

Mr Roopesh Ramful

# Ashcroft Care Home

## Inspection report

1 Wiggie Lane  
Redhill  
Surrey  
RH1 2HJ

Tel: 01737789656

Date of inspection visit:  
15 January 2019

Date of publication:  
01 February 2019

## 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

### Care service description

Ashcroft Care Home is a service that provides accommodation and personal care for up to five people. People living had the service have a mild learning disability, epilepsy or are elderly and frail. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection four people were living at the service.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good in all five domains and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated good

People were safe with staff and staff were aware of the safeguarding procedure. There were sufficient levels of staff on duty to ensure that people's needs were met. Recruitment was robust to ensure that only appropriate staff were employed.

Risks to people's care was managed well by staff and people received their medicines in a safe way. Regular health and safety checks of the premises and equipment were carried out. Staff were effective in ensuring the service was clean and that they adhered to good infection control.

People were treated in a caring and respectful way by staff. We observed staff to be kind and considerate to people. People were supported with their independence and had choices around their delivery of care.

People's needs had been assessed before moving in to the service and staff took time to get to know people and to help them settle in. Care plans reflected people's needs and preferences. Care plans were evaluated regularly to help ensure they remained current. People had access to health care professionals and people were supported with their nutrition and hydration needs.

People chose how they spent their time and could take part in activities if they wanted to. Trips were arranged for people outside of the service. People were given the opportunity to discuss their wishes around their end of life. The environment was suitable for people.

There was a complaints procedure in place and complaints were investigated and responded to.

The provider carried out quality assurance checks to ensure people received a good standard of care. Staff consulted with outside professionals to ensure the best delivery of care.

People and staff were involved in the running of the service through regular meetings. Staff felt supported and received ongoing training and supervision. Notifications were sent to the CQC where appropriate.

Further information is in the detailed findings below.

## 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 remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service was Responsive.

### Is the service well-led?

Good ●

The service remains Well-Led.

# Ashcroft Care Home

## 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 site visit took place on 15 January 2019 and was unannounced. Due to the size of the service, the inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered provider, three people and two members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of two care records of people who used the service, medicine administration records and training, supervision and two recruitment records for staff. We also reviewed records that related to the management of the service. This included minutes of staff meetings and audits of the service. Following our inspection, we received feedback from four health and social care professionals and a friend of one person.

# Is the service safe?

## Our findings

When we last inspected Ashcroft Care Home we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good. What we observed during our inspection supported what the provider had told us in their Provider Information Return (PIR).

Risks to people's safety had been identified and action plans were in place. For example, one person had epilepsy and there was a detailed care plan for this in place which clearly recorded the action staff should take if the person had a seizure. Another person was at risk of pressure sores and as such staff encouraged this person to take bed rest during the afternoon and repositioned them when they spent a long period in bed. We observed the person in bed during the afternoon and they told us they were in bed, "For a rest." A professional told us, "They (staff) are aware of the risks they have to manage."

Staff were aware of their responsibilities in relation to safeguarding. Where incidents had occurred we read that the provider had worked with the local authority safeguarding team to investigate the matter. A staff member told us, "I would document it and take advice. It may be that we phone the GP." A friend told us, "He is very safe. I have never heard any staff say anything bad about people."

Accidents and incidents were recorded and there was clear evidence to show us that the provider responded to any incidents by taking action to reduce further events. Lessons were learnt and shared between staff. Following a safeguarding incident all staff were sent on continence promotion training and a person's catheter care plan was reviewed.

People received the medicines they were prescribed. Each person had a Medicine Administration Record (MAR). We reviewed the MARs for people and saw that each contained a photograph for identification and information relating to any allergies. There were no gaps on people's MARs and where people had topical creams (medicines in cream format) these were accompanied with a body map to show staff where to apply the cream.

Staffing levels were appropriate to meet people's needs. A staff member said, "It is well manned." We observed sufficient staff were available to assist people when they needed it. This included supporting them with their lunch and giving them help when they needed it.

The provider operated robust recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. A staff member said, "Application, references and DBS were all in place (before I started work)."

The service was clean and well maintained. Regular infection control audits were undertaken and we observed staff wiping down surfaces in the kitchen throughout the day. Bathrooms and toilets were clean and clinical waste was stored appropriately. Where the clinical waste was removed from the premises it was stored in a locked bin. Staff received training in infection control and a staff member told us, "We use anti-

bacterial gel and have different coloured mops for the different areas of the house."

Checks were completed to maintain a safe environment and regular fire drills were carried out. This was important as some people locked their door when they were in their room. We noted the house was evacuated within four minutes at the last fire drill which showed that staff and people knew what to do. A professional had commented, 'very diligent fire safety practices' in the service compliment book.

## Is the service effective?

### Our findings

When we last inspected Ashcroft Care Home we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed before admission to the service to identify the care they required. The provider took time to introduce someone new to the service. One person had recently moved in and we heard how this move took a series of visits and meetings to ensure the person's move was smooth and they were happy. There were detailed records of the person's first days within the service as staff got to know the person.

Staff were well supported and able to access the training they needed. This included fire safety, first aid, food hygiene and moving and handling. A staff member told us, "I did an induction programme and the training is on-going." A professional told us, "I contacted the home to organise a staff training session in preparation for a client's move. This was an extremely positive experience." There was also an opportunity for staff to meet with their manager on a one to one basis and during annual appraisal to discuss their individual role. Staff told us they worked well together as a team to share information. It was a small service where staff knew both people and each other well. A staff member said, "The manager is always talking to us and we are always being updated." Another said, "It's a nice place to work – there is mutual support."

We checked whether the service was working within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We saw the service continued to work within these principles. There was evidence in people's care plans that consent was obtained appropriately and where people were restricted, as in the case of one person who had constant staff support when leaving the service, DoLS applications had been made appropriately. A staff member told us, "If there is variable capacity, decisions would be made on what was considered in their best interests."

People were supported with their nutritional needs and told us that they liked the food. We observed one person make their own soup for lunch, followed by a sandwich and cup of tea. Staff were nearby but allowed the person to prepare their food themselves. Staff had recently consulted with people in relation to the foods they liked and as such a new menu was being developed. Where one person had recently started coughing when eating, staff had consulted with the Speech and Language Therapy team and were now cutting up the person's food to help ensure they were safe when eating. Another person had lost weight and staff had involved the dietician.

The environment was set up to meet the needs of people. There were no trip hazards within the building and people's rooms were easily accessible to them. One person required assistance with moving and a hoist was available for staff use to ensure the person was moved safely. This person also had a pressure mattress as they were at risk of pressure sores.

People were supported to access health care professional involvement when required. We read evidence that people had been seen by the GP, chiropodist, dentist, mental health team, district nurse and optician.



Each person had a hospital passport which recorded important information about them should they be required to spend time in hospital. A professional told us, "They seem to have involved the GP when necessary."

# Is the service caring?

## Our findings

When we last inspected Ashcroft Care Home we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People told us that staff were kind and caring towards them and that they liked living at Ashcroft. One person said, "It's nice here." A friend told us, "He is very happy. I've never heard him moan." A professional told us, "There is a positive sense of a very small and intimate setting." Another professional said, "The care and accommodation is excellent."

The provider told us in their PIR, 'We treat each resident as individual who are different from one another. Each resident is unique and is being cared for as per their own needs'. We found this to be the case.

People were given privacy when they wished. We observed people accessing their own rooms when they wanted to. Two people had keys to their bedrooms and we noted that they used these to lock the doors when they were in the room to ensure their privacy. A staff member told us, "We listen to people, what they want and give them their privacy."

People were treated with respect and assisted by staff in a kind and observant way. We saw staff knock on people's doors before entering and people were introduced to us and invited to speak to us in advance. Where one person was struggling to use their key to their room a staff member offered to assist them. Staff were heard constantly checking people were okay. On one occasion, a person spilt something in the kitchen and a staff member immediately went to their aid. A friend said, "The staff are polite; very, very good." A staff member told us, "Because it is a small service, there is a greater degree of closeness and time to spend with them (people)." The provider said, "They (people) come first. There is job satisfaction when you see them smile." A professional told us, "They (staff) were observed to treat service users with respect, care and dignity." Another said, "Any staff I have met, including the manager, are sympathetic and respectful to the residents."

People were encouraged to be independent and make their own decisions. We saw one person using the bathroom independently and we heard and were told by the person that they went out into the local town when they wished unaccompanied. Another person chose to spend most of their time in their room and staff respected this and supported the person to eat their meals in their room when they wished. The provider showed us pictures of people out and about and getting involved in day to day tasks around the service.

People received individual support from staff. The provider told us how one person was not receiving a financial entitlement they should have. They had worked hard going through various agencies to resolve this issue for the person. As a result, they were confident that the person would soon start to receive the money. They told us another person was independent in going out but, "We encourage him to let us know so we are aware." They added, "However, I will accompany him to medical appointments as he may be given some information that is important for us to know (in relation to his care)."

# Is the service responsive?

## Our findings

When we last inspected Ashcroft Care Home we found that the records for people were difficult to read as information was stored in a variety of ways. At that time we rated this domain as 'Requires Improvement'. During this inspection we found people's care records were organised and up to date and as such the service was now meeting the characteristics of 'Good' for this domain.

The provider told us in their PIR, 'We put the residents at the centre of their support plan'. We found this to be the case. People had personalised care plans which provided sufficient information about the care each person needed. Care plans contained peoples likes/dislikes in terms of food and their interests. For example, one person was recorded as liking 50s, 60s and 70s music. This same person was recorded as, 'might show signs of being upset if not listened to'. Staff were reminded to be, 'patient' with the person. Another person was prone to urine infections and guidance was in place for staff to, 'encourage fluids'. We noted throughout the day that the person had a drink beside them. We found this person's personal care plan had been updated following a stay in hospital which ensured staff had the latest information relating to the person. A friend told us, "For [name's] needs, this home is perfect. He has a good a life as he possible can." We noted during a review of the person's care plan, their relative had commented, "Thank you for ensuring that [name] is getting all the help he needs." A staff member told us, "The care plans are good to have for people's routines and it's a way to get to know people."

A keyworker approach had been introduced to the service. A keyworker is a member of staff who takes overall responsibility for one persons health and well-being. The introduction of this would help ensure that people received individualised, responsive care.

Although no one was receiving end of life care at the service we read that people had been invited to discuss their wishes when they reached this period in their life.

People had opportunities to participate in activities if they chose to and to pursue their interests. One person told us, "I go out with staff." One person liked attending church so staff ensured they were able to do so each week. As a result, this person had developed good relationships with members of the congregation who in turn visited the person at Ashcroft. Staff were also in the throes of organising a bus pass for another person to enable them to get out to local areas. Annual holidays were organised for people and we read in the recent meeting minutes that staff were discussing with people suggestions for their holiday this year. We saw from pictures that people went out to the local park, to the cinema, local town and undertook activities within the service. Staff also organised specific events, such as Halloween. A staff member told us, "We arrange activities for people's individual abilities. The object isn't to confine people in the home."

Complaints and concerns were investigated and recorded with the actions taken. There was a complaints policy in place and the provider had received one complaint since our last inspection. We noted this had been responded to promptly.

We noted compliments had been left for staff by visitors to the service. These included, 'the house and staff

are all very welcoming. A very friendly place' and, 'lovely home'.

## Is the service well-led?

### Our findings

When we last inspected Ashcroft Care Home we concluded the service was well-led and rated it Good. Following this inspection, we found the service was still well-led and our rating remains Good.

There was a registered manager at the service. 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 was not present during our inspection, however the registered provider assisted us on the day.

There were opportunities for people to be involved in the service through regular meetings. People had been consulted on their views on a new menu and discussed holidays and outside activities. A friend told us, "The manager is very good. He is a nice guy and very attentive."

Staff felt supported and valued. One said, "The manager looks after the staff." Another told us, "This is a good establishment. There is always on-going discussion. I've attended two staff meetings so far." They added, "There is a desire here to provide the best possible service. Staff are very dedicated to what they are doing." Staff meetings evidenced discussions on people's individual needs, activities, supervisions, DoLS, care plans and data protection. The provider told us, "I see staff as an asset."

The provider continued to operate a robust approach to quality assurance. This included regular checks of medicines management and health and safety. These had been effective in identifying and addressing issues in the service. A medicines spot check had found some signature issues. We read that the provider had spoken with the staff member concerned during supervision and their medicines competency was re-done. The provider had developed robust medicine ordering processes which helped ensure safe practices. Other checks included Legionella, electrics, food safety, infection control and reviews of care plans.

The provider also continued to work closely with other agencies outside of the organisation including the Local Authorities and they were a member of the Surrey Care Association. They told us in their PIR 'and we receive regular information about training and new ideas (from the association)'. A professional told us, "When I did meet with them (the provider) they were forthcoming with information." Another professional said, "I have been grateful for the cooperation. I have welcomed information which had been appropriate, informative and accurate."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.