

# Ashcroft Care Services Limited

# Longford

## Inspection report

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Date of inspection visit:  
05 November 2019  
06 November 2019

Date of publication:  
19 December 2019

## 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 ●

# Summary of findings

## Overall summary

### About the service

Longford is a residential care home providing personal care to six younger and older adults at the time of the inspection. The service can support up to six people living with a learning disability and/or autism. Some people were also living with physical disabilities.

Services for people with learning disabilities and or autism are supported. Longford is a domestic house which has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was in a residential area on a road with other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear a uniform or anything that suggested they were care staff when coming and going with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service and what we found

People living at Longford had little or no verbal communication. However, they appeared relaxed and happy with staff, who supported them to be as independent as possible. People were encouraged to develop life skills and get involved in activities in and outside the service. People were also supported to go on holiday. Care records contained detailed accurate information about each person's risks, needs and preferences. Care plans described activities people enjoyed doing both in the service and in the community. People were supported to remain in contact with family and friends, who were able to visit when they wanted.

The service held records on a computerised system which meant staff were able to access up-to-date information which they could update when care and support was provided. Systems to safeguard people from abuse were in place.

There were sufficient staff to meet people's needs. The recruitment process helped ensure potential staff were safe to work with people who may be vulnerable. Staff received training and the support needed to carry out their role. Staff undertook training when they first started working at the service. Staff updated their training regularly to ensure they were up to date with best practice.

Where there were restrictions placed on people, these were done within legal requirements, such as the Mental Capacity Act 2005. Staff were knowledgeable about how to support each person to minimise risks to themselves while enabling them to have a fulfilled and enjoyable life. The service used positive behaviour support principles to support people in the least restrictive way. Where restrictive intervention practices were used, these were documented and supported people to remain safe.

People received their medicines from staff who had been trained to administer medication, the storage, administration and disposal of medicines.

The manager had registered with the Care Quality Commission and understood their responsibilities. Audits and checks were carried out to ensure the safety and quality of the service. Senior managers visited the service regularly and engaged the registered manager and staff in improvements.

Rating at last inspection

The last rating for this service was Good (published 5 May 2017)

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Longford

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one adult social care inspector.

#### Service and service type

Longford is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day; we arranged to return to the service the following day.

#### What we did before the inspection

We reviewed information we held in our systems about the service since the last inspection.

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. On the second day of inspection, the provider received a request for a PIR which they said they would complete and return. We used all this information to plan our inspection.

#### During the inspection

We met all six people who used the service and talked with two of them about their experience of the care provided. As people did not have good verbal communication skills, we spent time observing the care people received. We spoke with the registered manager, their deputy, a senior manager who was visiting the service and three care workers.

We reviewed records relating to people's care and the running of the service. This included three people's care records and two medication records, staff rotas, quality and safety audits and checks.

#### After the inspection

After the inspection, the registered manager sent additional information including details of family and professional contacts. We contacted relatives of three people as well as health and social care professionals who support people at the service. This included staff at two GP surgeries, an advanced practitioner and an advocate. We received feedback from one GP surgery.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at Longford did not have good verbal communication skills, so were unable to say if they felt safe. However, people appeared relaxed and happy with staff who understood how to keep them safe. People responded to staff in a way which showed they felt comfortable and supported well.
- Staff had completed training in how to protect people and were aware of their responsibilities to ensure people were not abused. Staff said they would report any concerns they had to the registered manager or other senior staff. They said they were confident action would be taken to address concerns.
- The registered manager understood their responsibilities to report safeguarding concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Individual and general risks to people had been assessed. Where a risk was identified, care plans described how to support the person to minimise the risks. For example, one care plan described how the person could be at risk when going out in a vehicle if they sat in a front seat. The care plan described how the person should sit in the back with a member of staff offering reassurance during the journey.
- Environmental risks, including fire safety, were regularly assessed and monitored. Where issues were identified, action was taken to reduce the risks to people.

Staffing and recruitment

- Staff were recruited safely as pre-employment checks were carried out before a new staff member started working in the service.
- There were enough staff on duty to keep people safe and do activities of their choice. During the day there were five staff on duty. This meant people who needed one to one support were supported safely. The registered manager reviewed staffing levels regularly to ensure they were sufficient. At night there was one member of staff awake and another member of staff who slept in. This meant that if people chose to get up during the night, there were sufficient staff to support them with their needs.

Using medicines safely

- Everyone living at Longford required staff support to receive their medicines. People's medicines were stored safely in locked cabinets in their bedroom. Staff were trained to administer medicines. Staff recorded the medicines people had taken accurately.
- Some stocks of medicines and medicines which needed to be returned to the pharmacy were stored in a locked cupboard in the main office. However, some returns had not been sent back for some months. The

registered manager took immediate action to address this and said they would review their medicine stock control systems. After the inspection, the registered manager confirmed the actions they had taken to address the issue.

#### Preventing and controlling infection

- The service was clean and maintained with systems which helped reduce infection risks.
- Staff understood their responsibilities in relation to infection control and hygiene. This included using protective equipment such as disposable gloves and aprons to stop the spread of infection.
- Staff understood how to prepare, store and serve food to reduce the risks of infection from food. For example, food was labelled when first opened and kept covered in the refrigerator.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team.
- Incidents and accidents were monitored by the registered manager and senior staff from the provider organisation. This helped them to identify learning from events to reduce further risk.
- Staff were supported by senior staff who were either on duty or on call. This meant that staff were able to get advice when needed for example, in the event of an emergency. A member of staff said, "[Registered manager] stays calm, never shuts the door and always responds no matter how busy."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Everyone living at Longford had done so for several years, so were well known to the staff. Each person's needs were reassessed regularly as well as when there was a change in how the person presented. Holistic assessments of people's physical, mental and social needs and preferences were carried out. There were clear care plans which provided information to staff about how to support people to meet and manage their risks, needs and preferences.
- Care and support was delivered in line with their care plan. Care plans followed legislation, standards and evidence-based guidance. This included reference to bodies such as the National Institute for Health and Care Excellence (NICE) and other expert professional advice, to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about how to support each person. Staff were aware of the information in people's care plans and described how to keep people safe doing activities they enjoyed.
- Staff regularly updated training to ensure they remained aware of current best practice. Staff undertook specialist training to support people with particular health needs and risks. This included training staff to support people who might present behaviour that challenges others. One member of staff commented, "Good training and support, I'm all up to date."
- No new staff had been employed in the last year, although a member of staff had transferred to the service from another service run by the same provider. The registered manager said new staff undertook an induction when they first joined the service. This included staff being introduced to the vision and values of the organisation as well as the skills and knowledge needed to support each person individually.
- Staff received regular supervision from the registered manager. This helped the staff member focus on their role and consider what they had done well and what they needed support with. Staff said the registered manager and other senior staff were very available to provide support and guidance whenever they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans described people's risks, needs and preferences in relation to food and drink. For example, there was detailed information about one person who needed to limit the volume of liquid they consumed each day. Staff described how they monitored the person's intake to keep it within safe limits. However, there was no record of the total volumes within the care notes. The registered manager said they would review the systems and ensure they clearly recorded cumulative intake. After the inspection the registered

manager confirmed that this action had been completed.

- Staff supported people have choice about what they ate and where they ate it. Staff prepared the main evening meal, but assisted people to choose and prepare breakfast and lunch. People had food they enjoyed prepared from fresh ingredients.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure people had consistent care. For example, staff liaised with day centres where a person spent time each week. This helped to ensure both the service and the day centre staff were aware of any issues the person might need support with.
- Staff worked with specialist services to ensure people remained healthy. For example, one person had a condition which meant they could be at risk if they caught an infection. Staff liaised with hospital staff to ensure they were involved when necessary.

Adapting service, design, decoration to meet people's needs

- One person had a self-contained unit within the home, which provided them with a sitting room and bedroom. This enabled them to spend time on their own when they preferred, and the registered manager said they also spent time with other people in the service. Bedrooms were personalised with furniture and décor chosen by the person or their family.
- There were two lounges, a dining room as well as a large kitchen/dining area. This meant people had places where they could spend time alone or in the company of others. People were free to move around the home. For example, one person sometimes chose to spend time with the registered manager in the office.
- The registered manager liaised with the landlord about improvements that were needed. The provider had a maintenance team who undertook improvements and repairs to the environment when needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health services and attend appointments. This included annual health checks with their GP and appointments with other healthcare services such as dentists and opticians.
- Staff worked with specialist services to help people remain healthy. For example, one person had been seen by a speech and language therapist. This helped to ensure the person's meals were prepared appropriately to reduce their risk of choking.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had been trained and understood their responsibilities in respect of the MCA.

- The service worked within the requirements of the MCA. Applications for DoLS had been made for each person living at the service. Where these had been authorised, the registered manager ensured they addressed any conditions of the authorisation.
- When there was a restriction on a person, there were details of best interests' meetings and best interests' decisions. These had involved family members, staff and professionals. Staff ensured they supported each person with as few restrictions as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People appeared happy and content in the service. They were supported to do activities they enjoyed and wanted to do. For example, one person chose to go on holiday. Staff supported them to select a holiday abroad. Staff understood how much the person enjoyed trains and therefore arranged the trip so that it included train journeys.
- Staff were friendly and showed affection and compassion to people. For example, one person had been unwell recently. Staff spent time encouraging them to get up and do activities in the service, which they were clearly enjoying. Another person chose to go to a day service regularly and came back to the service, responding positively to staff questions about how the day had gone.
- The provider's policies described their expectations about anti-discriminatory practice. Information was available in the service to demonstrate this to people and visitors. Care plans included information about people's personal, cultural and religious beliefs.
- The provider also recognised the importance of equality and diversity of staff. For example, staff who did not have English as a first language were supported to improve their language skills.
- People were supported to express their views and be involved in decisions about their care. For example, staff had asked one person about going bowling, which they had often done. Initially the person indicated they did not enjoy going bowling. Staff spent time trying to understand why this was and established this was because the person did not enjoy it when another team started playing in an adjacent alley. Staff spoke with the bowling centre, who agreed to avoid doing this. This meant the person had been able to recommence an activity they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected each person as an individual with rights to their privacy and dignity. For example, people chose what they did and where they spent time in the home.
- People's privacy and dignity were respected. Staff ensured people's personal care was delivered in the privacy of their bedroom. Staff knocked on people's bedroom doors and gave people space to have private time on their own.
- People were encouraged to be as independent as possible. For example, one person's care plan described how the person "will decide when to get ready for bed and when to go to bed. [Person] does not like to be told to put his pyjamas on and will tell staff it is not time." Another person's care plan described how they

liked to go shopping and choose items to buy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of their responsibility to meet the Accessible Information Standard. Care plans described people's preferred methods of communication.
- People were supported to communicate by staff who knew how each person communicated, considering their disabilities. For example, staff communicated, using a limited form of Makaton, with one person who had some hearing loss. Makaton is a system which uses simple signs and symbols to help people communicate. Another person was encouraged by staff to slow down when they spoke which helped them to channel their thoughts and articulate what they wanted to say.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities they enjoyed both in the home and in the community. For example, one person enjoyed watching films. Staff supported them to go to the cinema regularly as well as watch films of their choice in their room.
- Relatives and friends were encouraged to visit people. Staff also supported people to visit loved ones and be part of family celebrations.
- Where it was not possible for a family member to visit, staff ensured they kept them up to date with their relative's life.

Improving care quality in response to complaints or concerns

- Policies were available to support people, families and other visitors to raise any concerns or complaints.
- The registered manager said they always tried to work with people and their families about issues to resolve them quickly and to their satisfaction.
- There had been two formal complaints since the last inspection. The registered manager described how they had addressed these, acting to resolve the issues to the complainant's satisfaction.

## End of life care and support

- No-one living at the service was near or at the end of their life. However, staff had discussed end of life plans with the person or, where appropriate, family members.
- Care plans described people's end of life wishes including what would happen after they had passed away. For example, there was details of who would be involved and what type of service the person would prefer, including their religious preferences.
- The registered manager described how they would involve the GP and other health professionals to enable the person to have a good end of life experience, preferably within the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was led by a registered manager, who had been in post for several years. They were supported by a deputy manager who worked alongside them. Staff said the registered manager had an open-door policy which meant staff could get support and guidance when they needed it.
- The registered manager spent time working alongside staff which helped develop a team culture.
- The provider promoted a person-centred approach which looked at each person as an individual.
- People and their families were consulted about the service and how it could be improved. For example, people and their families were involved in colour schemes within the service when redecorating. Staff took time to ensure those people who did not have verbal communications skills were also included in decision making, such as what activities they wanted to do. Most people in the service had been resident for several years and staff had recognised their needs had changed. There was evidence that the registered manager and staff had adapted the service to address the needs of people as they got older.
- There were links with the local community, including clubs, shops, cafes and pubs. People were also supported to attend local events, such as films in the local cinema.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were regular meetings where staff discussed how the service was running and how it could improve. The registered manager met with other managers from across the provider's services to share learning and new ideas.
- Audits were carried out to check on the environment, care records and medicines. Where errors were identified, actions were taken to reduce the risks of a reoccurrence.
- A senior manager from the provider organisation visited the home regularly to undertake quality assurance visits. They prepared a report to support the registered manager and staff in the service to understand where there were areas for improvement. The service had an improvement plan which helped them monitor the progress of actions to improve the service.

- A computerised system enabled the registered manager and senior staff to look at trends of incidents, accidents and complaints. This also allowed them to monitor how the service responded to reduce the risk of reoccurrence.
- The provider understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

#### Working in partnership with others

- Staff worked with health and social care professionals. For example, staff had contacted health professionals and worked with them to deliver appropriate care.