

Ashcroft Care Services Limited

Spring Park

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Spring Park is a care home which provides care and support for up to three people who have a learning disability, such as autism. At the time of our visit there were three people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was present during our inspection.

People lived in an environment that was safe, supportive, kind and caring. Staff were seen to have a good relationship with people, understand their needs and respect people when they wished to have time alone.

The registered manager ensured enough staff were deployed each day to enable people to either stay indoors or go out to activities.

People were kept safe because risks had been identified and assessed. People were not prevented from doing things they enjoyed because of potential risk. Instead staff developed ways to keep people free from harm to ensure they could continue their preferred activity. For example, by being accompanied by staff or using facilities within the organisation.

Summary of findings

Staff had followed legal requirements to make sure that any restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Guidance was available for staff on what to do if an emergency occurred or the home had to close for a period of time. In these situations people's care would not be interrupted.

Staff were provided with training specific to the needs of people which allowed them to carry out their role in an effective way. Staff met together regularly and felt supported by the registered manager and higher management within the organisation. Staff were able to meet their line manager on a one to one basis regularly.

Medicines were administered and stored in a safe way. Regular audits were undertaken to ensure staff were following best practice in medicine administration.

Appropriate checks were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event.

People were supported to keep healthy and had access to external health services. Professional involvement was sought by staff when appropriate.

Staff encouraged people to be independent and to do things for themselves, such as help around the home or do some cooking. Everyone was involved in choosing the foods they ate and where possible participating in making their own meals.

Staff supported people in an individualised way and encouraged people to try new things wherever possible. Activities were arranged which meant something to people.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home. This included any compliments people had.

The provider and registered manager carried out a number of checks to make sure people received a good quality of care. Staff had a good understanding of the aims and ethos of the home and they were supported to follow best practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Guidance was available for staff on people's individual risks.

There were enough staff to meet people's needs.

Medicines were managed, administered and stored safely.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Good



Is the service effective?

The service was effective.

People were involved in preparing their own meals and were given choice by staff.

Staff met with their line manager regularly and were provided with appropriate training which enabled them to carry out their role competently.

Where people were unable to make decisions for themselves, or their liberty was restricted, staff had followed legal guidance.

People had involvement from external healthcare professionals to support them to remain healthy.

Good



Is the service caring?

The service was caring.

Staff showed people respect and recognised when they wished privacy.

Staff were kind and caring with people and supported people to make their own decisions.

Relatives and visitors were able to visit the home at any time.

Good



Is the service responsive?

The service was responsive

Staff responded well to people's needs or changing needs.

People were able to take part in activities that interested them.

Complaint procedures were available for people and their relatives.

Good



Is the service well-led?

The service was well-led.

The home had a registered manager whom everyone was complimentary about.

Staff felt supported and there was a good culture within the home.

Quality assurance checks were completed to ensure staff and the environment were meeting the needs of people.

Good



Spring Park

Detailed findings

Background to this inspection

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

This was an unannounced inspection that took place on the 2 September 2015. Because of the size of the home the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As some people who lived at Spring Park were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved during and following the inspection.

As part of the inspection we spoke with one person, the registered manager, two staff, one relative and four health and social care professionals. We looked at a range of records about people's care and how the home was managed. For example, we looked at one care plan in detail, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

On this occasion we did not ask 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. This was because our inspection was brought forward.

We last inspected Spring Park in May 2014 when we had no concerns.

Is the service safe?

Our findings

A relative told us they felt their family member was safe as in their previous placement they had, “So many falls”, but this was no longer happening.

There were sufficient staff deployed to meet the needs of people. We saw people were cared for by enough staff to ensure if people wished to go out to attend activities, or to the local village this could happen and still leave enough staff in the home for those who remained behind. Everyone we spoke with felt there were a sufficient number of staff on duty each day. Staff told us if a trip was organised when everyone was going out together then additional staff were brought in or requested. The registered manager said the provider never refused any requests in these situations.

We heard the people were cared for by a consistent staff team. The registered manager told us they never used agency staff during staff shortage. They said they had a, “Hard working and dedicated team” of staff who worked well to ensure there were the correct number of staff on duty each day.

Staff recorded any accidents in order to help ensure people were kept safe and action was taken if recurrent accidents were happening. We read the log included the details of any incident and how it had been dealt with by staff. We saw there had been very few incidents in the last twelve months.

We found people were supported to live as active a life as possible, but in a safe way. We saw staff had reviewed people’s individual circumstances to identify where they may be at risk. For example, accessing the community, participating in certain activities or moving around the house or the grounds. One person enjoyed swimming and the registered manager had arranged for two staff to support them in this activity to ensure they kept safe. The registered manager told us they were currently risk assessing this person in relation to using a swimming pool in the grounds of another Ashcroft Care Services home.

Staff understood safeguarding procedures and told us who they would go to if they had any concerns relating to abuse. They said they would have no hesitation in whistleblowing if they felt action was not being taken by the provider. There was an on-call manager on duty each day which staff could access at any time.

In the event of an emergency people would continue to receive appropriate care. Each person had an individual personal evacuation plan which detailed their needs should they need to evacuate the building. There was information and guidance available for staff in relation to contingency planning and actions.

We found medicines were managed and stored safely. Medicines Administration Records (MAR) contained photographs to ensure the medicine was given to the right person. There was information on how people liked to take their medicines. For example, with a drink or from a spoon. Each person had a sheet which detailed which medicines they were on and why they were taking them. We saw a signature list which showed which staff had been trained in medicines administration. Guidance was available to staff on when to give PRN (as required) medicines, which included the reason the person may need it together with the types of behaviour a person may display to indicate they required it. A risk assessment had been drawn up should staff need to take medicines outside of the home. For example, if people were out on a trip all day.

Medicines were audited and accounted for. A medicines tracker sheet was used by staff to count medicines in and out. Staff double signed medicines into the home to ensure the correct number of medicines were received in relation to what was required.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Is the service effective?

Our findings

One person told us they liked the food and we saw them making their own rolls for their lunch. Staff were on hand to support this person should they need it, but we heard them gently encourage the person to do things by themselves and congratulate them when they did.

People were supported to have a varied diet. We looked at the menus for the previous four weeks and saw that people were provided with a good range of food which included healthy options. One person was on a healthy eating plan and staff told us they monitored what this person ate, but also ensured there were times when they could have treats so as not to feel they were missing out. We saw staff offer people a choice of drinks throughout the day and when people indicated they wished a drink we saw staff made this for them immediately.

People were involved in decisions about what they ate. Staff used visual aids to help compile a menu for the week. This was then displayed on a board in the kitchen on a daily basis in a way people could understand (using pictures). We noted people had what they wished for lunch. For example, one person had soup but others had rolls.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. Capacity assessments had been undertaken for individual decisions on each person. For example, when one person required dental treatment. We read notes from best interest meetings when they were held. One person had advanced directives in which they made decisions about their care when they were well enough to do so. These wishes were respected by staff at times when the person was not well enough to make the decision themselves. Relatives and advocacy representatives told us they were consulted and involved in any decisions. One relative told us, "We work together."

Deprivation of Liberty Safeguard (DoLS) applications had been made for people who lacked capacity where restrictions had been placed on them. This ensured that if a person's freedom was being restricted to keep them safe, it was done in the least restrictive way possible and authorised by the local authority. For example, where people were unable to leave the house unaccompanied.

We saw people were supported by staff who received appropriate and relevant training. For example, training in autism, challenging behaviour or Makaton (sign language). Staff told us they felt they were provided with enough training to ensure they felt comfortable and competent in their role. We saw staff working independently throughout the day. One member of staff said the training was, "Fantastic." We read how staff were up to date with the provider's mandatory training. For example, in first aid, health and safety, infection control and manual handling.

Staff told us they had the opportunity to meet with their line manager on a one to one basis as they had supervisions and appraisals. This allowed them to discuss any training requirements or concerns. The registered manager told us it was a small team who worked well together and talked all the time. We saw this happen throughout the day.

Staff had the opportunity to develop their skills further. The provider had produced their own version of the new care certificate based on Skills for Care, the fundamental standards and CQCs key lines of enquiry. We were shown the workbooks for two new members of staff who had started working through the certificate with the support of the registered manager. One member of staff told us how they had been supported to take their National Vocational Qualification (NVQ) in care and had undertaken a senior staff training programme at the suggestion of the registered manager.

We read people's communication needs were identified. We read in people's care plans how staff had identified signs, or body language of individuals and translated that into what it meant. Staff had recently introduced 'objects of reference' for one person which meant they were working with this person to use objects as a way of showing staff what they wanted. One member of staff said it was important to sit with people and, "Chat with them in their own language."

Staff provided effective care which had a positive outcome. We heard how one person had displayed certain behaviours when they first moved into the home. Staff told us how they had worked together as a team as well as in conjunction with health care professionals to make this person feel safe, secure and comfortable in their new surroundings. As a result this person, who had been reluctant to engage with staff, other people, or leave the home, now displayed a happy, settled disposition and

Is the service effective?

enjoyed outside activities. This person's relative told us they had seen a marked difference in their family member since moving to Spring Park. This was reiterated by the health and social care professionals we spoke with. A professional told us they were amazed at the difference in this person and it was like a, "Miracle."

Staff supported people to remain healthy and ensured they had access to external support when they needed it. Each

person had a health action plan in place which detailed the health care professionals involved in their care, for example the GP, optician, dentist or dietician. We were told by professionals that staff acted on any guidance they gave them. A relative told us staff were very good at calling the doctor or a health care professional when needed.

Is the service caring?

Our findings

One person told us they liked the staff and were happy living in the home. They said staff were kind to them and helped them throughout the day. They told us everyone got on well in the house. Professionals said they had no concerns and felt there was a lovely, “Harmony” in the home. We heard how they felt people were included in things and were able to make their own decisions.

People were treated with respect. We heard staff speak appropriately to people, take time to listen and engage in banter and light hearted conversation. One person was listening to music in the lounge and we heard and saw staff singing along and dancing which made the person smile. Another person enjoyed the garden and we saw them accompanied by staff, moving plant pots around in the garden to where they wanted them. We saw staff had developed a ‘sensory’ area in the garden specifically for this person. A relative said staff, “Definitely treat (my family member) with respect.”

People lived in the home in a way that showed they felt it was their own. We saw people helped to clear the table after lunch or make their own snacks. People’s support plans showed pictures of people putting on their own laundry or doing household duties.

People could have privacy when they wished it and make their own decisions. We heard how people chose to go

their rooms if they wished their own space. One person was due to go out in the afternoon. However, they had changed into their pyjamas as a way of showing staff they wanted to stay indoors. Staff respected this person’s decision.

Staff ensured people retained their dignity. We saw people looking well presented and appropriately dressed for the weather. On occasions we noticed staff adjust one person’s trousers in order to preserve this person’s respectability.

People’s individuality was recognised by staff. We saw people’s rooms were personalised and furnished and decorated as wished. Rooms had either recently been redecorated or were due to be. We heard how one person had chosen the colour of their room as well as the curtain fabric. The registered manager told us how staff had supported people to move rooms within the home in order to meet their individual needs. For example, one person preferred to wake up to a quiet house so they were now sleeping in the upstairs room. The other two people had no real preference and were happy being downstairs. We read how staff had noted one person didn’t like water in their face when they were being provided with personal care.

People were supported to access advocacy services should they need them. The registered manager told us that two people had been provided with the support of an advocate or a deputyship (for financial support).

Relatives were able to visit when they wanted and were made to feel welcome. A relative told us they felt they knew the staff personally and they (staff) were very good at communicating with them.

Is the service responsive?

Our findings

A relative told us staff were very good at trying new things with their family member.

People were supported to go to or try activities which meant something to them. One person went to their trampolining class in the morning. When they returned they were 'beaming'. They told us they had enjoyed it a lot. We heard them tell staff how they had managed to go on the trampoline only holding one hand of the staff member who was supporting them. Staff congratulated the person on this achievement and went on to tell us how well they had done and what this person had achieved so far. There were puzzles and crossword books for people when they were in the home and we saw people engage in them. We saw staff give one person a 'high five' when they'd completed their puzzle.

We saw people could access the community. We read how some people liked to go for a drive in the car or into the local village and we saw this happen on the day. One person had been offered support in using public transport but had declined as they preferred the car. However others used the train and the buses. Group activities were organised at times. For example, all three people had been on holiday together during the summer and one person told us how much they enjoyed it.

Care plans were comprehensive and contained relevant information on people to ensure they received the correct support and treatment. Important information about people's lives were recorded in their care plans. People also had hospital passports. This is a document which includes useful information about the person should they need to go into hospital. A relative told us they were involved in their family members care plan and staff listened to any suggestions they made. Each person had a separate 'All about me' folder which recorded information such as who

was important to them, their likes and dislikes and further individualised information. We saw one person regularly contributed to their folder by adding notes or pictures of things they'd done or liked to do.

When people's need changed, staff responded appropriately. One person used to like walking a lot, but more recently preferred shorter walks. We read how staff had amended their care plan to reflect this. One member of staff said, "We need to adapt activities. We can't keep pushing just because we feel they (people) should always be doing something."

Staff kept full daily notes about people and people's views and thoughts were recorded. Notes included detail about a person's mood, what they had eaten or drunk, how well they had slept and what they had done. We saw two people had a 'communication' book in which to capture their thoughts. For example, if they displayed a liking or disliking for something. We read staff had determined (through observation) how one person preferred to go to the pub during the day, rather than after dinner. Another person had a 'daily chat' with staff and this was noted down. Staff noted when this person mentioned things they liked or things they wished to do. For example, we read they had told staff how they'd enjoyed feeding the ducks on a recent trip to the park. This meant staff could respond appropriately to different situations and plan for future activities.

There was a complaints procedure available for people. A relative told us they felt they could approach the registered manager if they had a complaint or any concerns. If necessary they would go to the provider. Staff used the communications book and daily chats with people as a way of monitoring whether or not people had any concerns. We found there had been no complaints in the last twelve months. However, we did read two recent compliments. We read professionals had written, 'The manager has done a great job' and, 'How contented and happy and relaxed the atmosphere of the house is'.

Is the service well-led?

Our findings

Professionals were keen to give feedback about the home. We were told by one professional they would like to move all of their clients to Spring Park. Another said the home provided a very happy and stable environment for people. And a further told us they were quite impressed with the home. A relative told us, "Very happy. Since (the registered manager) has come things have improved." Everyone said the positive changes in the home were as the result of the registered manager and the dedicated staff team.

Staff said they felt supported, especially by the registered manager. One staff member told us they felt, "Amazingly" supported. Another said things had improved and although it had been a transition, staff had worked well together to achieve this.

Staff had a good understanding of their responsibilities and the purpose of their role. We read a notice in the office which stated the mission and value of Ashcroft was for people to 'fulfil their potential'. When we spoke with staff we found they were aware of this value and felt management encouraged and supported staff to achieve this.

Staff were involved in the decisions about the home. We read there were regular staff meetings where staff discussed a variety of topics. These included general issues, food and any specific information about people. Managers held their own regular meetings and the provider carried out monthly provider visits which focussed on a different topic each time. For example, we read provider visits looked at medicines, finance or quality assurance.

The home was quality assured to check that a good quality of care was being provided. The registered manager carried out a number of checks and monthly health and safety and environment checks. For example, in relation to quality assurance, water temperatures, vehicle checks, fire checks.

Medicines audits were carried out monthly and we read the registered manager had requested a full medicines audit from the local pharmacist. The registered manager held an action plan in which they had recorded areas which required improvement or attention. For example, a loose grab rail in the back garden, the garage to be cleared, medicines reviews to be undertaken and communication books introduced. We read these actions had been addressed.