Ashcroft Care Services Limited

Longford

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

Summary of findings

Overall summary

Longford is a care home which provides care and support for up to six people who have a learning disability. At the time of our inspection five people were living in 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 on one day of our inspection.

Although people had access to activities, we found that they lacked creativity. The registered manager had already identified this and had commenced work to improve people's experience in relation to how they spent their time. We also found that people lived in an environment that lacked a homely feel. The registered manager told us they had started to take action in this regard.

Staff had access to the provider's mandatory training as well as training in subjects relevant to the people who lived in the home. For example, epilepsy or autism.

Where people's liberty was restricted or they could not make a decision due to their level of understanding, staff followed legal requirements in relation to the Mental Capacity Act. However, some staff did not have a good understanding of the MCA and DoLS.

People were cared for by a sufficient number of staff to enable them to receive the care when they required it, or attend external activities. People's care records contained detailed information about people's care and health needs.

Risks to people had been identified and recorded and any accidents or incidents were dealt with by staff appropriately. The registered provider followed good recruitment processes to help ensure only suitable staff worked in the home. Quality assurance checks were carried out to help identify areas that required improvement.

Should people need to be evacuated in the event of an emergency there were arrangements in place to help ensure the continuity of their care. Staff had a good understanding of their responsibility in relation to safeguarding and knew who to report any concerns too.

People's medicines were handling safely by staff and people received the medicines they had been prescribed as well as those they could have that did not need a prescription. People were supported to access external health care professionals when appropriate.

People were involved in choosing what they ate. People could make their own choices in their care and were

treated with care and respect by staff.

Visitors were welcomed into the home and people were supported to maintain relationships that were meaningful to them.

Complaints information was made available to people and complaints were acted upon by the registered manager. People and their relatives were encouraged to give their feedback on the care they received. Staff were involved in the running of the home and felt supported by the registered manager.

During the inspection we made some recommendations to the registered provider.

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.

There were a sufficient number of staff deployed to ensure people received the support they should expect or to attend their external activities.

People's medicines were managed safely.

Risk assessments were in place for people which identified potential risks for them.

The provider had carried out appropriate checks on staff employed in the home.

Staff knew what to do in the event they suspected abuse was taking place.

People would continue to be cared for should there be an emergency or the home had to be evacuated.

Is the service effective?

Good

The service was effective.

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

Staff received appropriate training related to the needs of people which would enable people to communicate more easily with staff.

Staff were given the opportunity to meet with their line manager regularly.

People were involved in decisions about their meals and supported to have enough to eat and drink.

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

Is the service caring?

Good

The service was caring.

People were provided with support from staff who were caring.

Staff showed respect to people in a way that upheld their dignity.

People were encouraged to make their own choices. Where people could not make decisions for themselves.

People were supported to maintain relationships with those close to them.

Is the service responsive?

Good

The service was responsive

Activities on offer to people. However they were not always individualised and there was a lack of creativity in relation to the activities people participated in. The registered manager had already started work on this.

Care plans contained comprehensive, detailed information in relation to people's care needs.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people. Feedback from people and relatives was sought.

The home had a registered manager who knew of their responsibilities in relation to the requirements of CQC.

Staff felt supported by the registered manager and they were involved in the running of the home.

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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 30 March and 6 April 2017. We carried out the inspection over two days as the registered manager was unavailable on the first day of our inspection. The inspection was carried out by two inspectors on the first day and one inspector on the second.

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.

We had asked the provider to complete a Provider Information Return (PIR). A PIR 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 allowed us to determine whether or not we should focus on certain areas during our inspection. We did not identify any areas of risk from the provider's PIR.

As most people who lived at Longford were unable to tell us about their experiences because of their communication needs, we observed the care and support being provided and obtained feedback following our inspection from three relatives and friends of people. We contacted three health and social care professionals as part of the inspection to gain their views of the service.

As part of the inspection we spoke with the provider's residential services manager, the registered manager and two staff.

We looked at a range of records about people's care and how the home was managed. For example, we looked at care records in relation to two people, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

Longford was last inspected in April 2015 when we identified a breach of Regulation 10 – respect and dignity.

Good

Is the service safe?

Our findings

Relatives were confident their family member was safe. One relative told us, "I most definitely feel he is safe there. I'm really pleased he's somewhere as caring as Longford." Another said, "She is very secure there." The results of the 2016 relative's survey showed that relative's felt their family member was safe living at Longford.

Staffing levels on the whole were sufficient to allow staff to provide people with the support they expected to receive. On the morning of the inspection, the member of staff rotored to work a long day had been taken unwell and attempts to cover the shift (with agency staff) had been unsuccessful. However the shift leader for the day did manage to arrange two agency staff to come on duty later on during the morning. Staff confirmed that the two females living in the home were allocated 1-1 funding throughout the waking day and wherever possible should be allocated with female staff. We saw this reflected on the rotas. Other people living in the home were either allocated 1-1 funding for going outside of the home, or 2-1. We saw a level of staff that helped ensure that people had the required level of support in line with what we had been told. We observed that when people went out during the morning and afternoon they were accompanied by an appropriate number of staff.

People received the medicines they required. Each person had a Medicine Administration Record (MAR) which recorded the medicines they were prescribed and it included a photograph of the person which helped ensure medicines were given to the correct people. MARs were completed fully, with no gaps. Medicine cabinets were kept clean and tidy and only trained staff trained medicines to people. The registered manager told us they had installed individual medicine cabinets in people's room and as from next week people's medicines would be transferred to their own cabinet. This would enable people to be given their medicines in a more private and dignified way. They said it would also help to develop skills for people, such as unlocking their cabinet or recording their medicine intake on a duplicate MAR sheet. No-one was able to self-medicate, so this would all be done with staff support.

People who used 'as required' (PRN) medicines had separate protocols. Protocols covered which PRN a person could have, why they may need it, the maximum dosage to be given and signs or symptoms they may display to indicate they required it.

Risks to people had been identified and staff recorded actions and guidance for staff on what to do to prevent these risks. For example, known risks associated with certain behaviours or situations were well documented. Staff were aware of people's risks and their descriptions of how they managed these were in line with the guidelines in people's care records.

People were cared for by staff who were aware of their responsibility in relation to safeguarding. Staff had a good understanding of the types of abuse that may take place and were able to tell us what to do if they suspected any abuse or had any concerns. Staff told us they had the confidence to whistleblow if they had any worries. Staff had access to information on how to contact the local authority in relation to safeguarding. Where there had been safeguarding concerns at the home, the provider and registered

manager had taken appropriate action in notifying the local authority as well as the Care Quality Commission (CQC).

Accidents and incidents were recorded and information relating to these was detailed and complete. An analysis of accidents and incidents was carried out by head office to look for trends or triggers. We spoke with the registered manager who told us they always reviewed any comments from head office in relation to accidents/incidents and kept an overall log which helped them to identify common themes or unusual behaviours in people in order that they could put measures in place to help prevent similar occurences.

People were cared for by staff who were suitable to work in the home. The provider carried out robust recruitment processes to help ensure that only suitable staff were employed. Staff files contained completed application forms, references, evidence of ID, health checks and Disclosure and Barring Screening checks (DBS). A DBS records whether or not a person has a criminal record and is safe to work with people.

People's care would not be interrupted in the event of an emergency. Should the home have to close for a period of time or evacuated in an emergency there was guidance available to staff on what to do. Each person had a personal evacuation plan and staff were up to date on their fire training. People's evacuation plans gave additional information to staff on how individuals may react in such a situation. There were arrangements with other Ashcroft Care Services homes to use their facilities should Longford have to close for a period of time.

Good

Is the service effective?

Our findings

People were supported by staff who followed legal requirements in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people may not be able to make or understand certain decisions for themselves staff typically followed the requirements of the MCA) 2005. It was clear that capacity had been considered in response to individual decisions as decision specific mental capacity assessments had been completed. For example, in relation to locked cupboards, doors or constant supervision. Records showed best interest meetings with relevant parties had taken place and decisions reached. Such as in the case of one person in relation to restricting their fluid intake.

CQC monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been completed and authorised for people.

We did not find that staff were always able to demonstrate their understanding of the MCA and we observed staff practice in relation to restrictions required development. One staff member was unable to describe to us any person who had a DoLS in place or applied for, this was despite providing regular 1-1 support for one person. Two people had sensor pads outside their bedroom doors to alert staff if they left their room, however a staff member was unable to distinguish between DoLS and restriction. Following our inspection the residential services manager informed us that they have reviewed MCA training for staff and it would now be delivered in a way that included more scenarios in the view it would help staff recognise and understand the principals of consent and restrictions more.

People were supported to remain healthy and access external health care professionals when needed. The results of the 2016 relative's survey showed that relatives felt staff were responsive to their family member's health needs. Care records showed evidence of people visiting the dentist, doctor, optician and dietician. Each person had a health action plan and a hospital passport. These were useful documents giving information about people for example should they have to spend time in hospital. However, we noted these were not always completed fully. One person who was unable to verbally communication had no information in their hospital passport on how they would express pain or how pain should be managed. This may mean that health professionals would not have information on how to recognise whether or not this person was in pain.

We recommend the registered provider reviews each person's hospital passport to ensure they contain all necessary information in relation to a person.

People were able to choose the foods they ate and were involved in the preparation of meals. Staff told us menus were drawn up based on people's known preferences. Staff said that people would always be offered something else if they did not like what was being offered/prepared. One person who could not communicate would put their hands up to signal, 'no' if they did not want something and staff knew their likes and dislikes well. The results of the 2016 relative's survey showed that relatives felt their family member

was supported to have a healthy balanced diet.

Where people had specific requirements in relation to their eating and drinking these were recognised by staff. Staff were knowledgeable about one person in particular and how their fluid intake had an impact on them. A staff member told us, "Because of (name's) condition, drinks are a real trigger." Staff told us it was important that the same member of staff worked with this person throughout the day and staff confirmed that as far as possible this was the case. Where people's food and fluid was recorded we found records for people were well maintained and daily totals calculated. People were also weighed in line with nutritional guidelines and as regularly as stated in their care records.

People were cared for by staff who received appropriate induction and training for their role. A newer member of staff told us they had completed two weeks shadowing as part of their induction and were currently working towards their care certificate (a nationally recognised set of standards for people working in care). Other training available for staff included fire safety, first aid, moving and handling and challenging behaviour. All staff completed autism training and most staff had completed Makaton (a form of sign language) training. The care plan for one person repeatedly made reference to the person using Makaton to communicate pain and for staff to reduce their anxiety and behaviours that may be challenging. The registered manager told us that this person used a set number of signs to inform staff of their wishes and staff knew these signs and used them back in return. We saw during our second day of inspection a staff member signing to this person when their food was ready to eat.

Staff confirmed to us they were able to meet with their line manager regularly as part of their on-going supervision and annual for their appraisal. A staff member told us they felt supported and they had regular supervisions were they were able to express their views and they felt listened to.

Good

Is the service caring?

Our findings

We asked relative's if they felt their family member was cared for by kind, caring staff. One relative told us, "The staff are kind and caring." Another said, "I am very pleased with (name's) care. There is a very high standard of care at Longford."

At our inspection in April 2015, we found that staff did not always treat people in a respectful way. We found at this inspection that the culture within the staff team had improved and it was evident staff cared about people and showed them respect.

Staff treated people as individuals. One person had difficulty recognising which clothes were theirs, so a staff member had sorted out all of their clothes and labelled them with the person's name. The staff member said this had helped reinforce to this person that the clothes were theirs and it meant this person could see immediately they were putting on their own clothes from the label, which reduced any anxiety they had. A relative told us, "I do feel staff care for her (as an individual)."

People were treated kindly by staff. Staff knew people and their individual characteristics well. Staff were able to describe people to us and told us about each person's likes and dislikes and how they liked to spend their day. Staff were knowledgeable in what may upset someone or things people enjoyed doing and which made them happy. We heard a staff member singing along with someone during the morning as they knew that if the person sang it meant they were happy. Another staff member told us about an app they had on their phone which one person enjoyed listening to. The staff member said if the person became anxious they showed them the app and it distracted and calmed the person down. The results of the 2016 relative's survey showed that relatives felt staff had a positive and caring relationship with their family member.

People choices were respected by staff. People were able to make choices about their hair, clothes and whether they wished to wear jewellery or not. We heard one person being offered a range of drinks during the morning and they declined each one. However, a staff member noticed they were looking at their cup of tea, so immediately offered this to them. We saw one person chose to lock their bedroom door before going out. On our second day of inspection we saw people eating their dinner in the place of their choice. Some people chose to eat in the dining room, whilst others ate in the kitchen or their room.

People had the freedom to follow their own daily routines. We saw that people had total choice over when to get up and when to go to bed. On the first day of the inspection one person remained in bed until after midday.

People were treated with respect and put first by staff. We saw and heard staff greet each person as they saw them. One person had had their hair cut the day before and we overheard a staff member complimenting them saying, "Your hair looks very nice." This clearly made the person feel good about themselves. When staff were talking with us, if a person came into the room they immediately stopped and prioritised the needs or wishes of the person. One person decided they wished to go out for a drive, so two other people were invited and staff took everyone out for a drive and lunch. The staff member told us that one person

liked to sit in the front of the vehicle pointing to where they wished to drive. They told us, "It's like a mystery tour and I just do what I'm told." The results of the 2016 relative's survey showed that relatives felt their family member was treated with respect and dignity. This was confirmed when we saw staff respected people's private spaces and knocked on their doors before entering.

People's relationships with their family members were maintained. Relatives we spoke with said they were involved in the home and visited regularly. A relative told us that when their family member had a home visit they would indicate at a certain time they wished to return to Longford which told them they were happy living in the home. They told us, "She wouldn't do that if she was unhappy at going back."

Good

Is the service responsive?

Our findings

We asked relatives if they felt there was enough going on for their family member and received mixed views. One relative told us, "Staff tell me she goes out, but I can't put my hand on my heart and say she has a lot going on." Another told us, "I don't think he wants (to do anything) more than he's got. He does seem happy." The results of the 2016 relative's survey showed that relatives felt their family member was supported to live the life they chose.

We noted that some people's preferred pastimes were recognised. Such as one person who enjoyed films and was accompanied to the cinema each week. Another person enjoyed trainspotting and they were supported to go out regularly to do this. One person liked to go to the library and choose their own books, which we saw had happened. On the second day of our inspection we arrived early evening and heard how people had spent their days. We heard that everyone had been out at least once during the day participating in something they enjoyed. That evening several people were going out to a disco and others were going to have a film night.

We read in an 'Ashcroft people standards' audit carried out in January 2017 that meaningful, creative activity was not always made available to everyone as the residential services manager had noted, 'meaningful activity – requires improvement' stating, 'people do some activities, but timetables are not regularly reviewed and activities are sporadic. Activity planning lacks creativity'. We spoke with the registered manager about this and what plans they had to help ensure that people were involved in individualised, meaningful and stimulating pastimes. They told us they had recognised the need to develop activities for people and had been working with people's individual keyworkers to consider new interests, particularly in relation to one person who may require activities of a more sensory nature. Staff confirmed this and said they were all thinking of new activities. They explained that as part of this they had stopped taking one person bowling as they had made the trip unenjoyable for others because they were clearly not enjoying it. As a result the person was more settled and those who continued to go had a better experience. Staff were looking at others ways in which this person could spend their time. The registered manager told us they had done car washing with some people over the weekend which they had enjoyed and they planned to make that a regular occurrence. They had also made enquiries to enrol people in Wheels for Wellbeing (cycling) as one person in particular used to enjoy cycling.

We recommend the registered provider continues this piece of work to help ensure people have access to activities that are meaningful to them.

People had care plans which contained comprehensive information about them for staff. This included their communication, likes and dislikes, their health needs and daily care needs. Information was detailed and written in a person-centred way with supporting pictures. Some people's care plans contained a Disability Distress Assessment Tool (DisDat) which identified distress triggers in people and how staff could help avoid these triggers or respond to people if they display behaviours which may be harmful to themselves or others.

People had access to information on how to make a complaint written in a way they would understand. The registered manager told us that during the monthly keyworker reviews with people, the keyworker would talk to people about what they should do in the event they were unhappy or worried about something. We noted one complaint since our last inspection and saw that this had been dealt with in an appropriate way. The results of the 2016 relative's survey showed that relatives would feel comfortable raising an issue or a complaint.

Compliments received by the home were recorded and we noted a relative had written, 'Atmosphere in the house has improved. Staff and service users seem more relaxed'.

Good

Is the service well-led?

Our findings

Relatives gave positive feedback about the registered manager. One told us, "When I've had any concerns I've spoken to him. He listens and responds." Another said, "(The registered manager) makes himself available. He's professional." The results of the 2016 relative's survey showed that relatives had confidence in the manager's ability to lead the service.

Staff said they felt supported by the registered manager. One member of staff said the registered manager was, "Very approachable."

The home was quality assured to check that a good quality of care was being provided. Regular health and safety checks were carried and we noted where shortfalls had been identified these had been addressed or were in hand. For example, a towel rail required fixing and we noted this had been done and broken fence panels had been reported to maintenance.

The provider carried out a monthly audit focussing on a different aspect each time. The results of these visits were used to create an operational action plan for the home. We noted on the whole actions had been completed such as booking staff training and setting up staff supervisions for 2017. Other actions included completing people's health action plans, reviewing people's goals to make them meaningful, introducing evening activities and purchasing a measuring jug and cup for one individual. Some of these areas were work in progress and had yet to be fulfilled. The registered manager updated us in relation to progress against actions. They confirmed the jug and cup had been purchased and people's health actions plans had been reviewed. They described to us the work that was underway to complete the other actions. We noted in the audit carried out in January 2017 the residential services manager stated, 'actions on the opps plan are being completed and monitored by the area manager. Deputy manager position has been advertised'. We found that the deputy manager had been recruited and had commenced work at the home. However we found that where a recommendation had been made during an audit of care plans that one person would 'benefit from a risk assessment with regards to eczema and fungal skins infections' this had yet to be done. The registered manager told us they would ensure this was put in place.

We found the environment people lived in was 'tired' in places and as such did not ensure people lived in a homely environment. Although some redecorating had been carried out throughout the home, we found carpets stained and the upstairs bathroom in need of some attention. On the first day of our inspection we found no soap in the bathroom. However, the registered manager showed us on the second day that soap was available. The pedal bin in the bathroom had a broken lid and the toilet roll holder was unusable and there was a cupboard on the wall with the door hanging off. We spoke with the registered manager about the environment and they told us they had submitted a request for new carpets in communal areas and that they had ordered a new toilet roll holder for the bathroom. They also had plans to remove the broken cabinet and replace the pedal bin. In addition, they were currently looking for appropriate pictures to display to brighten up the hallways. They said this had taken time as they wanted to find pictures that were meaningful to people. The registered manager told us that now people had their own medicines cabinets they would be moving paperwork and files from the dining room into the office to stop the dining room

feeling like an extension of the office. We noted on the second day of inspection, a new kitchen table had been installed. Following our inspection the registered provider contacted us to inform us of the refurbishment plans they had for Longford which would commence later in the year.

People were encouraged to give their feedback as they were supported to complete a survey by staff. The survey results included all responses received by Ashcroft Care Services homes, so were not specific to Longford. We noted in the 2016 survey people had given Ashcroft five stars (highest rating) for being happy with where their they lived, feeling safe in their home and feeling cared for by staff. People also said they were able to make choices and that they would talk to staff if they were unhappy about anything. The residential services manager audit noted, 'more focus on receiving feedback from service users on a daily basis in the most appropriate format'. We spoke with the registered manager about this on our second day of our inspection. He told us they used the newly introduced activity record sheets to record whether people had enjoyed activities or had given indication to staff they were unhappy.

Relatives were invited to comment on the care their family member received. We noted from 2016 results that of the three responses relatives were happy with the care that was provided to their family member. Some comments included, 'I am generally satisfied with Ashcroft – well done!', 'I have always been impressed with Ashcroft' and 'Longford is a wonderful home for my sister'.

The registered manager followed the requirements of their registration. Registered bodies are required to notify us of specific incidents relating to the home and we had reviewed documentation prior to this inspection. We found that when appropriate, relevant notifications had been sent to us. For example, in the event of accidents or incidents resulting in an injury.

Staff were involved in the decisions about the home. Regular staff meetings were held and we read on the whole there was a good staff attendance at these. Meetings covered all aspects of the home and was an opportunity for the registered manager to share organisational news.