

Ashcroft Care Services Limited

Cedar Lodge

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

Cedar Lodge provides accommodation, personal care and support for up to six adults who have a learning disability. There were four people living at the home at the time of our inspection.

This was an unannounced inspection which took place on 18 October 2017.

There was a registered manager in place, who had taken up their post since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

Cedar Lodge was last inspected in October 2015 where they were given an overall rating of 'Good'. We found at this service, the level of good care provided to people had been sustained.

People were supported by caring staff. Staff treated people with respect and maintained their privacy and dignity. People were supported to be as independent as they could be and make decisions for themselves. People had access to activities that recognised their interests. The registered manager promoted community awareness within the local area. There were good relationships with people in neighbouring Ashcroft homes.

People were supported to eat safely. People who had needs related to eating and drinking had been reviewed by a speech and language therapist. Staff were knowledgeable about people's dietary requirements and supported people to eat a varied and healthy diet.

People were provided with appropriate care as there were guidelines in place for staff on how to provide the support. Where necessary, referrals had been made to health and social care professionals to ensure that people received appropriate care. People's care plans were person-centred and contained information relevant to people such as their care needs as well as their interests and past history.

People were helped to stay safe because staff understood any risks to people and staff took action to minimise these risks. There were sufficient staff to keep people safe and meet their needs whether people remained at home or went out into the local area. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

People's consent was sought prior to them receiving any care. Where people lacked capacity to give informed consent staff acted in line with the Mental Capacity Act 2005. This included taking the least restrictive approach with people where possible.

People's medicines were managed safely and records demonstrated people received the medicines they required. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained a safe environment, including appropriate standards of fire safety. There was a contingency plan in place to help ensure people would continue to receive care in the event of an emergency.

People were cared for by staff who had access to the induction, training and support they needed to do their jobs. Staff told us they received regular supervision and felt the staff team worked well together and supported each other.

The provider had an appropriate complaints procedure which explained how complaints would be managed. Complaints received were responded to appropriately and discussed within the staff team.

People lived in a service which was well managed. Relatives told us the registered manager provided good leadership for the home and staff told us the registered manager gave them encouragement and support. The registered manager managed another of the provider's registered homes but demonstrated that this did not diminish their ability to manage Cedar Lodge effectively. In addition they supported registered managers in other Ashcroft homes. Records were well organised, up to date and stored confidentially where necessary and the registered manager was aware of their statutory requirements in relation to their registration with CQC.

Staff meetings were used as an opportunity to discuss all aspects of the service. People were encouraged to attend and contribute to team meetings. Relatives were asked for their feedback about the service provided and an annual staff survey was carried out. The registered manager used feedback about the service to improve the care that people received.

The provider's quality monitoring checks helped to ensure people received safe and effective care. Staff made regular in-house checks and the provider's area manager carried out a monthly audit.

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 enough staff deployed to keep people safe and meet their needs.

People were protected from avoidable risks as people's risks had been assessed.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS).

People's nutritional needs were assessed and individual dietary needs were met.

People were supported to obtain health treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were cared for by staff who showed them kindness and compassion.

People were encouraged to maintain relationships that meant something to them.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans contained information about people's individual needs in relation to their care.

People had opportunities to take part in activities that they enjoyed.

There was a complaints procedure in place which gave people the necessary information on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered provider sought views on the quality of the care that was being provided.

Staff were well supported by the registered manager.

Staff were involved in team meetings which meant they were given the opportunity to have a say in how the service was run.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were up to date and stored appropriately.

Cedar Lodge

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.

The inspection took place on 18 October 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback by email from three social care professionals and one activity professional prior to our inspection.

During the inspection people were not able to tell us directly about their experience due to their communication needs. Instead we observed the support they received and the interactions they had with staff. We spoke with two staff, the registered manager as well as the provider's group manager.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and records relating to this. We checked two staff recruitment records, minutes of staff meetings and records of staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks and the provider's audits of different aspects of the service.

After the inspection we received feedback from four relatives about the care their family members received.

Is the service safe?

Our findings

Relatives were confident their family members were safe at the home. One relative told us, "I feel she is as safe as she can be. When I visit I notice that she is well protected by having 1:1 support when necessary." Relatives told us there were always enough staff available when they visited to provide their family member's care. One relative said, "(It's) the general way in which the house is managed."

Staff were cared for by a sufficient number of staff which meant staff were able to meet people's needs and keep them safe. The rota was planned to ensure that staff were available to support people to take part in activities as well as spend time with them indoors. Staff told us there were always enough staff available to ensure that people were supported in line with their care plans. During our inspection we observed that staff were available when people needed them and that people did not have to wait for support. Staff were available at all times and had support from senior managers outside of normal working hours. A relative told us, "Most times I have been at Cedar Lodge there are enough staff on duty."

People's medicines were managed safely. Staff responsible for administering medicines had attended medicines training and their competency had been assessed. Each person had an individual medicines profile, which contained information about the medicines they took and any potential risks associated with their medicines. We read in the Provider Information Return (PIR) that medicines cabinets were to be installed in each person's room and found this to be the case. There were appropriate arrangements for ensuring medicines were stored appropriately as staff checked and recorded the temperature of the medicines cabinet daily. Each person had a Medicines Administration Record (MAR) which recorded when people had received their medicines. We noted people had received their medicines in line with the prescription instructions. A relative told us, "Staff report to me that [name's] medications are given each day."

People's individual risks were recognised and staff were knowledgeable in how to prevent harm to people. Risk assessments had been carried out to keep people safe while supporting their independence. One person was subject to the risk of easily broken bones due to a medical condition. Their risk assessment identified the need for additional staff support if they were climbing on something or walking on uneven surfaces. One staff member said, "I take care of them like I do my own children. For example, I will walk on the outside, one step away and make sure I hold their hand when crossing the road. I am aware of uneven surfaces as [name] can easily trip." A relative told us, "I entrust confidence in staff that they are aware of risks [name] is susceptible to and believe that they intervene accordingly."

Where people had accidents and incidents these were recorded, reviewed and discussed between staff to identify any changes in people's support needs. One person became anxious dependent on what the weather was like. There was clear information relating to any incidents during these periods and guidance for staff on how to identify triggers and reassure the person. A relative told us, "I have good communication with Cedar Lodge and they always let me know if anything has happened and the action they have taken."

People would continue to receive care in the event of an emergency or that the home had to close for a period of time. There was a contingency plan in place which had been developed by the provider. This showed that people would be moved into other Ashcroft services should the need arise.

People lived in a safe environment. Staff carried out regular health and safety checks and the provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and reviewed within the last 12 months and the fire detection system was serviced regularly by an engineer. Staff attended fire safety training in their induction. Fire drills were held regularly and each person had a personal emergency evacuation plan which recorded the support they would need in the event of a fire.

The provider had robust recruitment procedures, which helped ensure that only suitable staff were appointed. Applicants were required to submit an application form and the provider carried out appropriate pre-employment checks, such as including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff had attended safeguarding training and were aware of their responsibilities should they suspect abuse was taking place. Staff were able to describe the action they should take if they witnessed abuse. They told us they knew how to report any concerns they had, including escalating concerns outside the home if necessary. A staff member said, "I would report it to the shift leader and I would confident it would be acted upon." A relative told us, "I would like to believe (she is safe)." A professional said, "I have never seen any of the staff be rough or mean to the clients while at the premises."

Is the service effective?

Our findings

Relatives told us they were happy with the food that their family member received. One relative said, "I am happy with what I am told [name] eats as per the weekly menu. Her food and fluid intake is monitored efficiently and she has lost some weight which has had a positive impact on her mobility and general wellbeing."

People were supported to have sufficient to eat and drink and to maintain a healthy balanced diet. The menu was planned to meet people's individual dietary needs and preferences. Staff knew people's likes and dislikes and used pictures to offer people choices based on their preferences. All meals were freshly cooked and people were encouraged to get involved in the cooking of them. Staff were aware of encouraging people to eat healthily. We saw a staff member support someone to eat an orange and they said to the person, "Take one (piece), it's good for you. Lots of vitamin C."

People's individual dietary needs were recognised and where necessary staff had sought guidance from a Speech and Language Therapist. We saw that people received their food in the way that ensured it was safe for them to eat. For example, in the case of one person who required their food cut into smaller pieces. This person's care plan noted, 'risk of choking – encourage to chew' and we heard staff reminding them to slow down when they were eating. Staff had provided effective care and support to people who had needed to lose weight. We noted that people had been provided with appropriate foods to encourage weight loss. People sat with staff during lunch time and we saw how one person went to fetch staff to indicate to them that lunch was ready.

People were cared for by staff who had the skills and knowledge they needed to support people effectively. The provider had told us in their PIR that staff received all necessary training and had access to training specific to the needs of the people living at Cedar Lodge. We found this to be the case and this was supported by the feedback we received from relatives. Relatives told us they felt staff knew how to provide the support their family members needed. Staff had access to the training they needed to carry out their roles. All staff had an induction when they started work, which included working with an experienced colleague to understand people's needs. Core training attended by staff included health and safety, first aid, infection control and moving and handling. One staff member said, "We have lots of training and training in everything. Ashcroft are very strict on the training." Another said, "I am still learning every day." A relative told us, "I feel that staff have relevant skills to provide care and support to [name]." The registered manager told us, "All staff have NVQs (a nationally recognised set of care standards). I am passionate about upgrading staff skills and we have 97% attendance at training sessions."

Staff told us they received the support they needed to do their jobs. They said they met regularly with a senior member of staff for one-to-one supervision at which they were given feedback about their performance. Different topics were covered at supervision's such as CQCs key line of enquiries (KLOEs).

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that people were being protected by staff following the MCA. One person required one to one supervision both inside and outside of the home and they also had locked cupboards in their room. We found the correct processes had been followed in relation to both of these. Another person had their access to foods limited and again a MCA and best interest discussion had taken place. A third person needed some medical intervention and an appropriate MCA assessment had been carried out in relation to this.

Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the home independently and constant supervision by staff. A staff member told us, "We have been training a lot in the MCA. Everyone has their own assessment and most things we do are in people's best interests."

People were supported to maintain good health and had access to the healthcare services they needed. Each person had a hospital passport which contained important information should a person need to go into hospital. On the day of our inspection staff were concerned about one person who appeared unwell. We heard staff telephone and arrange for the doctor to do a home visit. As a consequence the doctor recommended the person was taken to hospital. We watched how staff gathered all relevant information about the person to take with them to the hospital to help ensure hospital staff had everything they needed to know about this person. Another person was heard by staff coughing a lot at night and staff had organised a GP visit for them. We also read in people's care records that they had involvement from other healthcare professionals when appropriate, such as the chiropodist or dentist. We read in the provider's PIR, 'People have access to on-going healthcare support as needed on an individual basis. Cedar Lodge has worked in partnership with our local GP practice for a number of years and we have a good professional association'. We found this to be the case with the feedback we received as one healthcare professional told us, "When we do (visit), we find them (staff) very organised and prepared for our visit. They are keen to listen to our findings and will act on them." We noted a healthcare professional had left a comment in the feedback book which stated, 'Lovely home. Excellent carers and good communication with GP surgery. Care is excellent and the residents are very well cared for and are happy.'

There was evidence that people were supported to attend monitoring checks. All the people living at the home had access to annual health checks and a health action plan had been created for each person. These contained information about the appointments people had to help ensure they maintained a good level of health. A relative told us, "[Name] is up to date with medical care/appointments. Cedar Lodge keeps updated in this respect and I am grateful about this."

Is the service caring?

Our findings

People were supported by kind and compassionate staff. One person told us, "It's nice here" and they said they liked the staff. They named one staff member in particular who they liked the best.

Relatives told us the friendly atmosphere was an aspect of the home that benefited their family members. One relative said, "When I am visiting, staff demonstrate being kind and caring to [name] and she is very fond of them." Another told us, "The staff are extremely kind and caring." A third told us, "We are over the moon with the way [name] is looked after by Ashcroft care."

A social care professional said, "I particularly noted during my visits the manager has a very patient and caring approach that my client responds very positively to." Another professional fed back to us, "My overriding feeling while I am there is that the staff are very kind towards [name] and all of the service users."

People were supported to maintain relationships with their friends and families. Relatives told us they were welcomed into the home. One relative said, "Staff are very welcoming and they are warm hearted."

People lived in an environment that was personalised for their needs. We found people's bedrooms were individualised and the furnishings and furniture in the communal areas of the home were appropriate for people who needed space and decluttered areas.

People received their care from staff who recognised that they needed reassurance and alternative ways of communication. The provider stated in their PIR, 'Our service users are either non-verbal or have limited vocabulary to express themselves, our staff are well trained in specialised communications skills to meet the needs of our service users'. We read a communication book in which staff noted when they had discussed specific topics with people. Such as one person who was due an annual health check. Another person was going out for a meal and it was clearly recorded that staff had explained to this person the format of their afternoon in that they would go for a walk first followed by the meal. The communication book included the person's response to the discussion, such as how they demonstrated they understood what was being told to them. One person used a form of Makaton (sign language) and staff clearly recognised the signs they used as well as their facial expressions and actions to demonstrate how they felt or what they wished to do. Another person liked to write things down as they found this an easier way to express themselves.

Staff recognised what was important to people. One person liked to have make-up on and their nails painted. We saw this on the day. A staff member said, "She's a young lady, she likes to look nice and so she should." The provider had told us in their PIR, 'Our staff are kind and compassionate in their approach'. We observed this on the day in the way staff responded to the person who was unwell.

People were supported to be as independent as possible and make their own decisions. We read how one person liked to help staff by emptying the bins and doing the recycling as well as setting the table and clearing away the meals. They could also make their own tea and sandwiches and use the bus and train with staff support. Another person assisted a staff member to make us a cup of tea during the inspection, by

getting out a mug. One relative said, "Staff try to enable [name] to make her own decisions as far as possible." Another relative told us their family member was enabled to make their own decisions although, "[Name] is not very able in this respect." A social care professional told us, "I have observed that they (staff) interact well with the individuals they are supporting. The more able clients in the service appear confident to access all areas in the home and to make their needs known to staff."

People were shown respect and dignity by staff. We heard staff speak in a very calm and gentle manner to people. Whilst lunch was being made a staff member explained to one person what they were making and checked with them that they were happy with this. A staff member said, "I will always knock on their door, even if I know they are not in their room. If they are having personal care I would close the door and I ensure that people are dressed in fresh, clean clothes." A relative told us, "Staff do respect and treat [name] with dignity. They treat her as a mature individual and they support her appropriately in day to day activities." A social care professional told us, "I have observed both manager and staff supporting my client when anxious and I can confirm he is treated with respect." A second professional said, "The clients are always dressed smartly and appear clean."

People and their relatives felt involved in the service and the care given. One person had a summary portrait of them in their care plan which was signed by them. One relative told us, "I am very much involved in the care of [name]. Cedar Lodge have been efficient at keeping me abreast of what is happening/changes in the service."

Is the service responsive?

Our findings

People had person-centred care records which included detailed guidelines for staff about how to provide the support people needed in each area of their lives. Each person had a regular review of their care, which assessed whether their needs had changed. People's relatives and local authority care managers were invited to reviews to ensure that the views of all relevant people were taken into account. A social care professional told us, "I must say that the staff team have worked well with her over the years despite her complex needs."

People care plans included information around any risks a person may have, how they communicated, their preferences in relation to how they liked personal care, what foods they liked, any particular behaviours or characteristics they displayed and information in relation to any medical conditions. One person picked at the skin on their thumb when they were anxious and there was guidance for staff on how to help reduce this behaviour. This same person was at risk of drinking too much fluid and as such staff responded by recording their daily fluid intake to help ensure it was kept under control. Another person was at risk of putting on weight and their care plan stated, 'encourage to go for a walk most days'. Staff told us that this was happening. As a result of this together with appropriate foods this person's weight had reduced. A social care professional told us, "Staff are aware of my client's individual support needs and follow the robust support guidelines required to maintain her safety but while promoting her choices as within their duty of care."

Each person had an allocated keyworker whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. People met with their keyworkers regularly.

Where people had particular behaviours that may be challenging, we were told that staff offered appropriate support. A social care professional told us, "Triggers are random and historical. He receives 1:1 support always in the community to keep safe and reassure him when presented with something unpredictable. He also received 1:1 support in the home for certain aspects of daily living. This can take time and staff always provide the time and space he needs to reduce his anxiety."

People had opportunities to take part in activities and to access their local community. One person attended a day centre three times a week. We read in their care plan and were told by staff that they had altered the staff rota to enable this person to attend the day centre on days when the activities most reflected their particular interests. Such as beauty sessions, music and pottery. A relative said, "She is encouraged in participating in the in-house activities but also she goes to a day centre three days a week. They (staff) try and engage her in meaningful activities. Sometimes though she prefers to sit and watch the world go by." Another relative told us, "Staff encourage as best they can, but [name] tends not to be very receptive." A social professional said, "I was pleased to note that all efforts have been made to ensure that she is stimulated with her preferred activities at home."

Some people attended day services and staff had arranged activities based on people's individual interests.

For example, one person liked music and staff told us a musician visited the home each week to provide a music session for them. Another person liked books and they were supported to go to the library regularly. This same person did the post run to other Ashcroft homes each week which they enjoyed. Two people liked to attend a local disco. A staff member told us, "They are young people, they like to and should be doing things young people like to do." A Halloween party was being planned and other special occasions were celebrated. Two people went carriage riding (horse and cart) and liked bowling. The registered manager had organised an Autism day where people came from others of the Ashcroft services to celebrate Autism. Staff had made refreshments so everyone could share food together. The registered manager told us they promoted a community presence. One person liked cricket and they were supported to attend the local cricket club. The relationship had developed between them and the club to the extent that the club always ensured this person was informed of events taking place so they could attend.

People and their relatives had access to a complaints procedure which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. A relative told us, "I would in the first instance address any concerns/issues with Cedar Lodge management and/or at the support plan review. If things do not change I would escalate it to senior management before making a complaint." Another relative said they would know how to complain but told us, "But have absolutely no grounds to do so." We found one complaint had been received by the service since our last inspection. This was in relation to staff parking out on the street. We read that the registered manager had taken this seriously. He had responded to the complainant, offered to meet with them and spoke with staff to remind them to be mindful of where they parked. Where there were incidents that affected people and staff these were discussed with staff in order to learn from these. Such as a recent incident where one person became distressed when out in the service vehicle.

Is the service well-led?

Our findings

Relatives told us they felt the registered manager managed the service well. One relative said, "I do feel [the registered manager] demonstrates skills of an effective leader and he manages the service as best as he can. He is open to constructive feedback and communicates efficiently." Another told us, "We feel that [registered manager] manages Cedar Lodge very well."

We found a good culture within the staff team on the day. Staff worked together well and they consulted with each other to help ensure everyone received the care they required. The provider told us in their PIR, 'There is an open, positive culture within the home promoted by the manager through practically exercising the concept of leading from behind by allowing staff team to have the opportunity to lead and guide them as and when necessary'. We found this to be the case as staff needed very little support from the registered manager as they were able to work in a confident and organised way. One relative told us, "[Registered manager) shows affection and respect to his employees. He holds regular meetings with them and interacts and delegates responsibilities according to the skill levels. He has a good rapport with his employees and this in turn fosters quality work from them and promotes a safe environment for the clients/residents." A second relative said, "We think they are a fantastic organisation and in particular the staff and management at Cedar Lodge are first class." A social care professional told us, "My client received a highly personalised level of care and support from his placement at Cedar Lodge. Staff are highly adaptable and provide the specialised support my client needs." Another professional fed back to us, "I have always found Cedar Lodge one of the better homes I deal with." A third said, "Without doubt from my observations all staff and the manager are very efficient and caring." Staff told us they felt they worked well together as a team. One staff member said, "If I am unsure about anything they (other staff) listen to you. It's good team work here. The staff team is eager to learn and very ambitious." Another said, "It's a very good supportive team. We work with each other and help each other out."

The provider rewarded good practice. They ran an 'employee of the month' award and we noted that a staff member from Cedar Lodge had won the award in April 2017. The results of the staff survey demonstrated that on the whole staff felt informed, well led and confident to raise any issues or concerns. A staff member told us, "I feel valued and appreciated working here."

The registered manager also managed another of the provider's registered care homes but demonstrated that this did not diminish their ability to manage Cedar Lodge effectively. In addition, the registered manager told us they supported other registered managers to look at ways of improving their services. The registered manager attended Surrey Care Association meetings to discuss and share latest news with their peers. He was also organising a staff infection control event at Cedar Lodge to promote good infection control awareness. The registered manager had a raised profile within Ashcroft. He was assisting the company to review their strategic plan, he was an assessor for new staff and had started MAPA (management of actual or potential aggression) training to roll out to staff across the organisation. He told us, "I don't expect staff to do what I wouldn't do myself. I listen to staff. I am keen to create relationships with other homes and often Cedar Lodge are the champions for new opportunities. For example, we received a donation from a relative and I have encouraged staff to come up with ideas on how we invest this in the

home." He also told us he had also engaged with their local Tesco store in relation to organising an Autism 'quiet hour'. As such Tesco had identified the quietest time at the store so people could shop in an environment that was better suited to their needs.

The standard of record-keeping was good and people's personal information was kept confidential. The registered manager had established effective links with health and social care professionals to ensure people received well planned care that met their individual needs. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.

Staff communicated important information about people's needs effectively. Staff beginning work were given a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. There was a plan in place for each shift, which ensured accountability for the completion of all tasks.

Staff met regularly as a group to discuss the needs of the people they supported and to ensure they provided care in a consistent way. We noted staff discussed all aspects of the service, such as the keyworkers role, equality and diversity and the CQC inspection. The manager attended manager's meeting which discussed topics such as DoLS, goal planning and the wider aspect of Ashcroft services.

People, relatives and advocates had opportunities to contribute their views about the home. A relative told us, "I normally receive feedback forms to complete from Ashcroft head office regarding the general service." We noted five surveys had been sent out for this year of which three had been returned in relation to Cedar Lodge. From the results it showed us that relatives felt confident that their family member amongst other things was safe, they could comfortably raise a complaint, staff had positive and caring relationships with people, staff were skilled and their relative was supported to have a healthy balanced diet. Although separate 'house' meetings were not held, the registered manager told us people were welcome to participate in the staff meetings.

The service also invited visitors to leave messages and feedback. We read that one visitor had written, 'very helpful staff, positive and welcoming'. Another had commented, 'care is all good'.

The provider told us in their PIR, 'The registered manager and deputy manager carry out a programme of weekly and monthly audits and safety checks which include care plan audits, infection control, medication audits, financial audits, fire systems and maintenance logs'. We found this to be the case in that there was an effective quality monitoring system in place. Staff carried out regular health and safety audits to ensure people lived in a safe environment. The health and safety audit also checked standards of fire, electrical, gas and water safety. The management of medicines was audited regularly and any equipment involved in people's care, such as wheelchairs, slings and hoists, was checked and serviced regularly. In addition the provider's group manager carried out a regular visit to the home where they looked at areas such as activities, communication between staff and people and the MCA.