Ashcroft Care Services Limited

Trent House

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

Summary of findings

Overall summary

The inspection took place on 8 November 2017 and was unannounced.

Trent House is a home that provides accommodation and personal care for up to five people with a learning disability. At the time of our inspection there were five 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 to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
At this inspection, we did identify areas in which the provider was not meeting their legal requirements.

Quality assurance audits were carried out and actions identified completed. Staff understood the requirements of the Mental Capacity Act 2005. Where restrictions were in place for people the proper procedures were followed. People were consulted at all stages in relation to their care. We saw evidence that people made their own decisions about what they wished to do.

People were shown respect by staff and encouraged to be independent. Staff were seen to be caring and kind to people. People were happy living in the house and we found the environment was clean, hygienic and homely. The environment was suitable for the people living there.

People's medicines were managed safely. Important information about people's healthcare needs and medicines were recorded in their care plans. Staff worked alongside healthcare professionals to meet people's health needs. Where any accidents or incidents occurred staff took appropriate action in response to them.

People were cared for by sufficient numbers of staff. We did not see people having to wait to receive care or support. Appropriate checks were carried out when recruiting staff to ensure that they were suitable for their roles. Staff were aware of their responsibilities in relation to keeping people safe. Both in respect of keeping people safe from harm because individual risks had been identified and also in respect of signs of abuse. People were comfortable with speaking with staff if they had any concerns.

There was a procedure in place to help ensure that people were kept safe in the event of an emergency. People lived in a safe environment. Regular checks were made on equipment and services within the house to check they were well maintained.

People were provided with food that matched their preferences. People had access to activities that suited their needs and to help ensure they did not feel isolated. People's individuality and what mattered to them was recognised by staff. Activities were meaningful to people and they had the opportunity to attend events outside of the house and local community.

The registered manager created a positive culture and staff felt supported by here. Staff received training appropriate to their roles and the provider's values. Staff benefited from regular supervision and appraisals.

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.

People received the medicines they required.

People were cared for by a sufficient number of staff who had gone through a formal recruitment process before commencing work.

People lived in a house which was free from infection.

People were kept free from harm as staff understood their safeguarding responsibilities and risks to people had been identified.

Where accidents and incidents had occurred staff took action to help ensure these did not reoccur.

Is the service effective?

Good

The service was effective.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act (2005).

People were happy with the food they received.

People had access to healthcare services when they required it.

Staff received appropriate training and supervision for their roles.

People lived in an environment that was suitable for their needs.

Is the service caring?

Good

The service was caring.

People's independence was promoted by staff.

People were treated in a respectful way by staff and people were enabled to be involved in their care.

People's privacy and dignity was maintained by staff.

People were treated with kindness by staff and relatives were welcomed into the house.

Is the service responsive?

Good

The service was responsive.

People received responsive care.

People's concerns and complaints were listened to.

People had access to meaningful and individualised activities to help ensure they were not isolated.

Is the service well-led?

Good

The service was well-led.

Quality audits were carried out and actions identified completed.

The registered manager promoted a positive culture within the staff team and staff felt supported by her.

There were systems in place to monitor the quality of the care that people received.

People and staff were involved in the running of the house and the provider recognised dedicated staff.

The registered manager was aware of their statutory requirements and duties in relation to CQC.

Trent House

Detailed findings

Background to this inspection

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

This inspection took place on 8 November 2017 and was unannounced. Due to the size of the service the inspection team consisted of one inspector.

Before the inspection we gathered information about the service. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with three people, two relatives and three staff. We observed caring interactions between people and staff. We reviewed the care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty. Following our inspection we received feedback from a further two relatives.

We looked at records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives. Following the inspection we received feedback from one social care professional.

Our last inspection was in October 2015 in which we gave the service a 'Good' rating.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the house. One person told us, "If I was worried, I would speak to [name]." A relative said, "We've never had any problems." Another told us, "I do feel she's safe there (Trent House)."

People were cared for by staff who were aware of their responsibilities in relation to safeguarding people. Staff were able to describe to us the different types of abuse and knew what to do if they suspected any abuse. One staff member told us, "I would talk to the person to find out what had happened and would speak to the shift leader. If nothing was done I would report it higher up. I would also record anything on the care notes and if necessary on a body chart."

People's personal risks were assessed and plans were in place to manage them. The provider told us in their Provider Information Return (PIR), 'where there are potential risks to people, these are assessed and appropriate measures put in place'. We found this to be the case as records in relation to people's risks were up to date and available to relevant staff. The house had a swimming pool in the back garden and we found risk assessments in place for people who may not understand the risk of going in the pool unsupervised. Another person did some ironing with staff supervision and there was an appropriate risk assessment in place relating to this. A third person liked gardening and we noted their risk assessment recorded that appropriate clothes should be worn and staff should ensure they use the correct tools. A relative told us, "Staff know the triggers and anticipate or avoid situations which might create stress, i.e. noisy crowds."

People were cared for by a sufficient number of staff who had the right skills. The staffing rota showed that a senior staff member was on duty each day. This was usually the registered manager. On the day of our inspection we were assisted by the senior in charge for the day. During our time at Trent House we did not see anyone needing to wait for support by staff. Those who were due to go to activities outside of the house were supported to attend as there were sufficient staff on duty that could drive the service's vehicle. When people were out there were enough staff left at the house to support those who remains indoors. We were told that three or four staff would be on duty each day dependent on people's activities and this would always include a driver. A relative told us, "Very stable and consistent staff team and he's now started going out with staff members who are younger which is more appropriate for him and good."

People received the medicines they required. We saw each person had a Medicine's Administration Record (MAR). This had an up to date photograph of the person for identification purposes, any allergies they were subject to and any other relevant information in relation to their medicines. We did not identify any gaps or mistakes in the MAR records. Each person had their own medicines cabinet in their room which enabled them to feel more in control of their medicines and one person was supported to self-medicate. We found staff had an ordering and checking in procedure and staff were able to explain to us the process for returning out of date or unused medicines. Where staff had undertaken medicines training we saw that competency assessments were carried out to help ensure that they continued to follow good practice. One person told us, "I get cream for my arms and legs." Another person said, "I have pills to calm me down."

We did find however that the first aid box that staff held contained out of date items. Some items expired in 2013. We spoke with a staff member about this who told us they had recently ordered new stock, however the stock we saw was not to replace the items which had expired. They assured us this would be addressed straightaway.

People lived in an environment that was clean and hygienic. We saw staff cleaning and tidying up throughout the day. We did not find any malodours within the house. Following lunch we saw staff had cleaned and tidied up the kitchen to help reduce the risk of contamination from foods prepared at lunch time to foods being prepared in the evening. There was a weekly cleaning checklist which staff had signed.

People were kept safe from being cared for by inappropriate staff. We had no concerns that the provider had not carried out appropriate checks which included a Disclosure and Barring Service (DBS) check, references, photographic ID and evidence of the right to work in the UK. A DBS checks whether or not staff are suitable to work for people living in this type of service. People living at Trent House had the opportunity to meet all new staff members prior to them starting at Trent.

People were kept safe in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in place. These reflected people's needs and provided staff with information on how to best support them in the event of an emergency. The house had assessed risks such as fire and all equipment for use in the event of an emergency was regularly serviced. Regular fire alarm tests and drills took place. There was a contingency plan in place which showed that staff would liaise with other of the provider's houses to accommodate people if the need arose. One person living at Trent House described to us where they would need to go should they have to evacuate the house. There was a 24-hour on call service within Ashcroft which supported the management of emergency situations.

Staff understood their responsibilities to raise concerns and take effective action to respond to any events to improve the service to people. The provider had told us in their PIR, 'all incidents and accidents are recorded, monitored and reviewed by the registered managers and centrally. This means there is a multi-level system that will raise concerns that have the potential to become a safeguarding concern'. We found this process had been followed and action taken in response to accidents and incidents were used to help ensure that they did not reoccur. There were few accidents and incidents relating to people living at Trent House. However those that had occurred had been responded to appropriately by staff and as such most incidents had not reoccurred.

Good

Is the service effective?

Our findings

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care houses and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the Mental Capacity Act (2005). Records for people contained evidence of decision-specific mental capacity assessments in situations where people were unable to make decisions for themselves. For example, one person had locked wardrobes in their room as they sometimes ripped their clothes. We found a mental capacity assessment had been completed and there was evidence a best interest discussion had taken place.

Staff understood the principles of the MCA. The provider had stated in their PIR, 'the service has processes in place to assess individual's capacity in accordance with the MCA and where consent has been required the service has supported people to be clear about what they are consenting to'. We found this to be the case. For example, we saw where people had capacity they had signed their informed consent for their photographs to be displayed around the house. One person had signed to say they agreed to have a flu injection. A staff member told us, "I give people choices to help them make their own decisions." Another said, "Everyone had the right to make decisions. There are procedures for making best interest decisions."

We observed people being involved in food preparation on the day and care records contained important information about people's dietary needs and how best to meet them. Such as whether or not they required their food cut up or which foods they preferred. One person told us how much they had enjoyed the soup they had had. Another person had a different lunch of their choice. They said it was, "Excellent." When we arrived we asked one person if they had had their breakfast and they told us, "Yes, I had porridge. It was lovely." A third person said, "I am cooking chicken curry tomorrow, my favourite."

People had access to a GP and other healthcare professionals. The provider told us in their PIR, 'the GP surgery provide a supportive and responsive service and the service users have Health Action Plans and care passports and are supported to attend annual reviews with a health care professional'. We found staff worked well across organisations to deliver effective care and seek treatment for people. One person had been taken to the doctor during the morning for a sore area on their skin. We read that this had been noticed by staff and an appointment arranged quickly. Other people had seen an optician, dentist and reflexologist.

People were supported to access healthcare services and receive ongoing healthcare support. One person

required regular blood tests and staff supported them to appropriate appointments in order to receive these. Other people were enabled to attend the gym and go swimming as a way of keeping fit and healthy.

Staff worked closely with external healthcare professionals, took their advice and followed their guidance when appropriate. This meant people's care was delivered in line with best practice. We noted the dentist had asked staff to 'encourage' one person to brush their teeth. We read from the latest dental check-up the dentist was, 'very pleased' with the condition of this person's teeth demonstrating staff had followed this guidance. Staff also undertook training specific to people's needs, such as autism and MAPPA training. MAPPA enables staff to disengage from situations that present risks to themselves or the person receiving care.

People were supported by staff that were trained to meet their needs. Staff said they completed a selection of mandatory training courses when they started, such as safeguarding, moving and handling, medicines, nutrition and first aid. One staff member told us, "The training is on-going. We have it in different areas and it's relevant. We have had diabetes and autism training for example." Another said, "The training is relevant."

When staff commenced work at the house they underwent an induction. The provider had told us in their PIR, 'during the first weeks of employment at the house staff shadow experienced staff as part of their induction. Staff will only work independently once the manager and the staff member are confident that they have a good understanding of service user's preferences and are able to deliver the standard of support required'. This was confirmed by staff we spoke with. One staff member said, "I read about people's needs and I was supported to do the Care Certificate (a set of nationally recognised standards for people working in care). I then shadowed and only worked alone when I felt comfortable to do so."

Staff had the opportunity to meet with their line manager for supervision. A staff member told us, "I meet with [the registered manager] every month. We talk about whether I'm happy, what I want to do (training wise) changes I can suggest and any opinions I have."

Staff were aware of respecting people's individual rights and preferences. One person had an interest in Dr Who and as such staff had supported this person to attend a Dr Who exhibition. This same person liked their own type of food and as such staff supported this person in preparing their own menu. A staff member said, "I know how to support and respect people's individual rights."

People lived in an environment that was adapted to meet their needs. We saw that building work had taken place since our last inspection to create an area separate to the main lounge. This enabled people to sit quietly doing jigsaws or spending time on their own. People had been involved in the choosing of colours and furnishings and they told us how much they liked the new arrangement. Two people were beginning to find getting in and out of the bath difficult and as such the provider had replaced the bath in one bathroom with a walk-in shower. The ground floor had immediate access to a level garden and there was a spacious kitchen in which people could be with staff preparing food without being in each other's way. The rest of the house had easy access for everyone. There was a telephone in the hallway of the house which had large, easy read numbers on it. A social care professional told us, "There have been house renovations during the year which has created an improved living environment for the residents."

Good

Is the service caring?

Our findings

People told us that they were supported by caring staff. One person told us, "I like it here. The staff are kind." We asked this person what they liked most about it and they told us, "I like it because it's my house." Another told us, "I like it here. I just do." A relative said, "He's always been well looked after there (Trent House)." Another told us, "They (staff) seem to look after her very well."

The provider told us in their PIR, 'the service ethos is of caring, promotion of individuality and respecting people's independence, privacy and the right of choice'. We found this to be the case during our inspection.

People were enabled to be independent and to carry out day to day tasks. One person took their own medicines which gave them a sense of independence and being in control. We saw that staff counter-signed to indicate that they had taken the correct medicines when they needed them. We heard one person answer the telephone when it rang. They spoke to the caller and went to fetch staff for them to take the call. This same person brought in the post from the postman and showed it to another person. We saw them consult with each other as to who the post was for. Another person had goals specific to helping around the house, such as stripping and remaking their bed, doing their laundry and undertaking some ironing. A third person was seen taking through cutlery for people's lunch and making one person a cup of tea.

People and staff communicated with each other in a way that meant people could be understood. One person had limited verbal communication and staff demonstrated to us they understood their sounds, words and gestures. We heard staff conversing with other people in an appropriate manner. Conversation was friendly, amicable but respectful. Two people were chatting away to each other whilst they were helping to prepare the lunch and we heard them talk about what they were going to eat.

People were supported by staff who showed people attention and they clearly had affection for. We saw one person cuddling a staff member. They were laughing together and there was a lot of fondness between them. A relative told us they felt staff were kind and caring, showed people dignity and respect and also, "Affection."

People lived in a caring atmosphere. We heard staff chat to people over lunch. They complimented one person on the lovely birthday cake they had had the day before. This person showed us how staff had painted their nails for their birthday and talked to us about the presents they received. A relative told us, "She's a lot better – she's come out of herself." Another said, "He is very well cared for. He's happy and settled."

People's individuality and what was important to them was recognised by staff. One person liked to get up early before everyone else. This gave them the opportunity to carry out their morning routine when the house was quiet. Staff knew this mattered to them. Another person's family meant the most to them and they liked to be in touch with them. In addition people's cultural and religious beliefs were taken seriously by staff. One person liked to visit a family grave once a month and staff supported them to do this.

People were involved in their care and could make their own decisions. We saw evidence throughout people's care plans that they had been involved in decisions and the recording of their care. Such as one person who had signed their hospital passport (useful information should a person require a stay in hospital). Monthly keyworker meetings were held with people. These were used to discuss their views and wishes around their involvement in the service, community events, holidays and activities they wanted to attend to and participate in. One person told us, "I look through my care plan with staff." Another person told us they were cared for how they wished to be, they could make their own decisions in their care and staff respected this.

People lived in an environment that was homely and staff supported people's privacy. We saw that people's rooms were personalised and individualised to their preferences. One person told us, "I like my room." This same person had a lock installed on their door so they could lock their room when they wished. A relative told us, "It's very much a home environment."

People were encouraged and supported to maintain relationships that meant something to them. One person liked to telephone a family member or friend each day and we saw a list had been produced with the details of who they would phone with their contact numbers. One person said, "I go home at the weekend. I enjoy that." A relative told us, "They arrange for her to come and visit me as often as possible." A relative told us, "It's like an extended family (to me)." Another said, "Always welcome when visiting - announced or unannounced."

Good

Is the service responsive?

Our findings

People told us that they knew how to raise any concerns they had. One person told us they knew they could talk to, "[Name]." There was a complaints procedure displayed in the hallway of the house although we noted this was not written in a way that people could understand (for example, in pictorial format). Following our inspection we were told by the provider's Group Services Manager that each person had been provided with a complaints procedure and that they would ensure that the easy read poster was displayed in the service. We noted no written complaints had been received since our last inspection, however staff had recorded a verbal complaint from a person living in the house. This related to them receiving their dinner late. We read that this had been discussed with them and the staff on duty at the time and an agreement had been reached that the person was happy with. A relative said, "I would be comfortable to talk first with [registered manager]."

We noted several compliments had been received at the house. These included, 'I have witnessed excellent support given to all service users', staff were very friendly and helpful' and 'the atmosphere in the house was relaxed and welcoming'.

People had access to activities to help prevent them feeling isolated and had the opportunity to follow their social interests. People told us they chose their activities. One person told us that they went on holiday last year on a boat and this had been their choice. They told us they enjoyed it. A relative said, "She goes on holiday every year. She looks forward to that and really enjoys it." Other people attended one-off and ad-hoc activities including music festivals, concerts and camping for a week at the Ashcroft annual camping week. Activities took place both during the day and the evening. A staff member told us, "We help them to get the right balance. They have activities they can go to at different times, but they can rest as well."

We observed an activity taking place in the afternoon where an external musician came to play for people. We saw people were thoroughly engaged in this and dancing to the music. One person had a full and active life from the records we saw. We read they belonged to a rambling club, gardening club, liked going to the pub and shopping and went to the local YMCA gym. The provider stated in their PIR, 'service users are encouraged and supported to maintain current and to develop new relationships.' We saw evidence that people met up with their friends outside of the service and one person talked to us about people that they knew from other services. A relative told us, "They (staff) always try to ensure she goes out."

People had the opportunity to access the wider community. The provider told us in their PIR, 'service users are encouraged to try new experiences and to have a meaningful life. The service promotes community involvement this includes community based activities which links with members of the community and other support providers'. We found this to be the case. On the evening prior to our inspection staff told us they had held a bonfire and firework evening and invited people from other of the provider's services. They said that around 100 people attended. People told us they had enjoyed the evening. Staff said Ashcroft supported them with larger events such as a summer BBQ. We noted that there was a Christmas tree decoration evening arranged by Ashcroft which people were invited to. Some people had participated in the local carnival. This had included them planning the theme for their float, designing and making the float out

of recyclable materials, dressing up and walking in the carnival procession. Other people where supported to run a stall, selling items that had been made at the art and craft classes they attend. Other events included baking cakes for a local McMillian cake sale and attending a world food day to celebrate the diversity of Ashcroft.

People's care plans reflected their needs and preferences and people received responsive care because staff knew them well. A relative told us, "They (staff) manage him well - they know the warning signs, they are all geared up to [name]. He has mellowed (as a result)." Staff told us they reviewed the care plans regularly and they felt they reflected people's needs well. When there was a change to someone's needs because it was a small staff team everyone was quickly made aware. Care plans included information on a person's history, what was important to them, their communication, mobility, nutritional needs and any health needs. We read that one person became anxious during the staff handover period and as such staff took them out for a drive and a drink whilst this was happening. The person was able to explain to us this happened and we saw them go out with a staff member during the afternoon. One person told us, "I look through my care plan with staff." A social care professional fed back to us, "Customer files were generally person centred." A relative told us, "I attend six-monthly reviews twice a year."

Good

Is the service well-led?

Our findings

Relatives told us they felt the registered manager managed the home well. One relative said, "[Registered manager] creates/maintains a happy caring home for [Name] and the other residents. Another told us, "I have a very good relationship with [registered manager]. I can't fault the service. I don't know what else they could do for him."

Systems were in place to regularly check and assure the quality of the care that people received. Where maintenance checks were carried out and issues identified we saw these were addressed. Such as fixing a door which had come off its runners. Weekly health and safety checks were done and certificates were seen that evidenced gas and electricity equipment were maintained. An annual legionella check was undertaken to help ensure people had access to suitable water.

The provider carried out provider visits to the service and undertook separate audits. We reviewed the last two audits. These worked along the lines of a CQC inspection and the service was rated as such. We saw that the audits focused on different aspects of the service each time and where actions were identified these had been addressed. Such as double-checking medicines audits and arranging MCA training for some staff. Following a visit from a social care professional they told us, "There were a number of actions around completing documentation, all of which have been completed."

The registered manager promoted a positive culture within the staff team. Staff told us they felt supported by the registered manager. One told us, "[Name] listens. I'm happy working here." They said the staff team worked well together and we found this on the day. One staff member said, "When I need help I know I can rely on them." They added, "[Registered manager] thanks me and makes me feel valued. She makes you feel better." Another said, "I feel supported. It's a very good team and we help each other." Staff talked about the values of the organisation and said they were reminded of them regularly. One staff member said, "We are here supporting the guys so they can reach their potential." A social care professional told us, "The manager has a stable staff group which had ensured continuity of care for the residents." In addition the Chairman of Ashcroft is currently the Chairman of the Surrey Care Association which is a forum for managers to meet with their peers to share information, ideas and best practice. Ashcroft had a clear vision and strategy to deliver high quality care and support promotion of a positive culture. We read in the most recent staff survey that staff felt happy working for the organisation. Relatives told us that they got along with the registered manager. One relative said, "I do get invited to review meetings and the manager will get in touch with me if there is anything important."

The registered manager used internal and external resources and experts to enhance knowledge and best practice with regular attendance at managers meetings, where good practice and current topics were shared. This included access to the Surrey Care Association. The manager also attend manager development workshops organised by Ashcroft which covered areas such as responsibilities and accountabilities of a manager. The manager told us in the PIR that they 'received regular supervision from my line manager and have a network of colleagues who we share good practice with'.

Ashcroft recognised good culture and dedicated staff. We read in the staff meeting in September 2017 that two staff had been awarded their long service awards with Ashcroft (10 and 20 years respectively). A staff member told us, "Ashcroft value you. They have encouraged me to do my Level 3 Care Certificate to progress."

Staff were encouraged to provide feedback and suggestions on ways they could improve the running of the house. Meetings took place regularly and minutes were recorded. Each meeting had a different theme such as equality and diversity, end of life, supervision and the role of the keyworker. One staff member told us they had suggested rearranging someone's room in order to give them more space to be able to make their bed. This had happened and had worked well. Another staff member told us that they had asked for a shelf to go in to the shower cubicle that had been installed and this was in hand.

People and their relatives were involved in the running of the house. Regular meetings were held with people. The provider told us in their PIR, 'the service annually carries out a survey of friends, families and advocates of the service users to gain their views and feedback to continually improve the service'. People confirmed that this was the case as relative's told us they received annual surveys to complete in relation to their family member's care. We noted from the results of the 2016 relatives survey one compliment. This stated, '[Name] continues to thrive within the environment. Completely confident in Ashcroft and the service they offer'. We read the notes of the most recent house meetings. We saw staff had discussed the building works within the house, the replacement of the bath and that a work experience student was to commence at the house. A survey carried out with people living in the house had resulted in comments about having a pet, repairing the kitchen and someone not liking doing housework. These comments had been transferred to the registered manager's operational action plan which demonstrated discussions had taken place with people in response to these comments. Updates on Ashcroft as a company and service provider as well as issues pertaining to the learning disability sector were communicated to people and their families in the form of a quarterly newsletter and an annual face to face meeting with the chairman of Ashcroft.

The registered manager was aware of their statutory requirements and duties in relation to CQC. Services registered with us have a duty to notify us of any safeguarding or serious accidents or incidents. We found that the registered manager had submitted appropriate notifications to us in line with their requirements. We also noticed the ratings from their last CQC inspection were displayed in the way that people could see them.