3 Dimensions Care Limited

Ashcroft

Inspection report

30 Ashcroft
Chard
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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Ashcroft provides accommodation with personal care for up to 3 people. The home specialises in providing a service to young adults who have moderate to severe autism and communication difficulties. The home is staffed 24 hours a day.

At the time of the inspection there were 3 people living at the home.

At the last inspection, the service was rated Outstanding.

At this inspection we found the service remained Outstanding.

Why the service is rated Outstanding

The staff team were exceptional in how they supported and enabled people to reach their full potential. They used innovative and creative ways to help people communicate, to learn new skills and overcome situations which had caused increased anxieties. People had flourished since moving to the home and the staff team had ensured people experienced a smooth and positive transition when they moved to the home from children's services.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service was very well led by a registered manager who was committed to enabling people to live their lives to the full and to provide a safe and enabling environment which people called their home. The registered manager was passionate about supporting the staff team to develop their skills and knowledge so they could provide people with the best care and support possible. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

People continued to receive safe care. Risks were well managed which meant people had control over their lives in a safe way. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse.

The home continued to provide a caring service to people. A relative told us "I am extremely happy with the level of care [name of person] receives at Ashcroft and he has been very happy there for several years now." The registered manager said "All of Ashcroft's achievements are because of the strong caring team here and the positive attitude towards caring, developing and supporting the housemates."

People received care which was responsive to their needs and preferences. People had been involved in planning and reviewing the care they received and we found care plans were reflective of people's needs and preferences. Staff used proactive strategies to support people at times of anxiety and to reduce the risk

of behaviours escalating.

Further information is in the detailed findings below.

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 remains good	**Good**
Is the service effective? The service remains outstanding	**Outstanding** ☆
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains outstanding	**Outstanding** ☆

Ashcroft

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 was an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 4 May 2017.
At our last inspection of the service in December 2014 we did not identify any breaches in our regulations.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

The people who lived at the home had very complex needs and were unable to have detailed conversations with us. We therefore used our observations and discussions with staff and a person's relative to help us form our judgements. We were able to meet with each person who lived at the home and we spoke with three members of staff. The registered manager was available throughout our inspection. We also contacted a relative after the inspection

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We looked at a number of records relating to individual care and the running of the home. These included three care and support plans and records relating to medication administration, staff training and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service remains a safe place for people. Risks to people were reduced because there were systems in place to identify and manage risks. These included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking, washing up and doing their laundry. Staff discussed potential risks and possible consequences with people by using social stories, pictures and symbols which helped them to understand. Social stories contained short descriptions of a particular situation, event or activity which included specific information which helped the person to understand what to expect in that situation and why. A plan of care had been developed to minimise risks and these were understood and followed by staff.

People received their medicines when they needed them. Medicines were managed and administered by staff who had received training and had been deemed competent to carry out the task. Medicines were securely stored. Records provided a clear audit trail of medicines entering the home, administered to people and returned to the pharmacy.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff were available when people needed them. For example when a person indicated they wanted a drink, staff supported them to do this for themselves. There was a relaxed atmosphere in the home and people looked happy and comfortable with the staff team and their peers.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

All new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Outstanding ☆

Is the service effective?

Our findings

The service continues to provide outstanding and effective care. The people who lived at the home were unable to communicate their needs through conversation. We observed staff were extremely skilled in communicating with people and in recognising what a person wanted or was feeling. For example we saw one person using limited signing to make their needs known to a member of staff. The member of staff knew exactly what the person was asking and they responded by reassuring the person as they were anxious about another member of staff who had gone out with another person. The person responded positively and indicated they were happy by making a particular sound.

A relative told us "The continuity of staff and their detailed knowledge of [name of person], along with extensive knowledge of his complex behaviours and expectations is particularly important as this can create the difference between a good and bad day for them. All the staff have good knowledge about [name of person] and his [health condition] and have received training around this and the necessary medications."

Each person had a plan of care which provided detailed information about how they communicated and expressed themselves. Staff used a variety of communication techniques appropriate to each person's needs. This included sign language, pictures and symbols to assist with understanding and enable people to communicate more effectively. Pictures and symbols were used to help people express their emotional mood and feelings as well as their physical needs and preferences. These were seen around the home and in each person's bedroom. We observed one person effectively communicating with the registered manager using their tablet computer. The registered manager explained how the person's frustrations around communication had greatly reduced since they started using the device. We saw that although the person was unable to communicate verbally, they were very articulate with the written word and were able to make their needs known.

People were supported to maintain good health and wellbeing and the service went to great lengths to help people understand their health care needs. For example when one person required a blood test, staff had created a social story which used photographs, pictures and simple words to help the person understand what to expect and why the blood test was required. Another person had heightened anxieties about attending the dentist. The person required dental treatment which required an anaesthetic. The registered manager told us how they had worked with the person, the dentist, the person's family, social worker and staff at the home to develop a plan where they introduced practice sessions at the home. These took place over several months and resulted in the person having the required treatment at the dentist without experiencing any anxieties.

Each person had a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP. People also saw professionals to meet their specific health needs such as epilepsy. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The provider employed nutritionists who provided training for staff about how to help promote healthy

eating and varied diets. We were told about one person who ate and drank very little when they first moved to the home and the foods they would eat were very limited. A plan of care was implemented and staff gradually introduced different foods and sensory play with foods over a period of time. The person was now a healthy weight and enjoyed planning and preparing their meals. On the day of our visit we observed the person preparing the lunch they had chosen with minimal staff support.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training in how to effectively support people who were living with an autistic spectrum disorder. Other training completed by staff included effective communication, positive behaviour management, sensory processing, epilepsy and health and safety topics. The majority of the care staff had achieved or were working towards nationally recognised qualifications in health and social care.

The service was accredited with the National Autistic Society. To be accredited they had to demonstrate they delivered effective care and support based on best practice. For example, staff used specialist assessment tools and techniques to enable people to achieve their maximum potential in both educational and life skills development. The service was re-evaluated by the Society every two years to ensure current best practices were implemented and maintained. This was due again in April 2019. The National Autistic Society also circulated regular updates and offered expertise and support to accredited providers.

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. A member of staff told us "I had three weeks shadowing a member of staff which really gave me the time to get to know and understand people. The training and support is excellent."

Staff sought people's consent before they assisted them. Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions for example healthcare appointments/treatment, the management of finances and the use of a listening device for a person who has epilepsy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Good

Is the service caring?

Our findings

The home continues to provide a caring service to people. There was a very happy and relaxed atmosphere in the home and people looked very content and relaxed with the staff who supported them. A relative told us "I am extremely happy with the level of care [name of person] receives at Ashcroft and he has been very happy there for several years now." The registered manager said "All of Ashcroft's achievements are because of the strong caring team here and the positive attitude towards caring, developing and supporting the housemates."

All staff spoke with great passion when they told us about the people who lived at the home. They were committed to empowering people and supporting them to live their lives to the full. A member of staff said "I feel people have a really good life. It's very much their home and I have never worked anywhere so homely. You just know the guys are really happy here and they feel safe and secure." Another member of staff told us "It's so rewarding seeing the guys develop and gain confidence. We have a great staff team who are all committed to the guys. It's not like coming to work and nobody is ever in a rush to go home at the end of the shift."

People were supported by a staff team who knew them very well. They knew what was important to people as well as understanding when a person was feeling even though people were unable to vocalise their needs. People were involved in deciding how and when they received care and support. Throughout our visit we saw people seeking out staff, making physical contact and laughing and smiling. Staff interacted well with people and there was friendly chatter and good natured banter between people and the staff working with them.

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. The service used task analysis breakdown strategies which helped people to better understand and carry out certain tasks. For example we observed easy to read information for one person to help them to follow the process to clean their teeth. The task was broken down into its component parts which enabled the person to carry out the task independently. A member of staff told us "I moved across with [name of person] from the children's service and it is just so amazing to see how they have developed. [Name of person] can do so much now."

The service considered the needs and preferences of people before staff were offered employment. The registered manager told us part of the recruitment process for potential employees included them spending time with the people who lived at the home. Senior staff would observe how the applicant interacted with people and how people responded to the applicant. The registered manager said "Because we know the housemates so well, we can tell whether they are comfortable with the applicant. We wouldn't offer employment unless they were right for the house."

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms were very personalised and had been decorated and furnished in accordance with people's tastes and preferences.

People were able to have visitors at any time and staff supported people to keep in touch with friends and family. Some people kept in touch by telephone or skype and some people went to stay with family members.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in an affectionate and respectful way.

Good

Is the service responsive?

Our findings

The home continues to provide a responsive service. The home was established in response to an identified need to provide continuity of care for younger people with autism who were transitioning from the provider's children's services to adult residential care. Where possible the same care staff moved with them from the children's service. People benefited from continuing relationships with staff they knew well and who already understood their needs and personal preferences.

The service ensured people experienced a smooth and positive transition from the children's services to the home. A member of staff told us "I moved across with [name of person] from the children's service. We came for day visits and we made it a positive fun experience. On the day [name of person] moved in they packed up some of their special bits and pieces and while they were out for the day the staff got together and moved all their other stuff across so that everything was familiar for them. It was really positive."

Each person had a care and support plan based on their assessed needs, goals and aspirations. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Each person who lived at the home had an allocated key worker, who was responsible for advocating and championing for the person. People chose who they wanted as their keyworker. Each evening staff supported people to complete a daily diary where they wrote about what they had done during the day and how they felt during the day. This helped staff understand what had gone well for the person and what had not gone so well.

There were comprehensive behavioural support plans in place which equipped staff with proactive strategies to support people at times of anxiety and reduce the risk of behaviours escalating. The support plans were personal to each person and gave information about possible triggers. The behaviour support plan we were shown gave detailed information about how the person responded to a situation and how staff should respond. This meant the person received a consistent approach from staff which would help to reduce further anxiety or distress.

People regularly accessed a range of activities in the home and the wider community. Staff told us they supported people to make choices about what they wanted to do. The registered manager told us people chose who they wanted to support them with an activity. Two people attended a local college and one person attended a work placement at a nearby supermarket. The registered manager was committed to ensuring that when a person transitioned to the home from the children's services, they had opportunities to continue their education. They said "We have a big focus on education and making sure the young person has the same opportunities as everyone else. Just because they reach the age of 18 doesn't mean they shouldn't have the opportunity to continue." They told us about one person who used the service. They said "We are really pushing for [name of person] to be able to access further education at a local college. When we do, our carers will support them with this."

Staff supported people to go on regular holidays. The registered manager told us about one person who really wanted to join the other people on a holiday to Disney Land but, due to their anxieties, they were

adamant they would not go on an aeroplane. The registered manager said "We did lots of positive work and social planning with [name of person] and it was so successful they were able to get on the plane and had a fantastic holiday. I always think everything is possible."

The registered manager told us about a garden project which had been developed and planned with and for the people who lived at the home. The registered manager explained "This was all based on what the guys liked and looked at how we could help them to pull over some of the skills they had gained at college. For example staff told us about how skilled two people were at woodwork when they attended college. So we have included wooden garden planters in our project which they will make." We were shown a file which contained pictures of the materials required, instructions, how long the task would take and which person would be best suited to be involved.

The registered manager operated an open door policy and was accessible and visible around the home. There was an appropriate complaints policy and procedure in place. An easy to read guide was available in the home to explain how people could make a complaint. There were also cards around the home with signs and symbols people could use to express how they were feeling. For example a sad face or thumb down sign to express sadness. The home had not received any complaints in the last year.

Outstanding ☆

Is the service well-led?

Our findings

The service continues to be very well led. 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.

The registered manager was very visible in the home and it was evident people were comfortable in their presence. From our observations and discussions with staff it was clear to see the registered manager's ethos and vision for the home had been adopted by staff. The registered manager told us "Our vision for Ashcroft is to ensure the home has the Housemates best interest at the heart of every decision we make, that we provide a relaxed space where housemates feel cared for, safe and respected and that the space is their home above anything else. We come to work in their home and not that they live in our place of work." This was echoed by the staff we met with.

A relative told us "[Name of registered manager] is an amazing manager. She is always contactable; in fact I have her private mobile for emergencies. Her professionalism, kindness and support for [name of person] have been unwavering in the seven or eight years I have known her. [Name of person] and I are extremely lucky to have her."

There was a positive culture within the service where there was an emphasis on empowering and involving people whatever their disability. For example, the service was not risk adverse and it was proactive in enabling people to have control over their lives and to receive care and support which was personal to them. One example was the person centred approach to developing life skills and managing anxieties. Another example was the innovative systems in place to help people to communicate and enable staff to have a greater understanding of what a person may be thinking or feeling.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was very good and staff told us they felt very well supported. A member of staff said "We have a great staff team and [name of registered manager] is amazing. Everything we do is about the housemates. The training we get is really good." Another member of staff said "[Name of registered manager] is the best boss I have ever worked for."

The registered manager was passionate about ensuring staff had the skills and training to meeting the needs of the people who lived at the home. They said "I ensure I keep my skills and understanding of Autism up to date. I attend training, conferences and complete online training in this field and then feedback my knowledge to the team through house meeting, supervision and writing training myself for 3Dimensions [the provider]. I encourage staff to attend and complete the same training I have done to support their

professional development. This year I completed my level 2 in Autism and from this five members of my team have chosen to also start this qualification."

The provider had comprehensive quality assurance system which monitored and improved the quality of the service provided. The registered manager carried out weekly and monthly audits on all aspects of the running of the home and the quality of care people received. They also reviewed care records to provide weekly reports to parents on people's well-being and development. The provider carried out monthly quality assurance visits to the home to review key aspects of the service and to meet with people and the staff.