Care Quality Commission

Ashcroft Care Services Limited

Wood Close

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

Wood Close is a residential care home that provides accommodation and personal support for up to six adults with learning disabilities. There were five people using the service at the time of our inspection.

When we last visited the home on 29 October 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions. At this inspection we found the service continued to be Good.

Systems were in place to protect people from abuse and neglect and staff received training in safeguarding to understand their responsibilities.

Risks relating to people's care were assessed and managed safely. The premises were well maintained and met people's support needs. Suitable infection control processes were in place.

Staff were recruited through processes to check they were suitable to care for people. There were enough staff to care for people safely.

People were supported to maintain their health and in relation to eating and drinking by staff. People's medicines were managed safely. People were supported by staff on admission to hospital.

People were supported by staff who received training and support to understand their roles and responsibilities.

People received care in line with the Mental Capacity Act 2005 and the provider applied for and followed authorisations to deprive people of their liberty as part of keeping them safe appropriately. People's needs and choices were assessed and people and relatives were involved in the process.

Staff understood people and cared for them with kindness. Staff understood the best ways to communicate with people. People were treated with dignity and respect. People were supported to maintain their independent living skills.

People's care plans were person-centred and contained sufficient information for staff to follow in caring for people. People were supported to do activities they were interested in and to maintain relationships with people who were important to them.

A suitable complaints process was in place and the provider responded appropriately to concerns or complaints.

Although there was no registered manager in post a manager had been in post for five months and was in the process of registering with the CQC. The manager had a good understanding of their role and

responsibilities, as did staff. Leadership was visible in the service.

The provider had quality assurance systems with a range of audits in place. The provider encouraged open communication with people, relatives and staff. The provider carried out formal observations to find out the experiences of people who were non-verbal and to check staff provided care in the best ways.

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 remained Good.	**Good** ●
Is the service effective? The service remained Good.	**Good** ●
Is the service caring? The service remained Good.	**Good** ●
Is the service responsive? The service remained Good.	**Good** ●
Is the service well-led? The service remained Good.	**Good** ●

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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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 29 March 2018. Our inspection was unannounced and carried out by one inspector.

During our visit we spoke with two people using the service although they were not always able to respond to our questions verbally. We gathered information about people's views and experiences in other ways including observing people and their interactions with staff. We also phoned two relatives and spoke with them. We spoke with the manager and two staff. We looked at care records for three people, staff files for three staff members, medicines records for two people and other records relating to the running of the service.

After the inspection we contacted six health and social care professionals to gather their feedback although we did not receive any responses.

Good

Is the service safe?

Our findings

People were safeguarded from abuse as the provider had systems in place. A relative told us, "It's safe." Staff knew the signs people may be being abused and how to respond to keep people safe. Staff received annual training to keep their understanding of safeguarding current. The manager told us there had been no safeguarding allegations in the past year although they understood the need to report all allegations to the local authority and CQC.

Risks to people were reduced as the provider had good risk assessment processes. The provider identified and assessed risks relating to people's care. The provider then put comprehensive risk management plans in place for staff to follow in reducing the risks. For some people the provider identified risks relating to people's history of behaviours which challenged the service. The provider employed a clinical lead who specialised in supporting people with behaviours which challenged. The clinical lead trained all staff in positive behavioural support and also in training approved by British Institute of Learning Disabilities (BILD). This training helped staff understand how to support people in relation to their behaviours in a way which did not criticise or blame the person. The provider put clear guidelines in place for staff to follow in reducing risks which were individual to each person. These guidelines included risks relating to behaviours which challenged the service.

People were supported by staff who the provider checked were suitable to work with them. The provider carried out recruitment checks which included obtaining a completed application form, a criminal records check, checking qualifications, training and employment history with references from former employers, checking identification and right to work in the UK. The provider also monitored staff suitability during their probationary period.

People were supported by sufficient numbers of staff. We observed there were enough staff to support people safely and staff numbers were in line with the levels the manager told us were required. Rotas also showed staff numbers each shift met the levels the provider identified as safe. The manager told us staff numbers could be increased if people's needs changed and they required more support. The provider had a pool of bank staff who were available to support the service, as were staff from other local care homes under the same provider.

People received their medicines safely. We found medicines were stored safely and staff recorded medicines administration in line with best practice. Our checks of stocks and records indicated people received their medicines as prescribed. Only staff trained in medicines administration and assessed as competent administered medicines to people.

People received care in safe, well-maintained premises. The provider had a maintenance team and staff told us they promptly responded to any maintenance requests. The provider ensured safety checks relating to fire, gas, electrical installation, electrical equipment, water hygiene and hot water temperatures were carried out regularly. Although the provider assessed risks relating to the premises we found these had not always been reviewed annually in line with best practice. The manager told us they were aware of this and they

planned to review them as soon as possible.

Risks relating to people relating to infection control were reduced. A relative told us, "It's always clean and tidy and they've decorated." We found the premises were clean and a cleaning schedule was in place. Most cleaning was carried out by night staff with day staff cleaning as necessary. Staff used personal protective equipment (PPE) when carrying out personal care and also cleaning to control the spread of any infections. Processes were in place for staff to check food was stored and served at safe temperatures. The provider had a plan in place to reduce the risks of spread of infection. The manager audited some aspects of infection control although we found audits could be more comprehensive, checking all aspects covered in the infection control plan. The manger told us they would review the audits in place in light of our feedback.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed and met. A relative told us, "I always go to reviews." The provider reviewed people's care each month to check it continued to meet their needs. Social services also led annual reviews and people and their relatives were involved in the process. The registered manager was aware of evidence-based guidance relating to caring for people, such as guidance relating to using medicines to reduce behaviours which challenge the service. The provider did not use medicines to reduce behaviours which challenged the service for any people.

People were supported to maintain their health. A relative said, "They call the doctor [whenever necessary]." Information about people's healthcare needs were recorded in their care plans for staff to refer to. People were supported to access the healthcare service they required including their GP, psychiatrists, dentists, opticians, psychologists and occupational therapists. The provider worked with healthcare services to help people receive effective care. The provider ensured each person had a 'my care passport' in place. My care passports are documents for people with learning disabilities to inform hospital staff and staff in other settings about the person, their needs and the best ways to support them. The provider implemented a system so when people were admitted to hospital key information such as their medicines records and their care passport were available for hospital staff. One person recently started hydrotherapy to help in relation to a physical condition.

People were cared for by staff who received suitable training and support. Records showed staff had not received supervision in line with organisational requirements under the previous management. However, the new manager had already established a system to ensure staff received supervision every two months. Staff were observed carrying out different aspects of their role in the months between their supervisions in the new system. Staff told us they felt well supported and confirmed they received supervisions under the new system. Although staff had not always received annual appraisal under previous management the new manager reviewed systems and had carried out appraisals to review performance and set goals for the coming year. Staff received annual training in a range of topics relevant to their role including positive behavioural support, safeguarding and the Mental Capacity Act 2005 (MCA). New staff received an induction in line with the care certificate. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for care staff.

The 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 received care in accordance with the MCA. When there was reason to suspect people lacked capacity the provider carried out MCA assessments. We saw MCA assessments for areas of their care including receiving their medicines and receiving personal care. When the provider determined people lacked capacity they made decisions in people's best interests through consulting with others involved in their care, such as relatives. Staff received training in the MCA although we found one staff member required further

support to understand the MCA. The manager told us they would provide further training to staff as necessary.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had received authorisation from the local authority to deprive people of their liberty. People all required constant supervision and it was unsafe for them to leave the home without staff support. Therefore authorised restrictions were in place as part of keeping them safe.

People received support to eat and drink. A relative told us, "They give [my family member] food they like." People told us they enjoyed their meals. A relative told us the food served was healthy. The relative told us when their family member put on weight staff supported them to regain a healthy weight. Another relative told us, "[Staff] look after [my family member] really well when they lose a lot of weight [due to a condition]." We observed a mealtime and saw people received effective support from staff. A person at risk of choking was encouraged to eat slower by using a teaspoon and staff spooned food onto their plate gradually through their meal. Staff showed us they were following guidance from a speech and language therapist who recommended this to reduce their risk of choking. Adapted cutlery and plate guards were used to help some people retain their independence as far as possible. A person was at risk of malnutrition due to a mood disorder which affected their appetite. The provider referred the person to a dietitian who saw the person frequently. Staff followed guidance from the dietitian in providing nutritional supplements and preparing food in certain ways to encourage them to eat. Records showed under previous management monthly checks of people's weight had not always been carried out. The manager told us they would ensure they monitored people's weight each month to identify whether they were maintaining a healthy weight.

The premises met people's support needs. Each person had a private bedroom with an en-suite bathroom. People were able to spend time alone in their bedrooms, take part in activities in communal areas and also spend time in the garden. Hand rails were positioned in key places such as stairwells to help people with physical conditions mobilise around the home.

Good

Is the service caring?

Our findings

People were supported by a caring service. A relative told us, "I think they're excellent. They look after [my family member] really well. I'm very pleased with her care, I can't praise them highly enough." A second relative told us, "It's very good. When [my family member] comes home he always wants to go back [to Wood Close]." We observed staff cared for people with kindness. Staff spent time interacting with people throughout our inspection and staff spoke to people respectfully and appropriately. The provider gave staff the time and support they needed to provide care in a compassionate and person-centred way. The manager ensured rotas were developed so there were enough staff to allow staff to interact with people meaningfully. In addition the manager carried out formal observations of staff every two months to check they provided care in a compassionate manner.

People were supported by staff who understood their needs and wishes. Relatives told us the staff turnover was generally slow although there had been some new staff recently. A relative said, "They understand [my family member's] needs. They know her likes and dislikes." We also observed staff knew people well and had developed good relationships. People were comfortable approaching staff and spending time with them. One staff member told us one when a person first moved into the service the person refused to speak with them for several weeks until they were comfortable with them. We observed the person spoke freely with all staff. Staff responded to their requests in a considerate manner. Staff knew people's preferences, including how they preferred to spend their time and their preferred choice of food.

People were involved in decisions relating to their care. Staff delivered care to people in line with their individual preferences. Staff told us people could choose how they spent their day and could stay at home with staff if they did not wish to take part in the activities on offer. The provider celebrated special events such as birthdays in ways staff knew people enjoyed. The manager was exploring local advocacy services to support people who did not have family or friends to advocate for them.

People were enabled to communicate by staff. A relative told us, "They understand how to communicate with [my family member]." People's care plans detailed the best ways to communicate with people. We observed staff communicated with people in line with their care plans using simple words and repetition where necessary. For one person staff used certain phrases, detailed in their care plan, when the person became anxious as this helped them to calm down. For a person who was non-verbal staff understood what they were expressing by the different sounds they made.

People's privacy and dignity was respected by staff. A relative told us, "They treat [my family member] with dignity and respect." Staff provided personal care to people which maintained their privacy, by ensuring doors were closed. Staff supported people to maintain their appearance and we observed people wore clean, matching clothes which were age appropriate and suitable for the weather. Staff also supported people to have their hair cut when necessary. We observed staff providing a person with a manicure which we saw the person agree to.

People were supported to be as independent as possible. The manager enabled a person to make tea for

themselves each day for the first time in their lives by purchasing a tea-making system. People were involved in household tasks such as tidying their rooms, laundry and clearing away after meals. People's care plans detailed their levels of independent living skills and how staff should support them to maintain their skills.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs. Relatives confirmed they were involved in developing care plans for their family members. One relative told us, "I always go through the care plan." People's care plans reflected their current needs as the manager reviewed them regularly. This meant staff had access to accurate information to guide them in caring for people. Staff all read and signed people's care plans and we found staff delivered care in line with people's care plans. Care plans were person-centred, based around people's individual needs. They included people's backgrounds, people who were important to them, their likes and dislikes, details about health conditions and the best ways to communicate with people.

People were supported to participate in activities they enjoyed. A relative told us about the activities their family member took part and said, "They do quite a lot." The relative told us their family member responded well to weekly 'intensive interaction' sessions with an external company who visited the service. Intensive interaction involves engaging with a non-verbal person with a learning disability by mirroring their body language and vocalisations. A second relative told us their family member enjoyed walking and visiting cafes and staff took them most days. Each person had an activity programme based on their own interests. Activities included attending a day centre, cycling and bowling. During our inspection people were supported on activities outside the home including food shopping.

People were supported to keep in contact with people who were important to them. Relatives could visit at any time. A relative told us, "I just turn up whenever I feel like it." A second relative told us, "Staff are very welcoming and I'm always offered a cup of tea." Staff supported those who had family members involved in their care to visit them.

Relatives had confidence in how the provider would respond to any complaints or concerns they raised. One relative told us, "They do respond well to issues I've raised and I've been happy with the outcomes." The service had a complaints policy on display in the service. The service had received one compliant in the past year and records showed it was recorded and responded to appropriately. The provider issued a letter of apology where they found the service to be at fault.

Good

Is the service well-led?

Our findings

Although there was no registered manager in post at the time of our inspection a new manager had begun the process to register with us. A registered manager is a person who has registered with the CQC 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.

A relative told us, "It is well-led. If I suggest something they always try and implement it." The new manager had worked for the organisation for ten years and was promoted from being a deputy manager in a similar local care home. Staff told us they found the manager was supportive and had implemented systems to improve the home including putting a supervision and observation schedule in place. Our inspection findings and discussions confirmed the manager understood their role and responsibilities well, as did staff.

Leadership was visible and capable. The manager was supported by a deputy in overseeing the service. Each shift was led by a shift leader. Shift leaders received training in medicines management and took on additional responsibilities to ensure shifts were organised and run well. An operations manager also supported the service. They visited to check the quality of service and gather feedback from people and staff. Staff told us they worked well together as a team. The provider celebrated staff achievements with care worker of the month and long-service awards.

The provider had suitable quality assurance processes with regular audits of the service. Audits included medicine management, health and safety. An electronic system was in place to track staff training and the provider regularly sent the manager a summary showing the percentage of staff who achieved the required levels. Staff training attainment levels at the service were high. The manager had a spreadsheet to plan and track staff supervision and observations each month which helped ensure staff received a high level of support. Audits had been carried out of staff files to ensure each contained recruitment information required by law. The manager ensured documentation was in place, accurate and regularly reviewed where necessary including people's care plans, risk assessments and other documents relating to the management of the home. Staff were encouraged to question practice and staff were aware of how to report concerns in line with the whistleblowing policy.

The provider also encouraged open communication with people and staff. Most people were unable to share their experiences verbally. The manager implemented formal observations to help them understand how people experienced their care and whether staff cared for them in the best ways. The manager often invited managers from other local services to carry out observations to ensure they were as unbiased as possible. The manager worked four of their five shifts each week providing direct care to people with their staff team. This close working meant the manager built good relationships with people and staff and this encouraged open communication. In addition, the manager held monthly team meetings during which staff were able to discuss any items of concern and receive feedback on organisational developments.

The provider also encouraged open communication with relatives and professionals. A relative told us, "We

have a diary. Staff write what [my family member] has done each week and I write how he spends his time when he stays with me. It works well." Relatives told us staff kept them informed of any significant developments in their family member's lives and that staff communicated well with them. The provider sent annual surveys to relatives, staff and professionals to gather their views and the provider was due to send out surveys shortly. The provider worked openly with key organisations including social services and healthcare professionals in ensuring people received the care they required.