every decision. They demonstrated this through their discussions about the innovative work they were undertaking for each person, and the pleasure they felt when people living at the service had a positive experience. One staff member said "The service I feel is well run and is doing well to promote independence to our service users." Another person said "The house I work in is fabulous at always maintaining and try to improve independence. The clients are definitely my manager's number one priority and as a staff member I always feel supported." An external professional said "The service I feel is well run and is doing well to promote independence to be service users."

Staff were able to tell us about the values of the service. One staff member said "We talk about them all the time, through induction and our supervisions." The registered manager told us that the values for Ashcroft Care Services and the mission statement was written by people who use the services. These values were; To treat people equally, respectfully and with dignity, To be honest and open, and to build relationships based on trust, To show commitment to all our people, To promote personal growth, achieved through learning and development, empowerment and the promotion of self-belief, To pursue excellence in all that we do and to deliver results and To strive to enjoy the pursuit of our Mission, for its own sake and through celebrating the achievement of excellence. The positive impact and changes for people who lived at the service were clearly evidenced through examples given, comments from people, relative and professionals.

The registered manager regularly worked alongside staff which gave them an insight into issues the staff may face on a day to day basis. The registered manager said "I support the staff as much as possible." The staff that we spoke with said they felt valued and supported in their roles and they had the opportunity to discuss any issues either directly with management or collectively within a team meeting environment. One

staff member said, "Management are supportive and responsive. The management on call service is responsive and as the managers have a good knowledge of all the service users, this gives staff confidence if they have any concerns or are unsure about something."

We saw that the service had a staff structure that included the provider, the registered manager, care co-ordinators, administration staff, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service. Office staff told us "There is an open door policy." During our inspection we saw people and staff come to the office for support and guidance, there was a relaxed atmosphere and it was clear that people felt comfortable talking to all staff.

Staff meetings took place every month and the agendas were planned in advance and circulated in order for staff to add what they wanted to them. Minutes were distributed via e-mail following meetings and any non-attendees were required to sign copies of the minutes to ensure these had been read. We saw minutes of recent meetings where discussions included policy updates, customer voice, accident and incident forms, comments and compliments, positive outcomes, review reminders and training needs.

An example of one area discussed and implemented was an information pack to support staff when supporting people with diabetes. This pack was made up with information on the Alphabet Strategy. (This is a patient education and care planning system that works around the seven most important parts of diabetes care; which are advice, blood pressure, cholesterol, diabetes control, eye care, foot care and guardian drugs.) This strategy allows integration into the NICE guidelines for healthcare professional into care plans for people with diabetes. It has easy read information then the same information in text form. It also has a part about how to check people's feet who have diabetes. The staff shared this book round and felt it would be helpful for staff and people to gain an understanding on how to manage their diabetes. This showed us that the registered manager enabled staff and people to have the most up to date knowledge and drive improvements in supporting people manage their healthcare needs.

People voices were also heard and listened to through the group "Your voice matters." This group was set up by people who use the service to share idea about the service they receive from Ashcroft. People decided the ethos of the group was to - Work together to support people to live the life they chose." At the group issue were discussed such as health and wellbeing, people talked about how they could achieve this. People spoke about self-care and their goals and also community events they wanted to arrange such a cake stall and helping others in the wider community.

The quality monitoring of the service was a bespoke monitoring of each person's individual experiences and feelings. This way of working was imbedded in the staff culture at the home where they continuously reflected on their own practice and each situation. The results of this monitoring were continuously delivered through changes and improvements in the way they worked with each individual and could be directly correlated with the improvements in wellbeing, health and reduction of aggression for each person living at the service. This was evidenced through records of the care provided and planned to them and we could see how this had a positive impact for each person.

There were robust management systems in place to ensure the service was well-led. We saw the registered managers were supported by a senior management team which included the provider and included regular monitoring of the service. This showed us that the registered manager and senior managers had oversight of the quality of the service offered. There were quality assurance systems in place for the registered manager to ensure objectives were met. For example, we saw that a number of audits took place, some monthly and some quarterly. They included hand hygiene, compliments, comments and complaints, file audits, accidents and incidents. Spot checks of files were also undertaken by the management. One of the

checklists was a 'preferred and barred staff list. This list enables people who used the service to express a preference about the staff they chose to support them. The provider fully supported people to choose their care worker enabling them to sustain positive therapeutic relationships.

Results of the audits were analysed and lessons learned from, for example, accidents, incidents and near misses, were shared with the team via meetings. All of these measures meant quality was integral to the service and the measures were used to drive improvement. Some recent notifications had been sent into CQC, and the registered manager was aware of what should be reported. They were also aware of the correct forms and systems to use.

A survey was sent to people, families and the external professionals to assess the quality of the service. The responses to these were evaluated by the managers to ensure any concerns, complaints or comments were used to learn and develop the care delivery. Regular formal and informal feedback from consultation with people and families was also analysed and used to drive improvements within the service. A regular Focus Group was help by people at the service. Comments from this feedback included "I like my freedom, I have my own staff. "This showed us that the service enabled and encouraged people and those that mattered to them to provide feedback about their care, treatment and support.

The provider valued and acted on feedback from external auditors. They had also undergone an external quality audit from Investors in People which they are now accredited with. Comments within this review stated "leaders are aware of future challenges for the organisation and consciously develop their own capabilities." And "The organisation has a positive impact on the communities it serves."

The provider carried out announced and unannounced quality monitoring visits. We saw records of these visits and saw that the reviewer had spoken with people and observed how they were cared for. They had recorded their findings in a report. Senior managers and the registered manager conducted day and night time inspections of the service and reported on their findings.

We saw that staff, led by the manager, shared ideas about alternative methods of communication for people who were not able to communicate verbally to help them participate in person centred planning. Staff were encouraged to share particular skills in verbal communication and interpretation of non-verbal communication with the rest of the team to encourage them to participate fully in decisions about their care and support by using tailored and inclusive methods of communication.

We saw evidence within care files, of excellent partnership working and all the professionals we spoke with felt the service worked excellently with a range of agencies and services. The service had also built up excellent relationships with outside agencies such as BILD (The British Institute of Learning Disabilities), Skills for Care, the Free Wheelers (A new and inclusive theatre production group, that entertain, collaborate and challenge people's perceptions,) football club's and the community learning disabilities team. This helped ensure excellent joined up care and support for the people who used the service and that the service worked in partnership with key organisations to support care provision and service development. The service had also recently been nominated for an award in the Surrey Care Awards. The Awards recognise the hard work and dedication of people working in a wide variety of jobs in adult social care including dementia care, caring for people in their own homes and caring for adults with disabilities. Ashcroft Care Services management won the award for 'Manager of the Year for Care At Home services.' and were also the winner of the 'Supporting Vulnerable People in the Community Award in 2016'.