

Three Ashes (SW Care) Ltd

# Three Ashes Residential Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Three Ashes is a residential care home providing personal care to people aged 65 and over. People living at the service may be living with dementia, physical disability or sensory impairment. The service can support up to 11 people accommodated in one adapted building. At the time of the inspection there were eight people living at the service.

There have been several changes in owner and management of the service in recent years, the current provider was registered to provide the service by CQC in April 2019. The registered manager had managed the service since the previous registered manager left in February 2018.

### People's experience of using this service and what we found

People living at Three Ashes did not appear to have been affected by the change of provider as the majority of the staff team, including the manager, had not changed. People enjoyed living in a small service, where staff knew them well and always had time for them.

Systems to monitor the quality of the service were in place and there was good communication between the service and the directors/new owners. However, governance systems needed further development to ensure they were robust and would reliably identify any improvements needed at the service. People, their relatives and staff had confidence in the registered manager and spoke highly of them and the nominated individual. People's needs were put first in a friendly, positive and inclusive service where the management team were committed to ongoing improvement.

People felt safe and were assured their needs would be met with respect and dignity. They were confident in the staff who supported them. One person said, "I'm very very pleased with the staff, none of them are nasty or don't do what I want." Risks to people were managed through the timely involvement of health professionals when needed and through reviews of people's needs when these changed. Environmental risks, such as fire and infection control, were managed safely. There were enough suitable staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to make healthy choices and access health care services. Staff received effective support and were encouraged to develop their knowledge and skills and complete appropriate training for their role.

People were supported in a friendly and caring service where they were treated with respect and kindness. People's privacy was upheld and they were supported to maintain their independence as much as possible. People and/or their representatives were always involved in the planning and review of their care. One relative said, "I think they're very nice, very personal, attentive to each one personally. I know mum is looked

after the way I would do it."

People's individual needs and wishes were understood by staff who had established positive and warm relationships with them. People enjoyed some activities in line with their interests. Work was ongoing to improve the provision of meaningful activities and increase people's involvement with their local community. People were supported to follow any cultural interests and beliefs and to maintain contact with the people who were important to them. People and their representatives were able to raise concerns about the service and these were addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 May 2018) and there were two breaches of regulation. Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection the service was rated as requires improvement in well-led and good in all other areas and therefore good overall.

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. We will ask the provider to keep us updated on the progress made to improve the rating of the key question 'Is the service well-led?' to at least good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Three Ashes Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

Our inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced. The second day was arranged with the service to ensure the nominated individual could be present.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with all eight people who used the service, four of whom were able to give meaningful feedback. We also spoke with two relatives about their experience of the care provided and observed interactions between people and staff. We spoke with five members of staff including the nominated individual, registered manager, two care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medication records and documents relating to the Mental Capacity Act and Deprivation of Liberty Safeguards. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and reports were reviewed. We read a report by Inclusion Gloucestershire. (This charity works on behalf of people with disabilities, to ensure they have a voice and any needs related to protected characteristics, set out in the Equality Act, are met by the service.) We also looked at the commissioner's report and action plan.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service and received written feedback from commissioners.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives had no concerns about people's safety at the service. One relative said, "You can walk in any time and they're not fazed by it."
- People were supported to keep safe as staff followed the systems and processes in place. All staff we spoke with had a good understanding of safeguarding procedures including the roles of outside agencies. Staff knew how to identify signs of abuse and could give examples of how to protect people from harassment and discrimination.
- The registered manager worked with the provider and relevant agencies to safeguard people. For example, when safeguarding concerns had been raised about one person's care by another provider, this was investigated by the registered manager in co-operation with the local authority. When people were unable to manage their money independently, appropriate support was provided through referral to the local authority support team.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to keep them safe. Related support plans were in place and staff followed these. For example, one person living with dementia was at risk of anxiety related behaviours. Staff knew the person well, could tell us what time of day this might happen and how the person could be distracted or diverted into a calmer mood state. Minimal use of 'as required' medicines had been needed to help manage this person's behaviours.
- Risks were reviewed regularly and in response to an incident/accident or change in needs. For example, following a fall resulting in serious injury while in hospital, health professionals had been involved to ensure new risks to one person were managed safely while they recovered. When changes in one person's ability to swallow had been noted, a prompt referral to speech and language therapists (SLT) was made. Advice from health professionals was included in people's support plans.
- Environmental risks had been assessed and action taken to reduce these through regular tests and monitoring. A business continuity plan was in place. Staff were trained to manage emergencies and an evacuation plan (PEEP) was in place for each person in case of fire.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work. Staff induction and a settling-in period were used to ensure new staff understood the systems and processes to be followed to maintain safety. Staff performance was monitored by the registered manager to ensure the provider's expected standards were met.
- There were enough staff with the right skills and experience to meet people's needs. One person and one

relative we spoke with identified specific times when they believed having more staff on duty would be beneficial, however, this view was not shared by others including staff. Our observations demonstrated staff worked in an unhurried manner and had time to sit and talk with people, this was supported by positive feedback from health professionals.

- People were supported by a stable staff team who knew them well. No agency staff were needed as regular staff, including the registered manager, covered any staff absences.

#### Using medicines safely

- People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed.
- Staff who administered medicines had received training and their competency was checked. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

#### Preventing and controlling infection

- Cleaning routines were in place to ensure the service was clean and free of unpleasant odours. People and their relatives were happy with the cleanliness of the service.
- Infection control procedures were followed to reduce the risk of infection to people. For example, staff wore protective aprons and gloves when delivering people's personal care, colour coded cleaning equipment was used to minimise the risk of cross infection and laundry arrangements ensured soiled laundry was managed safely.
- The kitchen had been awarded a food hygiene rating of '5' by the Food Standards Agency on 8 July 2019. This is the highest standard, also known as 'very good'. Specialist contractors checked the health of the water system.

#### Learning lessons when things go wrong

- Lessons had been learned in response to poor outcomes and incidents. For example, following the safeguarding concern, the service worked with the local authority to improve how staff managed risks for people who may become constipated. This included staff training and related documentation. Medicines storage and checking procedures were reviewed and updated following theft of one person's medicine, to prevent a reoccurrence.
- When the registered manager noted staff were not consistently following infection control policies, reminders were cascaded to staff to ensure these were followed at all times.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff training and supervision had not always been effective in ensuring staff had the skills and competency to support people effectively. We found the changes made following the inspection were effective and had been sustained.

- People were supported by staff who had suitable training for their role. Staff who were new to care completed the care certificate. (A set of national standards that health and social care workers adhere to in their daily working life). Some staff had further qualifications in social care.
- Staff completed a basic training programme, set by the provider, with updates at agreed intervals. This included, moving and handling, first aid, health and safety and safeguarding. Staff also received training specific to the needs of people using the service, such as behavioural support, dementia awareness and diabetes awareness.
- Staff felt well supported by their managers and colleagues. One staff member said, "If I ever need help, I just need to ask." Staff had one to one support meetings (supervision) to check their learning and development needs and an annual appraisal of their performance. Staff were highly positive about the support they received from the registered manager. One staff member said, "[Name] is very very good. Excellent with staff, understanding and supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives.
- People's support was planned and delivered in line with professional standards and guidance. For example, the effectiveness of 'as required' medicines were recorded.
- People were supported by staff who received training in legal requirements related to equality and diversity. Staff supported people to access healthcare as needed.
- Technology was used to help people remain independent. For example, one person who was at risk of falls had a sensor mat to next to their bed to alert staff if they got up at night. Another person used messaging software to keep in touch their family who lived some distance away.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy balanced diet, prepared from fresh ingredients. Their dietary needs and choices were included in their support plans and catered for by the cook, who we saw speaking to people to find out if they enjoyed their lunch. People told us they could have an alternative if

they didn't like what was on the menu. People's cultural and religious food preferences were met.

- Staff completed training in food hygiene and understood people's support needs. Staff knew how people's food should be served to ensure they could eat safely and responded to changes in their needs. For example, one staff member said they had started to assist one person who was "struggling" to eat as they were, "not judging the angle or distance".
- People's weight was monitored to ensure they had enough to eat and staff acted when people were not eating well. For example, one relative said staff informed them their relative was 'off her food' and had suggested getting some treats. These were kept in the kitchen to be offered as and when. The cook had access to NHS information on fortifying food should this be needed.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent and effective care as staff were quick to refer them to health professionals, for example, to ensure the equipment they needed was available. The registered manager liaised with hospital staff to ensure they understood people's needs before discharge to the service. One health professional said, "When people are discharged [from hospital] they [staff] contact us quite quickly. They are pretty good."
- People were supported by staff who referred them to health professionals in a timely way. Records demonstrated health professionals were involved promptly when staff had concerns about people's well-being. One relative said staff, "could tell when [their relative's] not well."
- Staff communicated changes in people's needs and treatment during handover and in daily records. For example, following a visit from the person's GP. One person told us they, "had a visit from the doctor yesterday" and knew if they needed medical care staff would respond.

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

- The building had been adapted to meet people's needs. Accommodation was provided over two floors with bedrooms located on the ground and first floors. The ground floor was wheelchair accessible. A stair-lift assisted people with limited mobility to access the first floor. Most bedrooms had en-suite facilities, a bathroom with bath chair was located on the first floor.
- Signage and distinctive colours were used to assist people with dementia and/or limited sight to orientate themselves within the building.
- The nominated individual told us changes to the gardens were planned to improve access for people with limited mobility and to create smaller outside spaces, where people would enjoy sitting. Raised beds were to be added, to be used by people who enjoyed gardening.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access preventative health care and specialist treatment if needed. For example, one person attended a hospital appointment with staff support during the inspection. Records showed people received dental and optical care at recommended intervals.
- People had access to some physical activity. Those who were able could walk in the extensive gardens. Everyone living at the service enjoyed the weekly 'musical movement' sessions.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was routinely sought by staff, before providing care or support to them. For example, when giving medicines, staff checked one person was ready to take them before they prepared them. When one person asked what their medicines were for, the staff member answered in terms the person understood.
- Assessments were carried out when people's capacity to consent was in question. Mental capacity assessments informed risk assessments and support plans, to ensure people were supported in the least restrictive way. People's support plans described what decisions they could make for themselves and what they needed support with. For example, some people managed their money with support from the local authority.
- Applications for DoLS authorisations had been submitted when required and renewal dates were monitored to ensure applications were submitted in a timely manner. One DoLS authorisation was in place, no conditions were attached to the authorisation.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with said the staff were kind and caring. Comments included, "The staff are good, kind, can't do enough for you" and "The staff are exceptionally kind, they do anything for you, you could love them all. Their attitude is wonderful. I've never been looked after so well."
- Staff received training in equality, diversity and inclusion and demonstrated commitment to meeting people's needs. For example, they picked up additional shifts to cover staff absences as they preferred people to be supported by staff they knew.
- Staff provided emotional support to people and their close relative's when needed. For example, one person was admitted to the service on the day their spouse passed away. All staff responded, one said, "We wanted to be able to support them above and beyond. Making sure [person] and their family had everything they needed. For example, had they eaten?"
- Staff described a caring working environment, where their well-being was supported. One staff member said, "The staff here are so different to the people I've worked with before. Like a family, we make sure everyone's ok."

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

- People were offered choices in day to day decisions, including how they spent their day and what they wanted to eat. Staff respected people's choices. For example, during the inspection, one person stayed in bed until the afternoon, when they wanted to get up.
- People and their relatives, (where appropriate), were routinely involved in reviews of their care and support needs. People's wishes were evident in their support plans and relatives told us they felt involved. One relative said, "I think they're [staff] very nice, very personal, attentive to each one personally. I know Mum is looked after the way I would do it."
- House meetings were held regularly, where people living at the service gave their views, for example, about things they wanted to do and meals. People's requests had been acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained by staff and their independence was promoted. People's support plans described what they could do for themselves and what they needed help with. For example, one person had managed their own medicines.
- We observed staff intervene on two occasions to ensure one person's dignity was maintained. Both times, staff quietly supported the person, without alerting others or causing distress. For example, the staff member said, "Shall we do your buttons up?" to which the person replied, "thank you"; The staff member

then diverted them by asking, "Which way are you going?"

- One relative told us on one of their first visits to the service staff, "coped with [person] beautifully and maintained [their] dignity" in response to an incident they observed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which was personalised and responsive to their needs. For example, the cook prepared cooked breakfasts to order for the time the person wanted them. One relative told us, "There are lots of personal touches too. They [staff] know mum likes cockles and mussels and one staff member brought some in for her. I've seen them doing similar things with other residents too."
- Staff responded to changes in people's needs and wishes, for example, they described activities they would offer to help lift one person's spirits if they were having a bad day.
- We observed staff following people's wishes. For example, one person preferred to take their medicines after they had eaten; Staff checked they had finished eating before offering support.

Meeting people's communication needs

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

- People's communication needs had been assessed and details of any adaptations needed were recorded. Information about 'glasses' and hearing aids and when the person used these was recorded. When people's ability to express themselves, or understand others, was impaired information about how to communicate with them effectively was in their support plan.
- People's support plans showed evidence of their involvement in discussions and decision-making about their care. When people were unable to participate, their relatives were consulted. Information about the service and other documents, such as complaints, were available in an easy read format.
- Staff adapted their approach to assist people with sensory loss to interpret what was happening around them, to help maintain their independence and offer reassurance. For example, we saw one staff member assisting a person with dementia and limited sight to eat, letting them know what was being offered and prompting them to eat. The person responded with, "Oh yummy, yummy", to which the staff member replied, "I'm glad you're enjoying it."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with others who were important to them. This included supporting them to make internet and telephone calls, to arrange visits and to celebrate special occasions, such as birthdays and religious holidays. For example, people's (and staff) families, including grandchildren, were invited to an Easter egg hunt. Plastic eggs had been hidden around the garden and people helped

count how many each child collected. The registered manager said, "It brought so much laughter to residents."

- We received mixed feedback about the quality and variety of activities available to people. Some people and one relative felt there wasn't enough to do, one relative felt people didn't need "to be stimulated all the time." The service was working with the local authority to improve this aspect of the service, including reviewing people's interests and exploring options with local community groups. A staff member had recently been employed to lead on activities. We observed people having one to one time with staff, including reading and discussing the daily paper. Staff told us singing and exercise sessions were very popular.

#### Improving care quality in response to complaints or concerns

- There were arrangements in place to listen to and respond to any concerns or complaints.
- Information was provided to people and their representatives about how to make a complaint. People (and their relatives) said they were happy to speak with the registered manager or provider's representative about any concerns or queries.
- Previous complaints had been investigated and appropriate action taken. No complaints had been made since our previous inspection.

#### End of life care and support

- Staff had provided end of life care to one person since our last inspection. A health professional said the service managed this person's care "nicely" and contacted them when the person, "had any pain at all." The registered manager made funeral arrangements for one person who had died in hospital, this included a memorial tea for everyone at Three Ashes.
- Staff had received end of life training and worked closely with health professionals to ensure people's specialist needs were met. One staff member said, "The doctors came up quite a lot. The district nurses were fantastic." Staff described end of life care they had provided using terms such as, "lot of dignity" and "comfortable."
- People's wishes for end of life had been explored and documented and they were cared for by staff who knew them and cared about them. One staff member said, "It's a difficult time for everyone. You build that bond with them. Staff also support each other."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This was because the governance systems were not always robust enough to support the delivery of high-quality, person-centred care.

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

- Systems to monitor the quality of the service were in place, including good communication between the service and the directors/new owners. However, the systems in place required further development to ensure they were sufficiently robust to identify any improvements needed. In response to our inspection feedback, improvements to quality and governance systems were underway. However, it was too soon to assess how effective these improvements would be.
- The registered manager and team leaders completed regular audits, including people's support plans, medicines and infection control. Peer quality reviews were carried out by the manager of a sister service. The outcomes of audits and incident monitoring were reviewed by the nominated individual, who supported the registered manager on a day-to-day basis. These audits were time consuming to complete but had offered relatively few action points and limited insight to where improvement was needed. This was evident as minor areas for improvement were found by all three external reviewers in 2019, including CQC. For example, we found the level of personalisation and detail in some support plans was lacking and not all environmental checks could be readily evidenced. These issues were addressed during the inspection and had not impacted on people's well-being or safety at the service, because staff knew people so well.
- Weekly and monthly status reports were presented to the directors and these informed their decision-making. However, action taken by directors to address any concerns and mitigate risk were not always well documented. The directors understood their responsibilities, visited the service bi-monthly and spoke with the nominated individual several times a week.
- The registered manager understood their regulatory requirements and had notified us when required to do so. When uncertain they sought and acted upon advice given, for example, by CQC and the local authority safeguarding team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The service was open and transparent in responding to concerns and working with external agencies. For example, when a concern was raised about the care one person had received, a full investigation was completed and relevant agencies were informed of the outcome.
- The service was open to feedback from others, including commissioners and Inclusion Gloucestershire, (a charity and user led organisation which carries out quality assurance checks of care services), who both visited the service in 2019. All recommendations made as a result of these visits had been completed. One



commissioner described the registered manager as, "eager to take on board any support and guidance and move the service forward."

- When need for improvement had been identified, the service worked closely with the local authority Care Home Support Team. This ensured required standards were met, for example, through providing staff training to support people with specific care needs.
- A representative of the service attended the Gloucestershire Meaningful Activities Network and the provider was a member of the Gloucestershire Care Provider's Association (GCPA).

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

- The service had undergone a number of significant changes since the last inspection including change in ownership, a new registered manager and new directors. Despite this, we found a settled and happy staff team who described a positive, open and supportive culture.
- The provider's aim was, "to provide the highest standard of care in a traditional and homely environment." Comments from people, relatives and staff demonstrated this was how people experienced the service. Everyone we spoke with said they would recommend Three Ashes.
- People, relatives and staff felt valued and were happy to speak with the senior management team. People's needs and well-being were prioritised and staff were inclusive in their approach. Health professionals said people, "look well cared for" and "always seem happy, they rate the food. Staff are really nice and helpful. They [staff] report any concerns."

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

- The registered manager and nominated individual were visible and accessible to people using the service, staff and visitors. An open and transparent approach was evident during times of significant change to the service. For example, regular meetings were held to keep people, relatives and staff informed during the recent change of ownership.
- Feedback from was sought all parties when changes to the service were planned and to evaluate the service provided. Action was being taken in response to people's feedback to the annual survey. For example, some people had expressed a wish to do more gardening and others suggested improvements to the outdoor areas, so more people could enjoy them. A proposal for this work including creating raised beds, more enclosed areas and improved walkways was due to be discussed with directors.
- People, staff and relatives told us they felt comfortable approaching the senior team. For example, a staff member said, "[Registered manager] is always calm and always has the solution. She's great, professional boundaries are maintained but she's approachable." One person said, "[Registered manager] is very helpful, she knows my story." Staff told us their ideas and suggestions were welcomed and listened to.