Autism Plus Limited

Ashcroft Lodge - Doncaster

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**

Overall summary

The inspection took place on 13 October 2015 and was unannounced. Our last inspection of this service took place in November 2013 when no breaches of legal requirements were identified.

Ashcroft Lodge is based in Thorne on the outskirts of Doncaster. The service is registered to provide accommodation and care for six people who have autistic spectrum disorders. It consists of two, linked houses. The Lodge is a four bedded house for people who have complex needs and who require one to one staffing for their care. The Cottage provides care and accommodation for two people who are relatively independent and working towards more independent living.

At the time of our visit there were three people living at the Lodge and two people living at the Cottage.

The service did not have a registered manager in post at the time of our 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

Summary of findings

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. There was a new manager, who was completing the necessary tasks in order to apply to be registered.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do.

People's medicines were well managed generally, except that the temperature that people's medicines were stored at was not monitored.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

We saw that the control and prevention of infection was managed well and that staff had been trained in infection control. Despite building alterations work being undertaken in the Lodge, everywhere was very clean and there were effective health and safety audits in place.

There were enough staff to keep people safe and to meet people's individual needs, and the staff told us they received good training and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. DoLS applications had been made to the local authority.

There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

People were supported to have a good, well balanced diet and people's individual needs and choices were catered for.

Specialist equipment was provided to meet people's individual needs. For instance, one person had a special, adapted bath in their en-suite. People were involved in choices about the décor of their homes.

Staff retention was good, and staff knew people well and had built good relationships. There was also a good mix of staff.

Staff spoke to people in a caring and positive way, treated people with respect and were mindful of their rights and dignity. There was a nice, relaxed atmosphere and people were relaxed and smiling in the staff's presence.

There were very good care and support plans and information for staff about people's likes and dislikes and we saw that staff were very good at monitoring people's reactions and responses and responding to people in positive way.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. The care plans themselves were detailed and thoughtful and included pictures and photographs to enhance people's understanding and involvement.

The people we spoke with who lived in the cottage said they liked living there and it was clear from our observation that the people who lived in the Lodge were happy and relaxed in their home.

People had very full lives, engaging in lots of activities, and this included in the evenings and at weekends. They were encouraged to keep in touch with the people who were important to them, such as their family members.

People and their close family members, were encouraged to make their views known about their care. An independent advocate had sometimes helped people with this. An advocate is someone who speaks up on people's behalf.

Summary of findings

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People didn't have any complaints to tell us about and indicated they were happy living at Ashcroft Lodge.

The manager was very person centred in her approach. Person centred care is when staff understand what is important to the person and give them the right care and support to do the things they want. She was very keen to find more ways to seek people's feedback, and use it to improve the service, particularly the people who had limited verbal communication.

The staff we met were very enthusiastic and professional, and were good communicators. They told us they were well supported by a very open management team.

There was a good range of quality and safety audits, undertaken by staff, managers and external verifiers.

People had a chance to say what they thought about the service and the service learned from its mistakes, using comments, complaint and incidents as an opportunity for learning or improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The provider had appropriate arrangements in place to manage medicines.

People's care and support was planned and delivered in a way that made sure they were safe. We saw support plans included areas of risk.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had safe arrangements in place for recruiting staff.

Is the service effective?
The service was effective.

Good

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?
The service was caring.

Good

People gave us lots of positive feedback about how caring the staff were

We saw staff were sensitive in their approach and supported people in a caring manner. They were also aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's individual plans were personalised and included their likes and dislikes and what mattered to them.

Is the service responsive?
The service was responsive.

Good

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people took part in activities and events that they liked.

People who used the service were supported to keep in contact with the people who were important to them.

The service had a complaints procedure and learned from any concerns raised.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff we spoke with felt the service was well led and the manager was approachable and listened to them.

The feedback we received from the local authority commissioners was positive about the way the service was managed.

There were effective quality assurance systems and these took account of the views of people who used the service and their relatives.

Ashcroft Lodge - Doncaster

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 13 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed all the information we held about the home including notifications the provider has sent us regarding significant incidents and the provider had sent us 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 spoke with the local authority and Healthwatch to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked at the environment in both the Lodge and the Cottage. We talked with people and observed their care and support being provided by staff. We met all of the five people who used the service. Some people had limited verbal communication. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the manager and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they identified and addressed any areas for improvement.

Good

Is the service safe?

Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, “I feel very safe.” Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and happy living in the home. We saw that one person was very excited when they saw the staff on returning from their day service in the afternoon. We saw staff supporting people and they interacted well with people, who were relaxed, happy and well cared for.

The accommodation at the Lodge was on the ground floor, which suited the needs of the people who lived there. There had been a new extension, to make the lounge more spacious and accessible. The living area was not quite finished, but was safe to use. There were no safety hazards. Despite the building work, the home was very clean.

The Cottage was attached, and two people who were more independent were living there. One member of staff was usually rota’d to be on duty to provide background support and encouragement. One person had the opportunity to be on their own for an hour and a half each morning, without staff support. This was part of their support plan and risk assessment, to encourage the person’s independence.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. This was usually through staff volunteering to work extra shifts. We saw that when it was time for people to come home from their various activities, four members of staff were on duty. There were three staff in the Lodge to provide one to one staffing for each person and one member of staff in the Cottage, and this reflected people’s support needs. The manager was available during the day and there was an on call system for evenings, nights and weekends.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person’s safety. People’s plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People’s needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

The staff members we spoke with confirmed the service had policies and procedures in place to protect people and that they were expected to familiarise themselves with these policies as part of their induction training. The staff told us they had received training in safeguarding vulnerable adults and that this was repeated regularly. The staff records we saw supported this. The staff were clear that they would report any concerns to the management team and they were confident that any concerns raised would be acted upon. They were also aware of the whistleblowing policy. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling someone they trust about their concerns

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

Staff were trained in Management of Actual or Potential Aggression (MAPA). MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. The manager told us that in the majority of situations de-escalation and diversion was used as methods to reduce the intensity of any conflict. Staff were usually able to redirect people verbally. The support staff we spoke with confirmed this.

Medicines storage was neat and tidy which made it easy to find people's medicines. Most medication was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of.

Staff only administered medication after they had received proper training and been assessed as competent. Their competence was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed 'as and when’ medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people’s medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Good

Is the service safe?

Members of the management team undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

We found that people's medicines were well managed generally, except that the temperature that medicines were stored at was not monitored. This may have led to risk, as medicines stored outside of the manufactures' temperature range may not be effective to use. We discussed this with the manager at the time of the inspection and they said that this would be addressed as a matter of priority.

We looked at the personnel files for three staff members and the Acting Managing Director provided us with additional information that showed support staff were only employed if they were suitable and safe to work in a care environment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home. For instance, references were obtained, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People had a good well balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences pictorial menus and objects were used to help people with this.

We found that people were supported to eat and drink sufficient to maintain a balanced diet. The people who lived in the Cottage cooked and made drinks for themselves, with background support from staff. The people who lived in the Lodge needed more staff support and were encouraged to be involved, and this was reflected in their care plans.

We saw that menus offered variety and provided a well-balanced diet for people. We saw that the menus were put together using feedback from people about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally their plans also included a lot of information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed staffs' observations of people's reactions to different food and drinks, and information from people's families.

Where people needed support with making choices and communicating their preferences pictorial menus and 'objects of reference' were used to help people with this. An object of reference is an object which has a particular meaning associated with it. For example, a fork may be the object of reference for dinner.

There was guidance for staff on how to meet people's particular needs in their risk assessments and care plans. We saw the advice available for staff from a speech and language therapist, about what foods were appropriate for people on a soft diet. We saw evidence that people were weighed at regular intervals. Where people were assessed as at risk, we saw records detailing the person's nutritional and fluid intake. We saw evidence that contact was made with health care professionals for advice and treatment.

There were very thorough assessments and care plans related to all aspects of people's health and the records we saw showed that people's health was monitored, and any changes that required additional support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed.

There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. The manager described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as not everyone could effectively communicate their needs verbally. The staff were spoke with were aware of the way each person expressed themselves, and were very tuned in and responsive to people's facial expressions and body language.

Staff actively advocated for people if they felt health care services were not as responsive as they should be. For instance, one person was not initially referred to a specialist health service by their GP, and staff had felt this was important, so they had persisted in advocating for this, until there was a positive outcome for the person.

Staff had access to good training and there was a system in place to remind the manager when staff needed updates. Staff were well supported through a good quality induction, and one to one staff supervision with their manager, which ensured they received regular support and guidance. Staff also had yearly appraisals which enabled them to discuss any personal and professional development needs.

Staff had received training in the core subjects including moving and handling, health and safety, food hygiene and infection control. They also had training such as, working with people with epilepsy, working with people with swallowing difficulties, and other bespoke training, that was specific to people's individual needs.

The staff we spoke with told us they were provided with lots of training opportunities and were encouraged to identify any learning needs they had, to help with planning for future training. Some training was provided in house, some via external courses and there were also e-learning courses available to them.

Good

Is the service effective?

Staff told us they received regular, one to one supervision sessions with their line managers and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. Staff also received annual appraisals to discuss their development and training needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The service had a policy in place for monitoring and assessing if the service was working within the Act.

The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS. People's care plans included information about how they should be supported with making and communicating day-to-day decisions about their care. We saw that the staff used a range of methods to support people to communicate their choices and consent to their day-to-day care. For example, using speech, gestures, pictures and objects of reference.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. We saw records in people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA. For instance, where assistive technology was used, such as sound monitors so staff could hear people in their bedrooms, there was evidence that appropriate discussions had taken place to determine that this was the least restrictive way to keep the person safe and was in the person's to best interests.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The managers had made DoLS applications to the local authority where required and Independent Mental Capacity Advocates (IMCAs) had also been involved, as appropriate.

We saw that the building was well designed to care for the people who lived there. Additionally, the Lodge was undergoing a major refurbishment to provide more accessible living space. There was plenty of room in all the bedrooms and lots of space in the Cottage, for two people to share. Specialist equipment was provided to meet people's individual needs. For instance, one person had a special, adapted bath in their en-suite bathroom.

People were involved in choices about the décor of their homes. Because the Lodge was undergoing a refurbishment it was difficult to see how the décor of the shared areas would look when this was completed. However, each person's bedroom was very individual to them, reflecting their personality and preferences. The two people in the Cottage had made their house very homely indeed, with support from staff, the décor they had chosen was particularly nice and their pictures and ornaments were very attractively displayed.

Good

Is the service caring?

Our findings

The people we spoke with who lived in the Cottage said they liked living there and liked all of the staff and it was clear from our observation that the people who lived in the Lodge were happy and relaxed in their home. When they returned from their daytime activities they were relaxed and smiling in the staff's presence and the staff spoke to people in a caring and positive way. Staff were sensitive in their approach and showed patience.

Staff retention was good, and staff knew people well and had built good relationships. There was also a good mix of staff. They came across as very committed and there was a nice, relaxed atmosphere.

The manager told us she was looking for more ways to involve the people in decisions and personalise the service. She said she was reintroducing formal service user meetings for people and these would have accessible records made, to reflect people's choices. She showed us the first of these records, about how two people chose new clothes.

There were very good, personalised care and support plans and information for staff about people's likes and dislikes and what and who mattered to them. We saw that staff were very good at monitoring people's reactions and responses and provided the emotional, support people needed. One person told us that staff were there for them when their parents had died.

Staff promoted positive relationships with and had a positive impact on the people who used the service. One person said that they thought of one particular staff members as a friend. The staff were close to people and knew what their likes and dislikes were. One person purposely teased the staff.

People told us they had freedom and choice. They said they chose what they wanted to do in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity one evening, they could change their plans.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. Our review of the provider's training matrix showed us that a number of training courses were provided to enable staff to deliver appropriate care and respect the diversity of people living at the home. For example, we saw that courses were provided in equality and diversity, dignity, respect and person centred care. Staff we spoke with explained how they maintained people's privacy and dignity, whilst helping people to have a choice and to be as independent as they could.

Most staff told us they had worked in the service for several years. When asked if they enjoyed their work they were very enthusiastic, saying they loved it.

Good

Is the service responsive?

Our findings

The people's files we looked at included assessments of their care and support needs and a plan of care. These were informative and gave information about the person's assessed and on going needs. They gave specific, clear information about how the person needed to be supported.

The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

People had person centred plans on their files. The manager explained that she and the staff had person centred planning training. This was clear when looking at each person's rooms, as they had their names on the doors and were able to decorate their room as they pleased. People's files were easy to understand and had person centred reviews completed about each person.

The person centred plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress. During our SOFI observation we saw how staff members interacted with people who used the service. The staff knew people really well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

We saw that people were involved in decisions and choices about their care. The members of staff told us about choices and decisions people were able to make. Even though it was a challenge for staff to understand the way some people communicated their choice there were ways in which people could have their say. One example was that they were supported to point to a picture of the food that they wanted.

The staff we spoke with told us that it was important that they promoted people's independence. They described how they met people's individual needs and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as some people could not always communicate their needs verbally.

We saw that symbols and pictures were often used to provide information to people in formats that aided their comprehension. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities.

People had very full lives, engaging in lots of activities, and this included in the evenings and at weekends. We saw that each person had an activity plan. People had a combination of activities in the home and in the local community. Some people were supported to attend day services that provided for their particular needs and interests. Others were more independent and had work and volunteer placements in their local community.

We saw that people had access to individual social activities and hobbies. One staff member told us about the planned activities for one person for the week of the inspection and this involved different activities each day. The person talked about the things they liked to do and their file showed that they had lots of opportunity to do the things they liked, such as going to the gym, swimming and playing table tennis. Several staff told us that also people liked to go out to pubs and clubs in the evening, to socialise and have fun.

We visited one person at a day service they attended, which was run by the provider and was near the home. People could do a number of different activities, of their choice. This included woodwork projects. It was set up as a 'Social Enterprise' and sold what people had made. Social enterprises are businesses that trade to tackle social problems, improve communities, people's life chances, or the environment. They reinvest their profits back into the business or the local community. When we visited the person they were happy to talk, but not for long, because they were very keen to go back to their work, which showed they enjoyed their activity.

We visited two more people at another day service, which they attended regularly. This service provided the

Good

Is the service responsive?

opportunity for people to take part in therapeutic and educational activities, and people had individual one to one staff support. Both people communicated that they were very happy.

People were supported and encouraged to keep in touch with the people who were important to them. We spoke with the manager about the contact people had with their families. They told us that some people had regular contact with their families, as they lived fairly nearby. Others had visits and also kept in touch by phone. Staff told us one person had a phone and regularly made calls to their family members. Staff said people could phone their family and friends at any time.

Some people went on outings with their family and spent time at their family home, such as spending Christmas at their family home. One person told us they went on holiday with their parents. One staff member told us staff in the home had good, strong links with people's families. The manager said where people did not have family contact they often had input from an independent advocate.

People had 'circles of support' which showed who was important to them and who was involved in helping them to develop their care and support plans. The care plans themselves were detailed and thoughtful and included pictures and photographs to enhance people's understanding and involvement. 'They included headings such as, 'the good things about me', and 'the things I like.'

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to. People were given support by the provider to make a comment or complaint when they needed assistance. The complaints policy was displayed in an easy read format. Pictures and symbols were used to support people to make their concerns known.

Staff told us that some people were able to discuss any concerns they might have, while others used non-verbal communication to express how they felt. From talking with staff it was evident that they got to know people's individual communication methods and their body language, as a means to determine if the person was happy with the care provided.

Records were kept of the activities that people had participated in and whether they had enjoyed the activity. For example, where a person had not enjoyed a certain activity, this was then communicated to the staff team so all staff were made aware. Additionally, in speaking with staff members who supported people at their day services, it was clear that there was good communication between the two support services about each person's welfare, needs and preferences.

A complaints record was in place. This showed that any concerns and complaints taken seriously, thoroughly investigated and responded to in an open way. Staff listened to complaints and unhappy messages from people and their relatives and took action as soon as possible to sort the issues out. One relative had stated that they wanted their family member to be engaged in activities as much as possible, as this had a beneficial effect on the person's mood and behaviour. We saw that staff worked hard to make sure that this wish was fulfilled. The manager also told us that lessons learnt from concerns were used to develop the service.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our 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.

There was a new manager, who was completing the necessary tasks in order to apply to be registered. Although they had recently taken over the day to day running of the home, they had worked for the provider, managing other services and knew the people who lived at Ashcroft Lodge well.

The staff and managers we met were enthusiastic and professional and were good communicators. The manager was very person centred in her approach. She was very keen to find more ways to seek people's feedback, and use it to improve the service, particularly the people who had limited verbal communication.

The service had a clear philosophy. These included aspiring to greatness and all that it brings, valuing the team mix and diversity, inspiring and innovating, embracing change, being committed to achieving results and delivering services with great joy. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

We observed that the atmosphere was calm and relaxed and we found the manager was well organised. They spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for some years. The staff team were co-operative during the inspection. We found everyone to be very enthusiastic and committed to their work.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. The staff we spoke with felt the service was well led and that the manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

We saw that the manager and a member of the senior management team interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were very good relationships in the team. The staff came across as confident, happy and relaxed in their work.

Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, one staff member said they liked their work very much and said, "It doesn't feel like a job." and another staff member said they found working with the people who lived at Ashcroft Lodge very enjoyable. The staff told us they were well supported by a responsive and open management team.

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

There was a good range of quality and safety audits, undertaken by staff, managers and external verifiers. Checks were conducted regularly in areas such as fire safety, falls, accidents, nutrition, care planning and complaints. Any areas identified as needing improvement during the audit process were then analysed and incorporated into an action plan, which was effectively monitored. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

Additionally, we saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

We saw at the time of the inspection that people's feedback was actively sought by staff on a day to day basis. There was an accessible quality questionnaire to help people who used the service to give their feedback. People had

Good

Is the service well-led?

chosen from a range of cartoon faces to answer the questions, including a smiley face and an unhappy face. We discussed with the manager that someone independent of the immediate staff team might support people to fill in their next quality questionnaires.

There were further opportunities for people to provide feedback about the quality of the service, as some recent meetings had been held with people who used the service. These allowed people to be involved in discussion about things they felt were important and their decisions had been recorded in a pictorial format. It was also clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continually improving the service.