Ashcroft Care Services Limited

Redehall Cottage

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

Redehall Cottage is a residential care home accommodating up to six adults with learning disabilities, communication needs and autism. There were four people living at the home at the time of inspection.

People had communication needs. Some people could use key words to communicate their needs; other people used body language or gestures to communicate.

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 2008 and associated Regulations about how the service is run.

At the last inspection on 6 October 2015, we told the provider to take action on staff deployment, management of risks to people and good governance. We also told the provider to ensure that processes were in place to ensure that people's rights were protected if they lacked mental capacity. We found improvements had been made and these actions have been completed.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, health, and activities and they were updated frequently. The registered manager ensured that actions had been taken after incidents and accidents occurred to reduce the likely hood of them happening again.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received supervision., however it was not always regular. The registered manager told us that they would start supervisions now.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning peoples care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence.

There were activities in place which people enjoyed. The registered manager told us that they wanted to improve what activities were on offer for two people.

The home listened to staff and relative's views. There was a complaints procedure in place. There had been no complaints since the last inspection.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. Care needs and plans were assessed and reviewed regularly.

There were some activities on offer for people. The registered manager told us they were reviewing two people's activities.

Relatives told us they felt listened to. No new complaints had been received since the last inspection. There was a complaints procedure in place.

Is the service well-led?

Good

The service was well led.

There was an open, positive and person centred culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable.

Redehall Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 January 2017 and was unannounced. It was conducted by one inspector who was experienced in care and support for people with learning disabilities.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person, two relatives, three staff members, the registered manager, the residential service manager.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included two people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

Good

Is the service safe?

Our findings

At our previous inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

Relatives told us "Yes they are safe." Another relative told us that they thought their loved one was "Very safe."

Risks to people were managed to ensure that people were safe. Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. Person centred plans contained risk assessments in relation to certain activities, medicines, bathing and accessing the community.

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, some people could become anxious or distressed. There were guidelines in place to tell staff what the triggers were to avoid the anxiety and how best to support the person to keep safe and calm. We saw that staff supported people in line with their guidance.

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff deployment. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

There were enough staff to meet people's needs. Relatives and staff told us that there were enough staff to meet people's needs. A staff member said "There is enough staff here. People can do what they want."

The registered manager told us that there were three care staff in the morning and two in the afternoon and evenings. With a waking night staff and a sleep in. The registered manager worked three shifts and two offices days a week. Extra staff were scheduled when there was a day out or a person had a hospital appointment. One person had 1:1 staff to support them; we saw that the staff member supported them throughout the day. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that care or support was provided when it was required and staff were always available in communal areas.

The registered manager had ensured that staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check was completed on staff. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us "There is physical, emotional and sexual. I would report to the manager or shift leader or phone the 'on call manager'. We have to report it to the local authority, the police and to CQC." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was guidance and information provided to staff, relatives and people about how to report concerns t outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office. There was a pictorial safeguarding policy in the home for people and relatives if they needed it. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Medicines were stored, administered and disposed of safely. One staff member was responsible for ordering and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines. We observed medicines being administered to people. Staff did this knowing people's individual preferences. For example, one person liked to have their medicines in their hand and count them out before taking them. Medicines were appropriately signed out when a person went out to the day centre or out on a trip. The records were signed by staff and without gaps, indicating that people received their medicines. The administration and storage of medicines followed guidance from the Royal Pharmaceutical Society.

For people who needed medicines that are 'as required' (PRN), there were guidelines in place to tell staff how and when a person should receive it. Staff were knowledgeable about the medicines they were giving. Staff received regular training or updates in medicines management and all staff had their competency checked by the registered manager as part of the supervision process.

The registered manager had oversight of accidents and incidents which were analysed to monitor for trends and contributing factors. Actions had been taken to minimise accidents from occurring again. For example, one person had a number of incidents of ill health. The staff requested that the GP reviewed their medicines, which has now improved their health and the incidents have stopped.

Staff knew what to do if someone had an accident, for example if a person had cut their finger. One staff member told us they would check the person for injuries, treat them if they were minor, or request medical assistance if more severe. Staff and training records confirmed that they had received first training.

People would be kept safe in the event of an emergency and their care needs would be met. The service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation staff training and supervision. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People received care from staff that had the skills and knowledge to care and support them effectively. Relatives and staff told us that they thought the staff had the right training and skills to care for their loved ones. One staff said "I feel like I have the right skills and knowledge. Ashcroft [the company] offer good training. I have had training in autism, learning disabilities, health and safety and first aid." Training consisted of mandatory training such as fire awareness and moving and handling. Staff also had training in, learning disabilities, positive behaviour support and other health conditions that affected people living there.

The registered manager told us that all new staff had an induction to the company and the home before supporting people on their own. Staff that had recently started in the home confirmed that they had an induction. They told us that they had a two week induction, one week to read care plans and polices. The second week was time spent shadowing existing staff so people could get to know them and they could get to know people. The registered manager confirmed that new staff had started work on the Care Certificate. This is an induction programme that sets out standards for all health and social care workers.

Staff told us that they felt supported and had supervision, however it wasn't all that regular. The registered manager told us that staff had not always received regular supervision frequently. She knew that this was an area to improve on. She told us that she planned to start supervisions now. The registered manager ensured that staff had an annual appraisal which looked at their individual training and development needs. This was confirmed by staff and the records held.

At our previous inspection we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to The Mental Capacity Act (MCA 2005). The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. The registered manager had completed mental capacity assessments and best interest decisions

where people lacked capacity to make decisions regarding their care. People had mental capacity assessments and best interest decisions in place in place for decisions such as opening mail and use of certain equipment to support a person with their personal care. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member said "Its safe guarding people who can't make decisions for themselves. In some cases, decisions are made in the person's best interest."

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support when out in the community. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet. A relative said "Yes there is a choice of food, they cater for healthy food." People's food choices and preferences were displayed in the kitchen. Staff told us that people choose their own breakfasts and lunch. For evening meals, people choose meals weekly by using photographs (where needed); each person would choose one or two meals each. We observed a meal time. People choose what they wanted for lunch and when they wanted to eat it. People had a choice of either sitting in the dining room or kitchen. The meal time was calm and peaceful. Staff provided support to people when they needed it. One person helped prepare the evening meal, by peeling the potatoes in accordance with the menu plan.

People had a choice of hot and cold drinks throughout the day. People made themselves drinks when they wanted, with staff support. The tea and coffee were locked away as two people living there were unable to safely manage how much tea and coffee they drank. This was the least restrictive way of managing this, as too much tea or coffee would have had a detriment to the people's health. People were offered cold drinks frequently and tea and coffee on a regular timed basis. We saw one person preparing themselves a coffee with support for a support worker. This showed us that the other people in the home were not affected by the tea and coffee being locked away. People's weights were monitored regularly and weight for people remained stable. Where necessary referrals had been made to a dietician to ensure that a person's weight was healthy.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist, dentists and optician. People were supported to attend annual health checks with their GP. People had hospital passports in place, this identifies people's health needs and which health professional is supporting them. People also had health action plans in place. This is a plan that tells staff and health professionals what they need to stay healthy.

Good

Is the service caring?

Our findings

One relative said "Staff are exceptionally polite. They are lovely people." Another said "Staff are lovely. Make me feel welcome and friendly."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. Staff were complimentary of people, one staff member said "I like your top, did you get that for Christmas?" There was a sociable atmosphere, with staff chatting and interacting with people.

When we arrived at the home, the staff ensured that we were introduced to the four people who were at home; because they understood it was their home, and not just a place they stayed to get support.

People could choose to be where they wanted to be in their home. Staff were available to support people without being intrusive and waiting around the home. Staff frequently checked on people that were in their bedrooms or in the lounge.

Staff and the registered manager knew peoples likes and dislikes. One staff member told us that they were supporting a person later in the afternoon to go and buy a few beers as they liked to have them in the evenings. People were supported to do the things that they enjoyed. One person had Sky TV installed as they enjoyed watching music videos and films. Another person enjoyed arts and crafts and had what they had made displayed around the home.

Staff supported people to develop and maintain their independence. People had chosen goals they wished to achieve. One person had decided they wanted to do more meal preparation. We saw them in the kitchen peeling vegetables for the evening meal. A person was going shopping, the staff member supported the person to write a shopping list.

Where people became anxious or distressed, staff knew how to support the person to calm them down. One person required reassurance throughout the day. Staff provided this in a calm and compassionate manner.

People and their relatives were involved in their care planning. People were offered choice throughout the day. Staff asked "What do you want to do this afternoon?" and "Would you like your lunch now?"

Staff supported people's dignity and respect. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. One staff member told us how they supported someone's dignity whilst providing personal care, "I would help them get their stuff ready for a bath and knock on the door. I give people space when they want it."

People's bedrooms were individually decorated and contained pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and they could display their personal items.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and their hair was nicely combed and styled which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones. Relatives told us that people's key workers would contact them regularly to update them and involve them in their care. The registered manager held regular social events and invited relatives into the home. Relatives told us that staff were kind and caring towards them when they visited and they were always made to feel welcome.

People were encouraged to maintain relationships and friendships. Relatives told us that staff often called them to tell them what was happening with their loved one and giving them an update. Relatives told us that they could visit any time and "they make me feel welcome." People were supported to visit relatives also.

Good

Is the service responsive?

Our findings

One person told us that they were going shopping that morning. The person was chatting with them about what they were going to buy.

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information about people's communication, personal care, nutrition, activities and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. The relatives confirmed that the registered manager and staff knew what people's likes and dislikes were and how people liked to receive their support.

The home operated a keyworker system. This meant that one staff member was the main contact between the person and the relative. The keyworker was also responsible for updating and reviewing the persons care plans and risk assessments. The registered manager and keyworkers had put together a personal story of people's history and their likes and dislikes.

People were supported to develop their daily living skills. People had individual goals in their care plans; we could see that staff were supporting people to achieve these goals. One person's had a goal to fill the dishwasher and to make their own tea by adding milk. We saw that staff supported this person to do this on the day. Care plans were written to state what a person can do for themselves. For example, "I can apply my own shaving foam." Records and staff confirmed this also.

People, relatives and health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Keyworkers completed reviews of people care plans monthly and as required, so they reflected the person's current support needs. Relatives told us that they felt involved in their loved ones care. One relative said "We attend reviews. I have copies of all their care plans."

People's needs were assessed prior to moving in to the home and there was on going assessment of people's needs. Peoples care was reviewed as required. Relatives and health professionals were involved. This was evidenced in people's care plans.

People had individual activities in place. One person told us that they liked going to their art and craft session. A relative said "X seems to be doing lots. X likes to be kept busy. There are a lot of outings." On the day of inspection, people went out shopping and for drinks and completed domestic tasks such as cooking and cleaning at home. People had a range of activities in place, such as courses, day services, voluntary work and various outings. The registered manager told us that they were in the process of reviewing activities for two people in the home with a view to increasing them. Staff were trying to find local courses and groups for them to attend.

Relatives told us that they felt listened too. Relative told us that they felt able to make a complaint. The

registered manager told us that there had been no complaints since the last inspection. The home had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

Good

Is the service well-led?

Our findings

Relatives told us that the registered manager was approachable and supportive. One relative said "The registered manager is exceptional, took over really well. She is very approachable, so easy to talk to, keeps us up to date with what's going on."

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were no systems in place to monitor and improve the quality of care provided. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

There were robust systems in place to monitor, review and improve the quality of care provided. There were various audits and checks in place to identify areas of improvement, including health and safety, infection control, MAR. The registered manager completed a monthly audit, which focused on ensuring that all the other checks had been completed and that care records were up to date and completed. From the audits the registered manager had complied an action plan, which detailed what needed to be completed, who was responsible, date action to be completed which was signed off by the manager. For example, there was an action to ensure that staff had read and signed various policies and procedures. We saw that actions had been completed.

There was a positive, open and person centred culture within the home between the people that lived here, the staff and the registered manager.

The registered manager interacted with people with kindness and care. The registered manager had an open door policy; we saw staff regularly approach her for a chat or advice throughout the day. We saw the registered manager walk around the home at certain parts of the day to talk with people and staff. People regularly spoke with the registered manager throughout the day.
Staff told us that they thought the registered manager was approachable and supportive. One said "Karen is approachable. She is a good team player; she will discuss things with staff and is flexible." Another staff member said "She is a very good manager. She manages well and is very supportive. She takes ideas well and listens to staff."

The provider supported staff. The registered manager told us that recently people and staff have undergone some difficult times due to some people having a sudden deterioration in their health and people moving on. The registered manager told us that the nominated individual visited the team after a significant event to offer support and counselling was made available to staff. We saw minutes of the meeting to confirm this.

The provider recognised staff commitment and good work. There was an employee of the month scheme. The registered manager had won in the month previously. The Residential Service Manager told us that she had won as it due to her managing well the pressures and difficulties she had faced in the first 12 months of her becoming a manager. The nomination said "[The registered manager] has remained strong and upbeat…"

There were regular opportunities for staff, relatives and people to feedback. An annual survey was sent out. The feedback from relatives was positive. Where there were areas for improvement, the provider had put actions in place. Such as a staff forum with the Nominated Individual to improve communication. There were a number of compliments received from relatives and health professionals in the past six months. They included "Great care" and "The home is settled and calm".

Staff felt listened too. Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people and training. Staff were clear about their roles and responsibilities. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection.