Ashcroft Care Services Limited

Longford

Inspection report

40 Massetts Road
Horley RH6 7DS
Tel: 01293 430687
Website: www.ashcroftsupport.com

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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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Longford is a care home which provides care and support for up to six people who have a learning disability, such as autism. At the time of our visit there were six people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The area manager was acting as the manager and had begun the application process to become the registered manager. The registered manager was not present during our inspection and we were assisted by the shift leader, deputy manager and the assistant residential services manager.

Although we found staff treated people in a kind and caring manner, we observed occasions when staff did not treat people with the dignity and respect they deserved.

People were safe living at Longford as staff carried out appropriate checks to make sure that any risks of harm

Summary of findings

were identified and managed. Any risk of harm to people had suitable controls in place. These were done in the least restrictive way. For example, if someone wished to go out of the home.

Where there were restrictions in place, staff had followed legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. However, we found that staff did not always review decisions which had been made. We have made a recommendation to the provider.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event. People's care would not be interrupted in the event of an emergency and people needed to be evacuated from the home as staff had guidance to follow.

Staff were provided with training specific to the needs of people. This allowed them to carry out their role in an effective way. It was evident staff had a good understanding of the individual needs and characteristics of people. This was confirmed by relatives and our observations on the day.

There were enough staff deployed in the home. The registered manager ensured people who required one to one care were provided with this at all times. There were enough staff to enable people to go out each day.

People received their medicines in a safe way. People were encouraged to eat a healthy and varied diet and were involved in choosing the food they ate.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

People were supported to keep healthy and had access to external health services. Professional involvement was sought by staff when appropriate. Relatives told us staff referred people to health care professionals in a timely way.

Staff encouraged people to be independent and to do things for themselves, such as help around the home or do some cooking.

Staff supported people in an individualised way. They planned activities that meant something to people. Relatives were involved in developing the care and support needs of their family member.

Staff responded to people's changing needs and encouraged individuals to try different things to give them a varied and stimulating life.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

Staff had a good understanding of the aims and objectives of the home. The provider and staff carried out a number of checks to make sure people received a good quality of care.

Staff felt supported by the registered manager and the provider and had the opportunity to meet regularly with each other as a team as well as on an individual basis with their line manager.

During the inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Individual risks of harm to people had been identified and suitable guidance was in place for staff.

There were enough staff to meet people's needs.

People's medicines were managed safely.

The provider employed staff to work in the home who had undertaken appropriate checks.

Good

Is the service effective?
The service was effective.

People were involved in decisions about their meals.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Good

Is the service caring?
The service was caring but staff did not always show respect.

Staff did not always show respect to people in a way that upheld their dignity.

People were encouraged to be independent and supported by staff in a caring way.

Relatives and visitors were able to visit Longford at any time.

Requires improvement

Is the service responsive?
The service was responsive

Relatives and professionals felt staff responded well to people's needs.

Where people's needs changed staff ensured they received the correct level of support.

People were able to go out and take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a registered manager.

Staff felt supported by the registered manager as well as the provider.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people.

Longford

Detailed findings

Background to this inspection

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

This was an unannounced inspection that took place on the 29 April 2015. The inspection was carried out by two inspectors.

As some people who lived at Longford were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved following the inspection.

As part of the inspection we spoke with two people, four staff, four relatives, a friend, the shift leader, deputy manager and the provider's assistant residential services manager. We spoke with two health and social care professionals to gain their feedback as to the care that people received. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR 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 last inspected Longford in May 2013 when we had no concerns.

Good

Is the service safe?

Our findings

Relatives told us whenever they had been in the home they felt there were enough staff. They also told us they felt people were safe as most of the people had been lived at Longford for a number of years and staff knew them well. This was evident to us during our inspection as staff described people in a knowledgeable way. One relative said, "I don't have to worry about him." Another told us the home felt safe and there were always the correct number of staff supporting their family member.

We found a sufficient number of staff deployed to meet the needs of people. There was the correct support ratio as detailed in people's care plans and as described to us by the shift leader. When people went out there were a sufficient number of staff who stayed in the house to support those who remained. The shift leader said staffing levels were based on the needs of people and to enable people to get out each day. Staff told us they felt there were a sufficient number of staff on duty each day.

The shift leader told us five care staff would be on duty each day to ensure people received their support needs and we found this was the case. The shift leader said during times of staff shortage, staff pulled together to cover shifts and if not, agency staff were used. The same agency staff were employed whenever possible to reduce people's possible anxiety at meeting new staff.

Accidents and incidents were logged and staff developed reactive and proactive ways to reduce these. We read the log included the details of any incident, how it had been dealt with by staff and what actions had been taken to avoid reoccurrence. We noted that one person had displayed behaviour that may cause harm to themselves or others. We read staff had administered medicines to this person to reduce their behaviour. However, it was clear in this person's care plan that staff should follow 'diffusing and de-escalation' steps before using medicines. We spoke with the deputy manager and the provider's assistant residential services manager about this at the end of the inspection. We were assured appropriate de-escalation steps were used by staff as staff required authorisation from senior management to administer medication. This authorisation would only have been given as a last resort.

People's care plans contained specific sections on keeping people safe, and how staff should support them. We read one person had a risk assessment in relation to them going out into the community. Another person chose to smoke and risk assessments were in place to allow them to do this in a safe way, but without restriction.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. Information on who to contact if abuse was suspected was displayed in the office as well as in communal areas for people living in the home. Staff told us who they would go to if they had any concerns and they knew about the local authority and their role in safeguarding people. One member of staff told us they had raised a concern and it had been dealt with in an appropriate way by the registered manager and provider.

People's care and support would not be interrupted or compromised in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. Each person had an individual personal evacuation plan which detailed their needs should they need to evacuate the building.

People's medicines were managed safely. Medicines Administration Records (MAR) were completed accurately and each contained a photograph of the person to ensure the medicine was given to the right person. This was signed by staff. PRN (as required) medicines were used and we read that assessments for these were reviewed regularly. Clear guidance was provided to staff on when to give PRN medicines, which included the reason the person may need it together with the types of behaviour a person may display to indicate they required it.

Medicines were dispensed to people safely. We observed medicines being given to one person. These were placed together in a pot for the person to swallow with a drink. We asked the shift leader if this person preferred to take all of their medicines together and they told us they did. We checked in this person's care plan and read this was how the person liked their medicines. The shift leader was able to explain the correct medicines procedures and why it was important medicines were dispensed to people in a safe way.

Good

Is the service safe?

Medicines were audited and accounted for regularly. We read a medicines tracker sheet was used by staff to count medicines in and out. Staff carried out regular audits of people's medicines and their medicines records.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

One person told us they could choose what they ate. Another person said they liked the food they had. A relative told us they had seen the food and it was, "Good". They said their family member liked their food. Another relative said they had always seen fresh food being prepared.

People were supported to have a balanced diet. People had a good supply of drinks on offer during the day and people were involved in making their own drinks whenever they wanted one.

People were involved in decisions about what they ate and drank. Each week staff sat with people and used cards/ visual aids to help compile a menu for the week. Staff said they showed people different foods to enable them to make a choice in a visual way. Fruit was available to people if they wished it. One person told us they prepared their own breakfast and chose what they had. We saw them do this on the day.

Staff identified risks to people in their eating and drinking. One person was suffering from a chest infection and on the advice of the GP staff were giving them softer food to reduce their risk of choking. We saw this person being provided with food appropriate for their required diet and in line with what was written in their care plan.

People received support from staff who had the necessary skills. This was confirmed by staff who told us about their induction and training programme. One member of staff had transitioned from night to day shifts and told us the provider supported this in a gradual way to enable them to feel comfortable in their new role.

Staff were supported and kept up to date with training over the course of the year. Staff told us they had supervisions and appraisals each year which meant they had the opportunity to meet with their line manager on a one to one basis to discuss progress, training requirements or aspirations. This was confirmed by the deputy manager who arranged the supervisions.

Staff received specific guidance and training related to the people they cared for which helped them to develop effective and particular skills. For example, staff received training in challenging behaviour and epilepsy. We were told the organisation had developed their own version of the new care certificate which was based on Skills for Care, the fundamental standards and CQCs key lines of enquiry. This certificate was being rolled out to new staff members initially.

People's communication needs and how staff should talk with them were identified. This meant people were listened to and communicated with in an appropriate way. Staff told us they used various forms of Makaton (signs and symbols to help people communicate) as a way of communicating with people. We saw staff use Makaton with people during the inspection.

People were supported by staff who had a good knowledge of them. One member of staff was able to describe to us the specific ways one person would communicate with them and what their individualised 'signing' meant. We heard staff acknowledge this person's request when they asked for something in this way. Another member of staff told us of the ways they could, "Calm" someone down and how they knew the importance of giving people, "Simple" choices to enable them to make their own decisions more easily. A relative told us staff were, "Very good at picking up on things." They added that staff knew their family member well and understood their needs. Another relative said, "They (staff) can do a lot more for him than I can."

Staff said they actively worked in understanding the behavioural needs of the person. Another person caused bruising to themselves and we read guidance for staff on how to manage this and when to look out for indications on when they may be susceptible to doing it. We read any incidents were logged and recorded in a detailed way to help staff monitor the situation.

Staff provided support which had a positive impact on people. For example, one person was supported to lose weight which they had done. As a result their mobility had improved. Another person had been very poorly and staff had supported them to regain their health and eat normally again. This was reiterated by their relative who told us, "They took so much care of her that she looks better than ever."

Decisions were made in people's best interest and staff had a good understanding of MCA and DoLS. Where people may not be able to make or understand certain decisions for themselves the registered manager and staff followed the requirements of the Mental Capacity Act (MCA) 2005. Capacity assessments had been undertaken on each

Good

Is the service effective?

person and best interest meetings were fully documented and held appropriately for the situation. Relatives and advocacy representatives told us they were consulted and involved in any decisions. One relative told us, "No decisions are made without my knowledge." We saw a notice displayed in a communal area for people and staff on the 'five principals of consent and capacity'.

People's freedom was not restricted. We saw the front door to the home was not locked and talked to staff about people being able to go out when they wished. We were told people were given the freedom to go out unaccompanied, however they chose not to. We read the correct legal procedures had been followed. Deprivation of Liberty Safeguard (DoLS) applications had been made for people who lacked capacity where restrictions had been placed on people. This ensured that if a person's freedom was being restricted to keep them safe, it was done in the least restrictive way possible and authorised by the local authority.

Staff did not always review decisions made for people. We noted one person had their wardrobe locked and staff told us this was because in the past they had emptied out the contents. We found the correct legal procedures had been followed in making this decision. However we did not see any follow-up steps to show how staff could reconsider this restrictive practice and support and work with the person to enable them to have the freedom to access their wardrobe as they wished. **We recommend that staff review this decision to see if controls can be reduced.**

People were supported to keep healthy. One person was supported with an exercise regime in order to monitor their weight.

Each person had a health plan in place which detailed the various health care professionals involved in their care, for example the GP, optician, dentist, district nurse or dietician. Professionals told us staff brought people to appointments when asked and supported people to have annual health checks. A relative told us staff were very good at getting the doctor if their family member was unwell. We read people were referred to health care professionals when appropriate, for example we read one person had been referred to the Speech and Language Therapy team for advice in relation to their eating.

Requires improvement

Is the service caring?

Our findings

One person said they got on well with staff as well as the other people who lived in the home. Another person told us they liked the home and staff were nice to them. They said they were, "Happy." A further person said the staff were nice. A relative said, "Some staff are absolutely wonderful." They added, "I am fortunate to have found Longford. When she comes here, she only stays a couple of hours and then 'signs' to say she wants to go home." Another relative told us, "It's the best place he's been. When he comes to us, he wants to go back." A further relative commented, "Staff are always caring and kind." Another said, "Wonderful. Really nice, caring and supportive."

Despite these comments however, we observed staff did not always think about what they were saying in front of people which meant they were not always respectful. For example, we heard one member of staff say, "Make your tea" to one person. Another member of staff was heard to shout, "Oy" when addressing someone. On another occasion a member of staff was heard discussing someone's continence in front of other staff, people and ourselves. We saw one person walk around the home for the majority of the day. However staff did not react to him as he entered various rooms or pass by them. We spoke with this person regularly throughout the inspection and they always stopped and engaged with us. During lunch two members of staff openly discussed the behaviour of one person in front of other people who had the capacity to understand. One member of staff was heard to say, "He's been a bad boy this morning." The lack of respect shown to people was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff treated people in a considerate way. One member of staff said it was their role to support people to have a good life and good health. They described to us one person who became resistant to walking. As this person was unable to communicate to them what was wrong, staff considered various options and decided it may be something to do with their shoes. Staff purchased new shoes for this person and they were now walking again.

People were emotionally supported. One person was seen to display some behavioural needs and we saw staff support this person in line with their care plan to reduce their anxiety and help them to calm down.

People's individuality was recognised by staff. We heard one member of staff speak with people very naturally, chatting and addressing them in a companionable way. We saw people could personalise their own rooms and staff encouraged them to choose colours and décor.

People could make their own decisions. One person told us they could choose their own clothing and jewellery each day. This was reiterated by their relative who told us how important it was to them how they looked. One person told us they had gone to bed late the previous night and had chosen to have a lay-in that morning which staff respected. Another person said they could go to bed and get up when they liked.

People were supported to access advocacy services should they need them. The provider offered advocates to people who needed someone else to speak on their behalf. We read in people's care plans when this had been provided.

People were supported to be independent and help around the home. For example, clearing away dishes after lunch, assisting in the preparation of meals and doing their own laundry. We saw this on the day. One relative told us, "Staff encourage him. He is able to do quite a lot of things himself."

Relatives were able to visit when they wanted and were made to feel welcome. Where relatives were unable to visit the home, staff supported people by taking them out to see their families or contact them by telephone. A relative told us whenever they visited staff were friendly towards them.

Good

Is the service responsive?

Our findings

One person told us they liked to stay in and watch television. One relative said staff were introducing more activities for their family member. They said they loved their holidays and staff had supported them in this. Another relative said, "Staff try and sort out things he'd like to do." They added that through the encouragement and dedication of staff their family member had gone on an aeroplane on holiday which was a dream of theirs.

Activities were organised on an individualised basis. During the morning four people went out bowling. We saw them return and they had enjoyed their trip. One person liked to go to the shops, have a pub lunch or going walking and we heard from them how they were supported to do this. Another person liked going on public transport and staff ensured they were supported to go out once a week on a bus. One person, who preferred to stay indoors, was enabled to telephone their family when they wished. A member of staff said one person liked to move the bins to the rear garden of the home once they had been emptied by the bin men. Staff said they, "Suggested" different places or activities to people to allow them to choose and it was a matter of, "Trial and error" before it became part of their weekly routine. Although people had a varied week, we talked with the deputy manager and the provider's assistant residential services manager about the introduction of more individualised activities for people as we felt some people lacked stimulation. They told us they were constantly thinking of new ideas and activities for people.

Relatives and professionals felt staff responded to people's needs. One relative told us that staff had responded to their family member's medical needs and had got it, "Down to a fine art." A social care professional said they felt staff supported people in a way that was responsive. For example, if people were reliant on routine to feel safe or to reduce their anxiety this was recognised and supported.

Care plans reflected what care people needed. People's support needs and important information about their lives were recorded in their care plans. We read care plans included a hospital passport. This is a document which includes useful information about the person should they need to go into hospital. Relatives told us they were involved in developing care plans with staff and they were involved in the reviews of the care plans. People had individual goals and aspirations recorded and we read one person had managed to achieve their goal in relation to eating a healthy diet. Staff had been advised by a health care professional to introduce an ABC chart and we saw this had been done. An ABC chart is used to recorded types of behaviours observed and the events that precede and follow the behaviour. Another person's goal was to make their own lunch and we read they had achieved this. They were also starting to take responsibility for small amounts of their own money. We found some gaps in information in people's care plans. For example, some goals weren't updated or changed when they were no longer appropriate. However important information was clearly documented, such as how to support someone if they were unwell or anxious.

Where people's needs changed, staff responded appropriately. For example, one person had their needs re-assessed following discharge from hospital and staff identified the increased risk of choking. Records detailed when and why people's needs had changed and what staff needed to do in response. External professionals were involved when needed to make sure people received the best possible help, and staff received the most up to date guidance about the issue. In this instance the Speech and Language team had worked with staff.

People were encouraged to access the community. During the day we saw three people go out with two members of staff in the morning and other people went out in the afternoon. We were told they would go for a drive or to a garden centre for refreshments. In addition, a further person was taken out by community day services. We saw this person return looking relaxed and happy and noted kind interaction between them and their escorts. Staff had a good understanding of supporting people in the community and trips were planned and assessed to reduce the risk of negative events happening. People had free access to all areas of the home and garden. The front door was open and we saw one person sit outside. In the afternoon, the patio doors were open and people were able to access the garden.

People and relatives knew how to raise a concern or make a complaint. There was a complaint policy available in the home. It gave information on how to make a complaint and how the service would respond. It also gave information about outside agencies that people could complain to if they were unhappy with the response from the service. The

Good

Is the service responsive?

manager had a system in place for recoding if complaints were received. We saw no formal complaints had been received in the home. A relative told us they felt they could approach the (registered) manager if they had a complaint or any concerns.

People could participate in the decisions in the home. The shift leader explained people were able to choose the décor of their individual rooms and personalise them. The provider held a 'relative's day once a year, where relatives were invited to share their views, hear about the organisation and plans.

Good

Is the service well-led?

Our findings

People, relatives and stakeholders were encouraged to give feedback about the home. The results of the most recent survey were provided to us. We read people were happy with the care provided by staff at Longford.

Staff said they felt supported, especially by the registered manager. One member of staff told us they felt there was, "A good team of staff and management and although the job is hard at times, I feel proud to work here." Another member of staff said Ashcroft Care Services was a, "Really good, very supportive" organisation. They added on-call advice was always available to staff and if they had a problem it would be, "Sorted out." This was reiterated by relatives we spoke with who told us they felt the management was very approachable. One member of staff said they felt the home was a nice place for people to live and staff to work. We heard staff speak to each other in a friendly, companionable way and it was clear they worked well together as a team.

Staff had a good understanding of their responsibilities, for example sending in notifications to the CQC when certain accidents or incidents took place. We found during our inspection the shift leader was knowledgeable and able to answer our questions and assist us in the inspection. This was the same with the deputy manager as well as the provider's assistant residential services manager.

Staff had a clear understanding of the ethos of the organisation and the purpose of their role. This was embedded in staff induction and training and staff were encouraged to reflect on their practice. The provider had their own team of trainers who used the values of the organisation as the overall theme for all training. One member of staff confirmed this and said they were encouraged to enable people living at Longford to, "Achieve their abilities."

Staff were involved in the decisions about the home. We read there were regular staff meetings where staff discussed a variety of topics. These included the food, alternative and new activities for people, medicines and new policies.

Policies and procedures were in place to support staff. We saw the registered manager held a file which contained policies useful for staff. For example, this included the provider whistleblowing policy, safeguarding information, the fire procedure, MCA and DoLS guidance and Surrey's choking policy.

The home was quality assured to check that a good quality of care was being provided. The manager carried out a number of checks and monthly health and safety and environment checks. For example, in relation to quality assurance, water temperatures, vehicle checks, fire checks. The provider carried out monthly provider visits which focussed on a different topic each time. We read the most recent visits covered areas such as medicines, care plans and training. Actions were set on areas that required improvements and these were monitored by the residential services manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The provider had not ensured that staff always treated people with respect and dignity.**