

Care Unlimited Group Limited

Ashtead Cottage

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Ashtead cottage is a learning disability care home, and is registered to accommodate up to 10 people some of whom are living with dementia and mental health problems. The home is a large property with ten bedrooms arranged over three floors. There were a total of 12 members of staff employed plus the registered manager. On the day of our visit there were nine people living at the home.

The inspection was unannounced and took place on the 03 June 2015.

The home had a registered manager in place. 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 requirements in the Health and Social care Act 2008 and associated regulations about the service is run.

People told us they felt safe living at the home because of the good care staff provided. Their relatives told us that the staff were caring and met their needs. Our observations confirmed this, and we found that there were systems in place to protect people from the risk of harm.

Summary of findings

The provider had a good recruitment system in place. We found evidence that all relevant recruitment checks had been undertaken prior to staff starting work. There were enough staff with appropriate skills and experience to keep people safe.

Systems were in place to ensure that medicines were stored, administered and managed safely. We found that staff had the required training, and there were enough experienced staff to manage medicines appropriately and to meet people's needs safely.

Staff told us they were supported by the registered manager and had received the training and information they needed to do their jobs well, and to meet people's care needs. Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home which helped them to be aware of any changes in people's care needs. People and their relatives told us they could speak with the staff to raise any concerns, and they knew how to raise concerns if they needed to. A relative told us any concerns were dealt with by the registered manager in a timely manner.

The registered manager and the staff understood their responsibilities under the mental Capacity Act 2005 and the deprivation of Liberty safeguards (DoLS). There were clear records in place to show who could represent people and act in their best interest if complex decisions were needed about their care.

People and their relatives spoke positively about the service and the care people received, and we saw that staff supported people with all their nutritional needs. People had their health needs monitored, and had access to health care professionals who supported staff to meet people's needs.

Relatives told us the care people received was good and they spoke positively about the care people received. We

found that people's care records, reviews and risk assessments were up to date. Relatives told us they were included in reviews and were notified of any changes in people's care needs. Staff understood the needs of people and we observed that care was provided in a kind and caring manner.

Staff told us they received on-going training and understood their responsibilities, as well as the values of the service. They told us they had received training to ensure the care provided to people was safe and met their needs. Staff told us they received regular supervision and support to assist them to deliver care that was relevant to meet people's needs. We observed that people received support around their personal care and nutritional needs.

We observed that people were encouraged to be independent and supported to take part in their hobbies and interests, such as attending various clubs in the community.

We found that the service was well led and the staff were supported by the registered manager to do their jobs well. The staff and registered manager monitored and reviewed the quality of the service from questionnaires completed by people and their relatives. They asked people and their relative's verbal questions relating to the quality of the service on a regular basis.

The registered manager had systems in place to gain people's views about the service. These included residents meetings to identify, plan and make improvements to the service, such as what community activities people became involved in, and what internal refurbishment plans would be undertaken. The registered manager promoted an open culture at the home, and relatives told us they felt they could approach the registered manager at any time to discuss concerns.

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?

This service was safe.

Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe.

There were enough staff to meet people's needs and ensure they were safe. There were robust recruitment procedures in place.

Medicines were managed and administered safely.

Risks to people's safety were well managed and staff knew what to do in the event of an emergency.

Good



Is the service effective?

The service was effective.

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people appropriately.

People received the support and care they needed to maintain their wellbeing. People had access to appropriate health care professionals when required.

Good



Is the service caring?

The service was caring.

Staff interacted with people in a sensitive and caring manner and respected people's privacy.

People told us the care they received was good. We observed that the registered manager and staff supported a caring culture.

Staff were knowledgeable about people's care needs.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. People's care needs were regularly reviewed.

People and their relatives were encouraged to give their views about the quality of the service.

The provider had an appropriate complaints procedure in place, and people and their relatives felt able to raise concerns.

People were supported to access activities of their choice in the community

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service.

Staff confirmed they received regular supervision and told us they were supported by the manager.

The quality of the service was monitored through audit checks. People and their relatives spoke highly of the quality of care their family members received.

Ashtead Cottage

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

The inspection took place on 3 June 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of one 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 care services. The expert by experience had personal experience of caring for an older person and someone with a learning disability.

We spoke to local commissioners of the service and the local authority learning disabilities team to obtain their

views on how the service was run. The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We observed care and support provided by staff to help us understand the experiences of people who live at the home. We spoke with four people and three staff. We looked at four people's care records including their care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at staff recruitment files, minutes of meetings and documents in relation to the monitoring of the service.

The service was last inspected on the 31 October 2013 and there were no concerns raised.

Is the service safe?

Our findings

People told us they felt safe. One person said “I feel very safe here” Another said “I am very happy here and I feel very safe”. A relative told us “I am very happy with the service, I have no concerns about safety” and they would speak to the registered manager if they had any concerns. We observed that people were safe and that staff were proactive in making sure people were safe. Relatives told us they were aware of whom to speak to if they were worried about people’s safety.

Staff had a good understanding of what they would do if they suspected abuse or if they had concerns about the care people received. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns. Staff had a clear understanding of whom to contact should they need to raise any concerns. Staff had received safeguarding training which they told us helped them to understand who to report concerns to. There were clear procedures in place for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments. This helped to keep people safe by ensuring that any information about changes in people’s needs was recorded and monitored by staff. They were regularly reviewed so that staff were kept up to date about any changes to people’s needs to help keep them safe from harm. Assessments included risks from hazards in the home such as furniture for people that had sight problems, and medicines administration for people that were able to self-medicate. Staff told us that they were aware of people’s risk assessments, and the action they would take to minimise risk. For example, we looked at risk assessments and action plans for people who needed support to access their clubs and resources centres in the community. These had been updated on a regular basis.

There were enough staff to meet people’s needs. One person said “There is staff to help me when I need it”. Staff attended to people’s needs in a timely manner, and people were not kept waiting when they needed help. Staff told us there were enough of them on duty with the relevant skills and experience to keep people safe. The registered manager told us the ratio of staff was to meet people’s needs and support them when they were out in the

community. The registered manager told us that when special events were taking place at the home such as barbeques or trips out where family and friends were invited, that additional staff would be placed on duty to support people and keep them safe. We reviewed the staff rota and saw there was always the correct amount of staff on duty to keep people safe and meet their needs.

Staff had been recruited through an effective recruitment process to ensure they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service. These checks identified if prospective staff had any criminal convictions or were banned from working with children or people. Other check included proof of identity, references and employment histories. Staff told us they had submitted an application form, and confirmed that recruitment checks had been undertaken.

People’s medicines were appropriately managed and administered in a safe manner by staff. There were procedures in place for recording the administration and disposal of medicines. The medicines were kept locked and secured in cupboards in people’s rooms, and where people were able to self-medicate they were supported to do so by staff that would ensure the medicine cupboards were locked after use. People’s medicines were recorded on up to date Medicine Administration Records sheets (MARS). There were systems in place to ensure people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Staff who were responsible for the administration of medicines had received medicine training to ensure they were competent to do so.

Staff knew what to do when there was an accident or incident. They said these would be recorded and investigated where necessary. There has been one serious incident reported in the past 12 months. There were up to date plans for responding to an emergency and any untoward events. Staff were aware of the homes evacuation plans and told us they knew what their responsibilities were in the event of an emergency. People had personal evacuation plans in place (PEEP). This meant staff would be able to keep safe in the event of an emergency.

Is the service effective?

Our findings

People and their relatives told us the care and support they received was good. One person said “I am much happier here than I have ever been anywhere else, the staff are very good”. Another said “I am very happy with the service”. A relative told us “I am very positive about the service”.

Staff told us they had received a period of induction before they commenced working with people. Before they started to work alone they had undertaken essential training such as safeguarding and manual handling. The registered manager told us all staff shadowed the experienced staff to enable them to gain the experience they needed in the role they would be undertaking. We saw records that evidenced staff had received induction training in areas such as food hygiene, medicines, fire safety and dementia awareness. The registered manager told us that staff were in the process of working through the care certificate and they were confident that all staff would be engaged on the programme.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any important decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. The MCA exists to protect people who may lack capacity, and to ensure that their best interests are considered when decisions that affect them are made. Care records included information about best interest meetings that had been held, such as when people wanted to self-administer their medicines, or to go into the community without staff support. We observed that for day to day decisions staff asked people for their consent before they carried out tasks such as personal care. We saw that at these times staff explained to people what was happening and why.

The law requires the care quality commission to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS ensures that people receive the care and treatment they need in the least restrictive manner. This ensures there are no restrictions to people's liberty, and if there are, they have been authorised by the local authority,

as being required to protect them from harm. The registered manager knew how to make an application. We observed that people were able to access communal areas of the home when they wanted to without any restrictions. The registered manager told us that for those people who were not able to leave the home freely there were completed DoLS applications and documented best interest meetings. We reviewed records which were up to date of people who had restrictions for leaving the home.

People were provided with enough to eat and drink. We observed that staff offered people a choice of hot and cold drinks. And people that were able to make their own drinks had access to the kitchen area and were encouraged to do so. Staff supported people with their meals and were very attentive to people's needs. The meal time was calm and relaxed and staff encouraged people to be sociable and engaged with them in general conversation. Staff encouraged people to be independent and people choose when and where they wanted to have their meals. People told us that were given the opportunity to choose the meals they had and they enjoyed their meals. One person said “We choose the food and I help get the shopping”.

People were served generous portions and offered a choice of meals, and staff supported people to put the menu plan together. People were also given a choice of what they wanted to eat. People told us that if they did not want to eat what was offered they could ask for an alternative. We saw that people's weights were maintained and staff monitored people's dietary needs on a regular basis. One person said. “I get enough food”. Another said. “We get enough dinners”.

Staff told us if they had any concerns they would take appropriate action to ensure that people's health was maintained. One person said “I have physiotherapy, and staff does the exercises with me, they help me get better”. Where required referrals were made to appropriate health care professionals such as GPs, chiropodists, physiotherapists, ophthalmologist, dieticians and dentists. We saw that people had regular access to health care professionals, and had been supported by staff to attend regular appointments.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received, and told us the care was good. One person said “The staff listens to me; this is the best place I ever lived”. Another said “The staff are lovely, I am very happy”. A relative told us “The staff are very caring”. We observed that staff and the registered manager spoke sensitively to people in a caring manner.

People were supported by staff to make choices about their care. For example we observed staff asking people what they wanted to eat and drink, and they were given time to make choices. Staff engaged in conversation with people prior to providing care and support. Staff spoke with people throughout their meals. We saw that people enjoyed speaking with staff and both seemed to enjoy their conversations. We observed people planning their afternoon with staff and making choice about what support they would need in the afternoon. For example we saw people being supported to attend various activities in the community such as art classes.

Staff knew people well, and knew their individual preferences. For example, staff knew what individual people liked and disliked. One person liked to help in the garden. Another liked to go shopping with staff. Other people told us they liked going out to different places in the community such as resources centres. They were

supported by staff to do so. A relative told us “I am very happy with the care my relative receives”. People were checked regularly by staff and asked if they wanted anything. Staff were gentle and caring.

Staff told us that they always knocked on people’s doors prior to entering their rooms and they always closed the bedroom doors behind them. This meant people people’s privacy was respected.. We observed that staff asked people for their permission to enter into their bedrooms prior to doing so. We saw that people were dressed in clean clothes, and that personal care was always carried out in private. We observed that staff spoke with people in a caring manner prior to completing personal care in private.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. People told us they had regular meetings to discuss their week and prepare for the week ahead, and they were given the opportunity to say what they wanted to do during the week. Relatives told us they were given the opportunity to give their views and opinions. They told us they were involved in their relative’s reviews, and staff always informed them if there were any changes to people’s health and wellbeing.

Relatives told us their family members were invited to residents meetings, and were asked to give their views and opinions about the home, and the quality of the service provided. Relatives told us they were involved in their family members care planning and staff informed them if there was any changes in their family member’s health and wellbeing.

Is the service responsive?

Our findings

People told us they were well looked after. Relatives told us they were involved in their family member's care reviews. They told us staff informed them of any changes in their relative's health care needs. One relative said "The staff have addressed my relative's health needs, and the family are very pleased". One person told us, "Staff help me all the time".

People had been involved in an assessment of their needs before moving into the home. Once they had moved into the home a care plan had been written in consultation with them and their relatives. People's care plans included detailed plans of their care including people's preferences about how they liked their care to be provided to meet their care needs such as what time people liked to get up and go to bed.

People's care plans were personalised and included information about people's likes and dislikes. They gave details about people's histories so that staff knew their backgrounds and could use the information as topics of conversation. We heard staff talking to people about their lives in a way that showed that they had read these care plans, and knew people well. For example where people enjoyed attending various clubs and resource centres, staff supported people to attend. People were active and staff encouraged people to become involved in as many activities as they wanted to. People told us they could choose what days they went out into the community or to visit their family members.

People and their relatives knew who they could speak to if they had a complaint about any aspect of the care they received. They had been provided with a copy of the

service's complaint process when they first moved into the home. One relative told us, "I am very happy with the service". One person told us "I would speak to the manager if I was not happy about something".

There was a copy of the complaints process displayed in the home. We saw that there was a picture complaints poster in easy read format for people to look at in relation to making a complaint. The registered manager told us they would deal with any complaints from people and their relatives in a timely manner. The registered manager told us they had dealt with one complaint in the past 12 months. People and their relatives told us that they had not made any complaints.

The registered manager told us that when relatives visited the home they were invited to informal meetings to discuss any current changes to their family members care, and to give their views and opinions about the service people received.

People had the activities they liked to take part in recorded in their care records. People attended various clubs such as art club and horticulture. There were also shopping trips and visits to the local community. We observed people go out into the community in the service transport, and they were supported by staff to do so. The registered manager had ensured that people had a variety of activities that they liked to take part in, and had maintained good links in the community with the local resource centres, and clubs which supported people with learning disabilities. People were supported to be independent and visit their relatives at home, and their relatives were invited to special events such as barbecues and Christmas shows that were organised by people.

Is the service well-led?

Our findings

People and their relatives told us they felt the manager was good. They said they could talk to them at any time. They said the registered manager was approachable and said they could raise concerns with them at any time or the staff. One person said “I would speak to the manager if I had any concerns”. A relative told us “The registered manager has turned things around and they have a very strong team”.

The atmosphere in the home was open and welcoming. We saw people were happy and observed them engaged with staff in conversation and interacting with each other. The registered manager encouraged an open culture in the home. Relatives told us they were kept informed about any changes in their family members care needs. They told us the registered manager asked for their opinions about improving the service and about how to promote good quality care. Relatives told us they could approach the registered manager if they had any complaints and felt they would be listened to.

The registered manager promoted weekly meetings in the home for people and staff. People were given the opportunity to give their views about how they would like to be cared for, and state if they had any concerns. Questionnaires were sent out to people and relatives to provide them with the opportunity to give their views about the service. The registered manager told us they gave feedback after people’s opinions were sought such as when deciding what events to organise for the home. We saw some positive feedback about improvements that had been made in the home.

Staff told us they felt supported by their colleagues and the registered manager. Staff regularly met with the registered manager for supervision and appraisals to discuss their personal development needs, and areas where they could benefit from further training. We looked at records of these meetings and staff could refer to them if they needed to do so.

Staff told us that there were regular staff meetings held in the home. We looked at these meetings and saw that they were up to date. Staff told us these meetings gave them an opportunity to discuss any changes in people’s needs, and supported them to have a good understanding of their responsibility to provide good quality care for people. The registered manager told us they ensured the home was sufficiently staffed to ensure people were well cared for. They told us there were enough bank staff to cover shifts at short notice.

Staff told us there was effective communication between people, and they had regular handover which provided them with up to date information to ensure people’s needs were met, and the care that people received was consistent. We observed that staff spoke about people’s needs for that day which confirmed this.

Accidents and incidents were recorded and investigated. We saw records where they had been audited and discussed with staff. The registered manager told us it was their responsibility to ensure that all incidents were recorded and reported to the appropriate agencies such as the local authority safeguarding team and the Care Quality Commission in a timely manner. The registered manager told us that there had been one incident that had been reported to the local authority and to the CQC.

Staff told us that audits took place on a regular basis. These included care records and medicines. We found that the provider completed their own internal audits in the home to ensure that the care provided was of a good standard. The registered manager told us they received good support from the provider to ensure the quality of the care was maintained. There were various regular health and safety checks to ensure the premises, equipment, and all areas were maintained to a safe standard for people, visitors and staff.