Ashcroft House Limited

Ashcroft House - Bexhill-on-Sea

Inspection report

11 Elmstead Road
Bexhill On Sea
East Sussex
TN40 2HP

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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

About the service
Ashcroft House is a residential care home providing personal care for up to eight people. At the time of inspection, three people were living at the service. People were living with learning disabilities, autism and/or a physical disability.

The building was situated over two floors. Bedrooms were spacious and there were communal areas for people to relax in. There was an accessible garden that we saw people using throughout the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The outcomes for people reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them.
Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's really lovely here, the people are so special and very individual." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One health professional described the service as, "Like a big family, the atmosphere is so positive, you hear lots of

laughter." People were relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

The provider used a range of quality assurance systems to check people and their relatives were satisfied and confident in the standard of care provided within the home. The service had systems to continuously monitor, assess and improve the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good. (published December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

Ashcroft House - Bexhill-on-Sea

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Ashcroft house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
People were not always able to talk to us to share their views of the service, due to complex communication and support needs. Therefore, we observed three people's experiences living at Ashcroft House including meal-times, activities and interactions with staff. We spoke with four members of staff including the registered manager, a senior care staff member and care staff. We observed and used alternative communication methods to understand people's views of the service and staff. This included using pictorial tools.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection
We spoke with three health and social care professionals about their experience of the service and the lives of people.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from the risk of abuse because staff had a good understanding of people's individual needs and how to respond to both health and welfare risks. There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.

●Staff had a good understanding of their responsibilities and how to safeguard people. A staff member said, "We have training every year, there is a folder in the office with procedures and phone numbers should we need it." Another staff member said, "We have to be vigilant, notice changes in behaviours, talk to the person about the issue and ask their permission to discuss it with the manager. I'm confident about the safeguarding procedures."

●Staff have received the appropriate safeguarding training and have continued to receive refresher training at least yearly.

●People and their families had access to the service users guide, which included information about safeguarding and contact details of the local authority. This was available in different formats, such as pictorial.

●Staff had followed safeguarding procedures, made referrals to their local authority, and notified the Care Quality Commission.

Assessing risk, safety monitoring and management

● Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.

● Staff were aware and alert to the risks people may experience because of their health and care needs. Guidance informed staff of the measures in place to reduce risk which they needed to follow to keep people safe. This was kept under review and updated. For example, people who lived with epilepsy had detailed care plans and risk assessments in place. We saw that their medicines for epilepsy were monitored and discussed with the specialists and families on a regular basis.

● People also had personalised assessments that identified areas of risk such as going out, eating and drinking, managing their finances and taking their medicines safely. For people that experienced anxiety, they had bespoke Positive Behaviour Support Plans (PBSP) that identified triggers to anxiety, behaviours that may follow and how staff should support them.

● We observed one person becoming anxious and agitated. Staff spoke with them calmly, asking them what was wrong and reassuring them. The person when anxious, displayed certain behaviours such as swearing and hiding their face. Staff dealt with it professionally and successfully by gentle banter, diversional techniques and reassurances. We saw this support matched what was written in the person's PBSP.

● The building was kept safe through checks on the environment and equipment. This included fire safety, temperature checks, legionella, gas and electrical testing. External professionals also visited the house to complete further health and safety checks that ensured it was safe to live in.
● People had their own personalised emergency evacuation plans (PEEPS)that guided staff how to support each person in the event of an emergency. This included the person's awareness of fire procedures, methods of assistance and how to communicate with them during this time.
● Fire drills were completed with staff and people regularly and peoples' reaction to the fire alarms was monitored with amendments made to the PEEPs as required.

Staffing and recruitment
● There were enough staff to meet people's needs. Rotas confirmed that people who required 1-1 support always had this support. The registered manager ensured that staff deployment accounted for any medical appointments or activities to ensure they happened. This was supported by the rotas and peoples' individual daily activity care plans.
● Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
● Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by management during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.
● The service did not currently use agency staff. They have successfully filled vacancies for care staff.

Using medicines safely
● People received their medicines safely from staff that were trained and competent to do so. Staff only gave medicines when they had received training. They also had observations of their practice completed by a member of the management team to deem they were competent.
● We observed staff giving people their medicines in a safe and person-centred way. The staff involve people and families in the way they managed medicines.
● Before staff gave medicines, they checked instructions from the GP and the person's Medicine's Administration Record (MAR). Once staff had checked medicine had been taken, they signed the MAR. We checked these records and saw that people were given their medicines as prescribed.
● People's medicines were kept in their bedrooms in locked cabinets and were stored in a clear and organised way. This promoted people's privacy and independence with managing their own medicines. We observed staff closing people's bedroom doors before supporting them with medicines.
● Some people had 'as required' medicines, (PRN) such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice. Following the inspection, we received an update from the registered manager of how staff monitored the effectiveness of PRN medicines. For example, pain relief medicine, that enabled staff to monitor the effectiveness and identify when further pain management or a change of pain relief was required.

Preventing and controlling infection
● Staff had all received infection control training. They had access to personal protective equipment (PPE) such as gloves and aprons and we saw these being used as required throughout the inspection.
● Staff completed daily, weekly and monthly cleaning checks, which included deep cleaning of people's bedrooms and communal areas once a week. Where possible, people were encouraged to join in with cleaning duties.
● The building was clean and tidy. We were informed that there was a refurbishment/redecoration

programme in place which would further reduce the possibility of cross infection. This included replacing flooring.

Learning lessons when things go wrong

● The registered manager had good oversight of accidents and incidents and analysed these monthly to learn lessons and prevent them re-occurring.

● One person had had a fall in the house which had resulted in a sprained ankle and loss of confidence. This had been discussed at team meetings about the possible causes and how to prevent it happening again. One staff member said, "This taught us that accidents can happen, we check that people are wearing suitable shoes whilst in the house and assisting them and monitoring their movements up and down stairs. This will hopefully make sure it doesn't happen again."

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's choice and consent was valued, and they were continually consulted about their care. Staff used various communication tools such as objects of reference or pictures to support people in making choices. For example, meal choices and external activities.
- Staff demonstrated a good understanding of mental capacity and told us that people could make some choices and this was considered on a daily basis. Each care plan reflected this and we saw staff offer choices throughout the inspection. Staff were able to apply their knowledge of the MCA to people they supported. For example, one staff member said, "They can make everyday decisions but also can get frustrated, so we make sure we don't rush them and give them time to make their own decision." Another staff member said, "People can't always verbally tell us what they want, but we know from their body language, gestures and facial expressions what they want."
- People's ability to consent to care had been assessed. Where it was deemed they lacked capacity to make a specific decision, best interest meetings had been held with health and social care professionals and relatives.
- Where a person was assessed as lacking capacity, DoLS applications had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. We were not able to see a recent assessment as no one had recently come to live at Ashcroft House. However, during the care tracking of people we saw evidence of assessments, family involvement and health professional input.

● People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. There was evidence that peoples' families were involved and consulted in reviews and were kept informed of any changes.
● A professional was complimentary of the way that staff and the registered manager met people's needs. They said, "I have been really impressed with the way staff support and care for people, they know their people really well and understand their needs, people get very good support and lead a busy and happy life despite some complex challenges."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were met. Staff explained that menus were decided by people by offering pictures of food for them to choose from. Night staff also prepared alternative meals that could be frozen, so that if people changed their minds, there was always something else available.
● People were supported with their meals by attentive staff, who sat with people and encouraged their independence.
● Some people were at risk of choking and had received support from the Speech and Language Therapist(SaLT). Staff were aware of SaLT guidance and the importance of following it. For example, one person required a soft diet and for staff to remain with them during meal-times. Staff followed these guidelines.
● Drinks were offered regularly, and people were supported to make their own under staff supervision.

Staff support: induction, training, skills and experience
● Staff had received training in areas such as moving and handling, safeguarding, mental capacity, first aid and medicines and had the skills and knowledge to meet people's needs. The training programme confirmed that staff received essential training. The registered manager had a good overview of the training and ensured staff were up to date.
● Staff received observational supervision whilst at work to ensure they were competent following their e-learning training. Training was also discussed at staff meetings, for example face to face training dates were shared with staff.
● Staff had received service specific training in epilepsy, autism awareness and conflict management to meet the needs of people they support. One staff member said, "We have training in managing conflict and use techniques to divert conflict, it really works here." We observed this training being put into practice during the inspection. Some people lived with rare disorders, the registered manager had researched these and shared with all staff so they understood the persons health and mobility challenges.
● Feedback received during the inspection was that staff were skilled to meet people's needs. Comments included, "They have good insight and know how to support people well." "They know their people very well, know exactly what's going on and how to manage their support needs."
● Staff told us that they received a full induction before they worked with people. This included reading policies, care plans and observing more experienced staff supporting people. This meant that they could get to know people and their routines before working independently. One new staff member, "I am really supported, It's a pleasure to come to work."
● New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Staff received regular supervision. This time allowed for them to discuss any concerns they had, opportunities for progression and ways to improve. One staff member said, "We have supervision sessions but the manager and seniors are always available for a chat, direction or advice."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

● We saw that people had support from various health and social care professionals to improve their wellbeing. This included G. P's, physiotherapists, occupational therapists, neurologists, specialised nurses, and chiropodists.

● The registered manager explained how closely they worked with the physiotherapist and occupational therapist in regards to a person whose mobility needs were changing due to the condition they lived with. During the inspection we saw how well the joint working worked and ensured the person was at the centre of all decisions. A health professional said, "The staff have made such a difference to this persons' life, they will contact us and listen to advice."

Adapting service, design, decoration to meet people's needs

● The building was an older style house which had been adapted to ensure it met the needs of people who lived there. Bedrooms were on two floors and as there was no lift, people who lived on the first floor needed to be mobile.

● There was a garden which was accessible and used by people. People could grow their own plants and vegetables on raised flower beds.

● One person's bedroom had been specifically changed to meet their needs, for example rubber matting that allowed them to spend time on the floor as they wished safely.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People used gestures and simple words to tell us that staff were kind and caring. One person told us, "Kind, family." Positive relationships had been built between staff and people. We asked one person if they liked staff and they smiled and nodded.
- People appeared happy to see staff and greeted them with a hug or by holding their hands. Staff knew people well and talked to them about their interests and preferences. One person was excited about going horse ?riding and staff talked to them about what they were going to do and who they were going to see.
- Families, visitors and health professionals were positive about the caring nature of staff. Comments included "Staff are calm, relaxed and that creates a really environment for people to live, everyone," and "The atmosphere is lovely, warmth and humour all the time."
- Staff told us they enjoyed working at Ashcroft House and were committed to their role and the people they supported. One staff member said, "It's a great place to work, it's not just a job to me." Another said, "I haven't been here long but it was really easy to settle in, its lovely to come to work here."
- Staff had a good understanding of equality and diversity. They treated each person on an individual basis and understood what made them unique. The registered manager said, "Each person has their own personality, no matter their background, we treat everybody equally and with the same respect." We saw that peoples cultural and religious background had been considered and planned for. Peoples sexuality had been explored and reflected within their care plan and risk assessments.
- People had chosen their bedroom colour scheme and rooms reflected peoples interests and families. They had chosen photographs and personal belongings to make the room feel homely.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be actively involved in making decisions about their

support as far as possible. An example of this was a member of staff asking a person what they wanted to eat for lunch and showing them the different options. We saw a person choose the pasta dish, which they thoroughly enjoyed.

- People had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager knew that they could approach the local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence was continually promoted and encouraged.

● We observed staff closing people's doors when providing personal care or giving medicines. A staff member said, "We only provide personal care behind closed doors, if they need personal support we take them to the bathroom. As we have both female and male residents, we constantly ensure their privacy is respected.

● Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way.

● Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else. Phone calls to GP's, social workers and families were undertaken in the privacy of the staff office. Reviews and private conversations with people took place in the persons bedroom.

● Written records that contained private information were stored securely when not in use in the staff office. Computer records were password protected so that they could only be accessed by authorised members of staff.

● Support staff knew about the importance of not using public social media platforms when speaking about their work.

● We saw lots of examples of people's independence being promoted throughout the inspection. People were supported to get their own drinks and breakfast with staff discretely observing. People were encouraged to be independent with some parts of personal care with staff assisting in other parts.

● One staff member said, "We try to encourage people to be independent and set specific goals, for example, I like to try new things with people. There's washing and dressing, there is no reason they can't progress, even if it's one step at a time." A health professional told us, "I can see such an improvement in (person's name) since they moved in here, much more aware and wants to be with other people, great to see, I know they all go out together in the mini bus to horse riding, farms and shops."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- People had their health and social care needs assessed and plans of care were developed to guide staff in how to support them. The plans of care had been written in a sensitive and way and individual way which evidenced that people and their families or advocate were involved and consulted with. For example, staff had noted that one person when anxious responded well to staff reading to them, and this was reflected in their care plan. Another care plan identified that one person was at risk of isolating themselves so the care plan guided staff in how to manage this and encourage the person to participate in activities whilst still giving the person choice.
- Information gathered from families and previous placements had been used to formulate detailed care plans centred around the person.
- Since the last inspection care records had changed, to make it simpler to navigate, and keep it up to date and pertinent to the current stage of their life.
- We saw that annual reviews of people's care were completed with relatives and professionals.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, things they might say or do and what that meant.
- We observed staff using different tools to communicate with people. Staff used Makaton. Makaton is a language programme using signs and symbols to help people to communicate and communication passports are a practical and personalised way of supporting people who cannot easily speak for themselves.
- People's care records contained communication passports. There was detailed information about the meaning of particular sounds and expressions used by people to express themselves where they were non-verbal. Important information, such as the complaints procedure and satisfaction surveys were available in a format people could understand easily. Staff had developed pictorial menus to show people what was on

the menu that week.
● Elements of people's care documentation and complaints were available in an easy read format to support people in their understanding. We also saw staff using objects of reference such as food or clothes to encourage people to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Each person had an individual activity programme for the week, which reflected their interests and hobbies and the level of activity was decided by the person.
● One person attended a local day centre three days a week, which provided an opportunity for them to meet friends and peers outside of the service. Another had completed a horticultural course.
● People attended a local cinema club regularly, to local discos and used the facilities in the local community. For example, shops, cafes and other places of interest. Whilst activities were harder to plan for some people due to their health restrictions, they were offered the same activities. For example, horse riding was enjoyed by one person, but all three people went as two people enjoyed meeting the horses and watching their friend riding. One staff member said, "We continuously explore activities that may be enjoyed and beneficial to people. We have a mini bus and so can be spontaneous."
● There was Wifi at the service, and staff assisted people to use this. One person was a music fan and staff had accessed social media sites and look at pictures and videos.

Improving care quality in response to complaints or concerns
● Although there had been no complaints since the previous inspection, there was a clear complaints process displayed around the home. This was available in pictorial format for people.
● The registered manager explained that although people couldn't always complain, staff understood their facial expressions and actions as a sign they weren't happy and talked to them about addressing this further.
● Pictorial complaints were also tailor-made to people. Staff gave examples of how this worked for people, such as, using pictures of a smiling or unhappy face to communicate their feelings, or using a thumbs up or down to express their feelings.

End of life care and support
● No-one was receiving end of life care at the time of inspection. However, the registered manager had identified the need to access the gold standard framework (GSF) to ensure they elevated the care delivery to the highest standard at this important stage of their life. The registered manager told us, "People are getting older and we have recently lost two people due to health complications." She also said "We need to be as prepared as possible. It's about supporting people and also helping staff to grieve."
● Easy read documentation had been used with some people to help identify their wants and wishes for the future. Where these were identified, they had been documented in people's care plans.
● People also had easy read care passports. These were specific documents designed to be shared with health professionals if a person got admitted into hospital. They included information such as the person's preferences, support needs, communication methods and a full medical history.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. There were additional annual audits completed by a quality assurance lead for the company and the provider. However, whilst we found that their audit processes had identified improvements required to fire doors these had not been progressed in a timely way despite chasing from the registered manager. This has now been resolved.

● Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right support and care. This included updated information from the Department of Health about the
correct use of equipment, medical devices and medicines.

●There was always senior member of staff on call during out of office hours to give advice and assistance to staff.

● Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for support, training updates, organisational changes and news.

● Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Care staff were confident they could speak to the registered manager, service managers or the managing director if they had any concerns about people not receiving safe support. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. There were easy read feedback forms for people to complete.

● Feedback from people using the service, relatives, professionals and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. Responses from people showed they were happy with the care and support they received. We viewed the most recent surveys received and thefeedback was positive. Comments included, "Happy with care," and "Very Happy."

● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Although people could not tell us their views about management, we observed that people were comfortable around the registered manager and knew them well. People approached the registered manager and it was obvious they knew her and felt comfortable with her.

● Health and social care professionals were complimentary about the registered manager and team at Ashcroft House. Comments included, "Caring and very knowledgeable about the people in the home," and "Very experienced manager who leads by example and is respected by her team."

● Staff told us they felt well supported by the registered manager, even though they had only been at the service a short space of time and described them as, "Very approachable and made me welcome." Another staff member told us, "Couldn't work with a better team of staff."

● Staff told us the registered manager encouraged learning and growth to achieve positive outcomes for people. One staff member said, "She always supports us, encourages us to develop, she is also introducing champions, which will gives us all a responsibility."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Staff told us that there was an open and honest culture promoted and that they were taught to share any concerns they had. One staff member said, "There is always clear communication between us as a team, I think we are good at communication, we share all the time. The manager listens."

● The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the safeguarding team and CQC.

● The registered manager was keen to promote honesty amongst the team and learn from mistakes together. She said, "As a team we want to continuously improve and learn from mistakes, if we have made an error then we will hold our hands up and take advice to prevent it re-occurring."

Continuous learning and improving care; Working in partnership with others

● Throughout our inspection we saw evidence the provider and the registered manager were committed to drive continuous improvement.

● The registered manager was open and transparent when discussing the areas to further develop and immediately started to put actions into place. For example, redesigning the PRN administration chart to include the effectiveness of the medicine.

A member of staff told us the organisation encouraged learning. The team were able to access career development opportunities and qualifications, and ideas were shared from other services within the organisation. The staff member believed this had contributed to their learning and skills had improved and good practice ideas shared.

●The registered manager facilitated coaching sessions and reflective opportunities, and staff confirmed this. One staff member said, "If an incident or accident happens to someone whilst we are delivering care, the circumstances are looked at and we get the opportunity to discuss how it could have been prevented. We learn all the time."

●The service valued sharing information and held regular team meetings to facilitate this. We saw team meeting minutes covered various topics such as people's changing needs, falls, incidents, what had been achieved and what training was scheduled.

● The registered manager valued the importance of working with others. They worked closely with health

and social care professionals to achieve this. They also promoted the social aspect of people getting to know others. For example, attending discos and meetings in the local area. Regular meetings for one person whose brother lives at another service within the organisation were arranged.

● The registered manager attended regular meetings with managers from other services owned by the provider. They explained this was a beneficial learning tool as they could share ideas and talk about new opportunities for people and staff. The registered manager said, "As an organisation we learn from each other and if something happens at another home, the learning is shared with all services to ensure that we all continuously improve."