

# Ashcroft Care Services Limited

# Shrewsbury House

## 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

Shrewsbury House is a large detached house located close to Merstham Village and local facilities. The service is registered to provide support and accommodation for up to five people who have a learning disability. The home is owned and operated by Ashcroft Care Services who operate several other homes in the area.

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.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the provider had good management oversight of the home.

People lived in a homely environment and were encouraged to be independent by staff. Staff supported people to keep healthy by providing people with a range of nutritious foods. Everyone was involved in the menu planning and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were supported to participate in arranged activities which were individualised and meaningful for them. We heard people discussed with staff what plans they had for the day.

People had risk assessments in place for identified risks. The registered manager logged any accidents and incidents that occurred and staff responded to these by putting measures in place to mitigate any further accidents or incidents.

Staff had a good understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Nobody at the service was subject to a DoLS authorisation or had their liberty deprived.

There were a sufficient number of staff on duty to meet people's needs and support their activities. People and staff interaction was relaxed. It was evident staff knew people well, understood people's needs and aspirations. Staff were very caring to people and respected people's privacy and dignity.

Staff had personal development plans and received mandatory training and training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager and staff undertook quality assurance audits to ensure the care provided was of a

standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was available to people and staff supported them to raise any issues or concerns they may have. People were encouraged to feedback their views and ideas into the running of the home.

## 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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

### Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

Staff had a good understanding of the Mental Capacity Act, and Deprivation of Liberty Safeguards. Nobody had their freedom restricted or to keep them safe.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be as independent as possible.

People were able to have visitors when they chose.

### **Is the service responsive?**

**Good** ●

The service was responsive

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

Staff responded well to people's needs or changing needs. They were knowledgeable about their care plans and involved in any reviews.

Complaint procedures were available for people and staff supported people to air their views.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. House meetings took place weekly to discuss matters such as food, activities and staffing.

People and staff felt the provider had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

# Shrewsbury House

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on the 5 May 2016. The inspection was carried out by two inspectors.

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.

The registered manager 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.

As part of the inspection we spoke with the registered manager and five members of staff. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine 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. We met and spoke with all the people who lived at Shrewsbury House. We did not speak with relatives as people were able to voice their own opinions of their home.

We last inspected Shrewsbury House on 14 April 2014 when we had no concerns.

# Is the service safe?

## Our findings

People felt safe living at Shrewsbury House. One person said "I am safe here and the staff are my friends." Another person said "I am safe but feel a little unsure right now as a good member of staff is leaving and don't know what will happen." The registered manager reassured that person immediately they did not have to worry.

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to a senior member of staff or the area manager. Information was available for staff regarding who they could contact. Safeguarding information and how to report abuse was displayed in a way people could understand. One person told us they were able to use the house phone or e mail if they needed to report anything further. Staff told us they were aware there was a whistleblowing policy and they would use this to report any general concerns they had about the home.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. Medicines were safely stored in a locked cupboard secured to the wall. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided training updates for staff.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed. People who stayed away from the home visiting friends or family had a 'home medicines log' which enabled staff to keep a check that medicines were not missed.

When people were in pain or felt unwell they could receive medicines to relieve this. Each person had a PRN (as needed) and homely remedies (medicines which can be bought over the counter without a prescription) protocol. This gave guidance to staff on when a person may require either of these medicines, whether or not they were able to ask for them, or signs they may display to show they needed them. A person prepared to go out in the sun by applying medicated moisturiser and sun block for their protection with support of staff.

People were kept safe because the risk of harm had been assessed and action was taken to minimise the risk. Assessments had been carried out in relation to nutrition and hydration, going out alone, smoking, alcohol use, and managing behaviour that challenged. Guidance had been put in place for staff to follow to reduce these risks. For example a ground floor room had been provided for someone to keep them safe who was unable to use stairs, and specialist equipment had been provided to help reduce the risk of falls.

Guidance for staff was also provided to support people during episodes of anxiety or behaviour that challenged. Staff supported people to live their life in a safe way without compromising their independence. For example supporting their choice of community activity and using public transport, and helping with kitchen skills.

People were kept safe because there were sufficient numbers of staff employed at the service to support people with their needs and activities both within the home and in the local community. The registered manager told us there were usually four staff on duty during the day but this was flexible depending on what activities or events were planned on any one day. Staff supported people throughout the inspection to attend appointments, shopping, planned activities and general chores within the home. It was polling day for the local elections and staff supported people to attend the polling station to vote. Sufficient staff were available to meet people's needs and people did not have to wait for attention. One person decided to have their hair cut and staff immediately supported them by taking them to the barbers. One member of staff worked during the night. However on occasions staff extended their working day to support an individual activity or event.

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

People could expect staff to support them in a way that would reduce any accidents they may have. The registered manager kept a log of accidents and incidents. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example plans were in place for a room to be extended and a wet room installed to support a person's diminished mobility needs and protect them from harm due to falls.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and each individual had their own personal evacuation plan (PEEP). The registered manager told us people could go to family or use other homes in the group if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.



## Is the service effective?

### Our findings

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. Mental capacity assessments had been carried out for people and indicated that people had capacity and understood why they were being supported at Shrewsbury House.

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 (Dolls). Staff understood the legal framework regarding the MCA and Dolls. Dolls. At the time of our visit there was no one being deprived of their liberty.

Staff had effective training to undertake their roles and responsibilities to care for people well. Staff told us received induction training when they commenced employment and worked under the mentorship of a senior member of staff until they were assessed as competent of undertaking the tasks alone. Staff were up to date with all their mandatory training. This included safeguarding, fire safety, medicines awareness, first aid and food hygiene. One staff member said, "Ashcroft really do make sure we have the training we need." Another member of staff said "I have regular training and updates so I feel I understand my role here."

Staff were able to meet with their line manager on a one to one basis, both through supervision and appraisal. We saw that all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. People told us they met weekly to plan the menu for the week ahead. Everyone had a choice and they each picked the dish for the evening meal. One person said "I like chicken so we have that once a week." Another person said "The food is good and I get to eat things I like." Menus were displayed in the kitchen which showed people what was on the menu that day. People were able to go shopping with staff for food. Staff supported people who were able to prepare food.

Lunch was observed and people chose a variety of sandwiches fruit and crisps. People ate at various times and in different locations. Some sat to a dining table in the kitchen while others took their food to the dining area in the lounge. One person said "I like it this way because I can eat when I choose." The main meal is served in the evening when people are home from various activities. People had access to snacks and drinks throughout the day and staff supported them to make hot and cold drinks. One person said "We can help ourselves here."

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. One person was being supported to reduce their caffeine intake due to a gastric problem and they told us the staff were supporting them to manage this. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently.

People were supported to have a healthy diet and there was a good supply of fresh fruit in the kitchen that people had access to. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or psychologist. People were able to see their GP when they needed to. One person told us they had visited the doctor the previous day and were happy with their treatment.

When people's health needs had changed appropriate referrals were made to specialists for support. The service also had the support of their clinical psychologist to provide specialist advice to support people living with behaviour that challenged.

## Is the service caring?

### Our findings

People were supported by a staff team who were caring and kind. There was a good rapport between people and staff and people were at ease in the home and with staff. One person said "They are like my family and I am cared for here." I am well looked after, and the staff are lovely."

People were very complimentary about the home and the staff.

People received good care and there was a trusting relationship between people and staff. People were happy and there was a caring and confident atmosphere in the home. The registered manager had invested a great deal of time the previous evening and during the inspection to reassure people following the announcement of the deputy manager's departure. Staff took time to answer people's questions to minimise any doubts they had.

People were supported by staff who took a real interest in what they were doing. When staff came on duty they took time and effort in what people had done and what their plans were for that afternoon. One person made a particular request and the staff responded with "That's not a problem I can help you with that."

People were well cared for. Staff offered discrete advice if they thought people required to change their clothing or take a bath. They also supported people with their laundry and bedding. We heard a member of staff say "As you have some time today will we change your bed clothed and tidy some of your room." We later noted they were using the laundry facilities.

People were cared for by staff who knew them well. Staff were able to tell us about the people they supported. This included information about their likes, dislikes, care needs and family history. Staff were able to tell us when people liked a lie in and got up for brunch or when they had an early start to catch transport for a planned activity. Staff were aware of people's predicted behaviours for example what to avoid or triggers that may cause someone to become upset. A member of staff said "We have lots of training about understanding people and people's emotions."

People were supported to be involved in their care. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them. A person said "If I am not happy about some decisions I will just say and we discuss this again."

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. People were able to have television sets, music, kettles and a birdcage to promote individuality. They could also choose to have a specific colour scheme and staff supported them with this.

People's spiritual needs were met. Staff supported people to attend church on Sunday afternoon where they also met their friends.

People's dignity and privacy were respected. Staff ensured people's permission was given before going into

their rooms. We also saw staff knock on people's doors before they entered. We heard staff address people appropriately and called them by their preferred name. People had locks on their doors and chose to use them if they wished.

When talking to a person in the company of staff the staff asked "Is it all right if I tell the inspector about the time we did X." The person was only too willing to share the information with us.

## Is the service responsive?

### Our findings

People had lived at Shrewsbury House for many years. People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also.

People had been involved in their care planning. They told us they were aware of what was included in their care plan and this had been discussed with them. People took an active part in their care planning and decisions regarding their daily living. Staff were seen consulting people about how they wanted to be supported. For example how much money they wanted to take with them going to the shops. Care plans had been signed by the person to show they had been involved and understood.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, which were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was provided according to people's care plans. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant.

On the week of our inspection a person had a GP visit that coincided with their weekly gym visit. The staff responded by changing the activities for the week so they could still attend the gym and GP visit without missing out on anything. The person told us they were happy with this as their health was important but they also liked the gym.

People had individual activity arrangements in place and staff provided support when people required this. Someone had taken up boccia (a type of ball game) and staff helped them attend a session weekly. Other people were more independent and went out alone. One person had a keen interest in football and staff supported them to watch games and buy football memorabilia. Another person liked to go to car boot sales. A person showed us their garden where they were growing vegetables and told us the best thing was when they were ready to eat. Pub outings, meals out and visiting places of interest were also arranged.

Staff supported people to choose a holiday. One person told us they were going to Dorset with a friend of choice for a holiday and were looking forward to it very much. Other people were undecided regarding a location but said they were going on holiday in September.

People were supported by staff who listened to them and responded to complaints. People knew how to raise any concerns or make a complaint. One person said "I would talk to the manager if I was unhappy about anything." The registered manager told us they had supported a person to send an e mail to the provider when they wanted to bring something to their attention.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures were written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. There had been two complaints in the last twelve months. Both complaints were dealt with effectively and the outcomes had been discussed with the people that raised the complaints. In both cases the people had indicated that they were happy with the outcomes.

# Is the service well-led?

## Our findings

People were very positive about the home and the way the home was managed. One person said "I like living here and I am happy." Staff were confident in their roles and felt it was a good place to work. One member of staff said "I look forward to coming to work. It is a rewarding job." Staff worked together as a team and there was an open culture and communication between them, the management team and the people they supported.

The registered manager operated an open door policy and we noted an open and positive culture within the home. People and staff were able to use the office throughout the inspection to talk with the manager discuss any issues, plan tasks, check money or have shift handover. This promoted an open and supportive culture within the home.

The area manager was regularly involved in the home and made frequent visits to ensure people and staff were happy and they were providing a good service for people. They also undertook a monthly audit to monitor the quality and drive improvement. These visits included talking to people, looking at care records, monitoring the premises and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit. One action identified was the redecoration of the hallway which was planned to take place the following month.

The registered manager promoted methods of sustaining continuity of care. They undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A summary of these audits were sent to the provider for information.

The registered manager also undertook health and safety audits and infection audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

People were involved in the running of the home. House meetings took place regularly and discussions included the food, choices and activities were discussed. Notes were written using words and pictures so people were reminded what had been talked about in a way they would understand.

Staff were involved in how the home was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Staff said they felt at ease during these meetings and could ask questions and their contributions were taken seriously. Minutes were available to us. These were generally positive and included items like supporting people.

Record management was efficient and showed the home was well managed. Records relating to the care of people, and the management of the home were regularly updated to ensure people had access to the most recent information.

People were encouraged to give their feedback about the home. The registered manager told us surveys were sent to people and their relatives for feedback. Two surveys seen contained positive comments. These included "I am very happy with the standard of care provided to my family member." "The staff are always kind and welcoming."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.