Care Quality Commission

Tinkle Ltd

Ashbourne

Inspection report

Byways, Selsey,
Chichester, PO20 0HY
Tel: 01243 604 612

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on 01 and 08 April 2015.

Ashbourne is a residential care home that can accommodate up to 18 older people. It is situated in a residential area of Selsey, a short distance from the sea in West Sussex. At the time of this inspection, there were 15 people living at the home. The registered manager told us that most people required help with moving and mobility and some people were living with dementia. Two people required full assistance with all aspects of care. Other people required encouragement and prompting and others minimal supervision.

During our inspection the registered manager was present. 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.

People told us that they felt safe in the home. Staff understood the importance of protecting people from harm and abuse. Staffing levels ensured that people received the support they required at the times they

Summary of findings

needed. An overall, formal dependency assessment tool for deciding staffing levels was not in place. Despite this we observed that on the day of our inspection there were sufficient staff on duty.

External entertainers visited the home at least once a week to provide activity sessions for people. The home had recently introduced a new activity of 'Informative Talks'. This was an entertainment and reminiscence service that used digital technology with pictures, video and music to involve people and encourage mental stimulation.

The registered manager had sought people's consent and acted on advice when she thought people's freedom was being restricted. Best interest decision making pathways had been followed for people who did not have the capacity to consent. The registered manager had completed mental capacity assessments and made DoLS applications when required. This meant that people's rights were protected.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff said that they felt supported by management to undertake their roles. They received an annual appraisal. However, they had not been receiving regular, formal, supervision that would support their development and allow the manager to formally monitor staff practice.

People's nutritional, health and personal care needs were assessed, planned for and met. When recommendations were made by external healthcare professionals these were acted upon to ensure people received the care and support they required. Staff knew the needs of people and treated people with kindness and respect. People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. Assessments and care plans were detailed and informative and could be used to monitor that people were receiving effective treatment.

People told us that they exercised a degree of choice throughout the day. For example, what time they got up, went to bed, where they ate and what help they needed. Everyone said that management and staff at the home were approachable and listened to people's views, opinions and concerns. People said that they would speak to staff if they were worried or unhappy about anything.

Medicines were managed safely. Care records were clear and gave descriptions of people's needs, including any potential risks and included instructions how these should be managed and met safely.

Risks to people's safety were assessed and actions taken to reduce reoccurrence where possible. Staff were knowledgeable about the individual needs of people. Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques.

People's privacy and dignity was promoted. Staff understood the importance of respecting people's rights. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks.

People said that the home was well-led and that management was good. A variety of tools were used to obtain and act on feedback from people. The registered manager showed a commitment to improving the service that people received and ensuring her own personal knowledge and skills were up to date. A range of quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us that generally there were enough staff on duty to support them and meet their needs.

People received their medicines safely.

Potential risks were identified and managed so that people could make choices and take control of their lives. Staff knew how to recognise and report abuse correctly.

Good

Is the service effective?
The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and Ashbourne was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People were supported to eat balanced diets that promoted good health. People were supported to maintain good health, had access to healthcare services and their healthcare needs were met.

Good

Is the service caring?
The service was caring.

People were treated with kindness and positive, caring relationships had been developed.

Staff knew the needs of people and ensured people's privacy and dignity was maintained.

People told us that they exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment.

Good

Is the service responsive?
The service was responsive.

People received individualised care that was tailored to their needs. They had access to activities that provided stimulation and entertainment.

People felt that they were listened to and systems were in place that supported people to raise concerns.

Good

Is the service well-led?
The service was well led.

The registered manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Good

Ashbourne

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 02 and 08 April 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of older people and dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from five external professionals who provide a service to people who live at Ashbourne and with their consent have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

We spoke with 14 people who lived at Ashbourne and five relatives. We also spoke with three care staff, the deputy manager, the registered manager, the nominated individual and a visiting nurse.

The majority of people who lived at the home were living with dementia at different stages. Many of these people were unable to hold long conversations with us. We had to keep questions at a basic level that only required a yes or no response coupled with observing facial expressions and body language.

We observed care and support being provided in the lounges and dining areas. We also spent time observing the lunchtime experience people had. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for four people and other records relating to the management of the home. These included staff training, support and employment records, quality assurance reports, policies and procedures, menus and accident and incident reports.

Ashbourne was last inspected on 13 August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People who lived at Ashbourne and their relatives said that there were enough staff on duty to support people at the times they wanted or needed. Half of the staff that we spoke with said that at times they did not feel there were sufficient staff on duty. One member of staff said, "There should be one senior and four care in the mornings but if people ring in sick mornings can be a struggle as some people are need two staff to move them. They try and get cover but can't always. Then everything is rushed." Another said, "We don't have time some days to do the laundry. The priority is the residents when we are short staffed".

The registered manager told us that staffing levels consisted of five staff in the mornings, four staff in the evening and two awake staff at night when the home was at full occupancy. Since March 2015 staffing levels had consisted of four staff in the mornings. The registered manager told us that this reflected lower numbers of people who currently lived at Ashbourne. Staff had raised concerns with the registered manager during staff meetings about staffing levels. As a result, the manager had attempted to change the morning shift start time for two staff from 8am to 7am so that there were additional staff to help people get up of a morning. She said that this was not always possible if staff have other commitments outside of the home. In addition to this domestic and kitchen staff were allocated to shifts so that care staff were able to focus on supporting people with their needs. The registered manager explained that dependency assessments were completed as part of the pre-admission assessment for individuals and then reviewed as part of the care planning process. The individual assessments did not look at the service as a whole and assess areas such as the size and layout of the building.

Despite this we observed that on the day of our inspection there were sufficient staff on duty. Staff were available for people when they were needed. When call bells were activated these were answered within one minute. At no time were people left unsupervised in communal areas. There was always a member of staff present, even if they were cleaning or catering staff, if not care staff.

The pharmacist who audits the homes medicines told us, 'With regards Ashbourne, I have done their annual pharmacy advice visit both in April 2013 and again in May 2014. The visit involves looking at the MAR charts checking they are used correctly, checking the medicines are stored appropriately, fridge, CD cupboard and talking with the manager/member of staff heavily involved in the medication and the processes involved. Recommendations I had made in April 2013 had been implemented by May 2014 on my return visit. The home puts medication requests in to the surgery in good time and we have a good communicative relationship with the homes staff. Both the manager and the member of staff I spoke with, seemed genuinely very caring and concerned about their residents and their medication. They knew what each resident was taking and asked me questions about other formulations etc. to make taking their medicines easier, for those that were struggling'.

Medicines were ordered in a timely fashion for continuity of treatment. There were systems in place for ordering and disposal of medicines. People's preferences on how they liked to take their medicines were recorded on the profile sheet at the front of each Medicine Administration Record (MAR) chart. We watched medicines being given to people and saw that these were given carefully and considerately. Where it was necessary to dissolve tablets in water, this was done very patiently. Two people who were slightly reluctant were persuaded gently and slowly to finish up the dose, which both did, without any distress. The member of staff giving people their medicines allowed people to finish their meals first, and then returned shortly to administer and supervise it. On the first day of our inspection we noted that staff were not always recording when they had applied prescribed creams and lotions to people. When we returned on our second day the registered manager had reviewed the recording system and introduced additional daily checks to ensure all prescribed medicines were signed for when administered.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled medicines were stored safely and separate records maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One relative said, "I know he's safe because he never gets anxious and agitated here, like he was at the last place. He's responded well here right from the beginning".

Good

Is the service safe?

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. The registered manager was able to explain about when to report concerns and the processes to be followed to inform the local authority and the CQC.

Risks to people were managed safely. Risk assessments were in people's care records on areas that included moving and handling, falls, behaviour and skin integrity including pressure ulcers. Accidents and incidents were looked at on an individual basis and action was taken to reduce, where possible, reoccurrence. The registered manager also completed a monthly review of accidents and incidents in order to identify patterns and to ensure appropriate action if needed was taken. A relative told us, "He can't walk on his own now, and was under the Falls Prevention Clinic. The home acted on their recommendations. He did fall once. He didn't do any harm to himself, but they rang me immediately."

Hoists and stand aids were used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. One member of staff said, "Some people need help to move using the hoist. Two staff do this, one to guide and one to explain. There are different sling sizes and information is on the hoist to inform us how to use equipment safely." We observed two staff supporting a person to move safely from a wheelchair to an armchair in the lounge using a stand aid. They did this safely and explained the process to the person, telling them what was happening and provided reassurance. We noted that very few of the people who lived at the home were able to walk on their own. Staff assisted as much as necessary without sacrificing the individual's independence. We observed one person being asked if they wanted to walk the distance to their room, or would they prefer a wheelchair. The person chose the wheelchair. We also observed the same person walking shorter distances to the bathroom and dining room with staff assistance.

Recruitment checks were completed to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

Good

Is the service effective?

Our findings

Staffs understanding of the Mental Capacity Act 2005 (MCA) and of the Deprivation of Liberty Safeguards (DoLS) varied. With regard to DoLS one member of staff said of this, "You have to get a certificate if locks are used on doors as you're preventing people getting out". Another member of staff was not able to explain any aspects of the MCA or DoLS. Of the 23 staff employed, four had completed MCA training. Training in this area was due to take place in July 2015.

Ashbourne was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager had submitted 11 DoLS. The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe.

During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. Doctors from a GP Surgery who regularly visited the home said that people received good medical care. One told us, 'I have never had any concern with the care that is provided at Ashbourne. The senior staff always seem on the ball and attentive to the residents problems and call us appropriately to visit when a client is unwell. The clients are safe and I have never had a concern that they are not well cared for'. A community psychiatric nurse said, 'When visiting Ashbourne I was always made to feel very welcome. Staff were attentive and willing to work with me to improve the care of the service users. The manager, deputy manager and the carers all showed a desire to do the best for their residents and admitted if they were having problems. They liaised well with me, the GPs and, when needed, the Dementia Crisis Team. If staff had any concerns they would phone for advice or request a visit. They always appeared to be aware of each individual's needs and were prompt in delivering and meeting these needs. The residents always looked well cared for and the atmosphere in the home was cheerful and friendly'.

Assessments and care plans were detailed and informative and could be used to monitor that people were receiving effective treatment. One person had bruising to their hand. This was clearly illustrated and mentioned in the person care plan along with a diagnosis. No treatment was currently necessary. Another person had a chesty cough. This too was recorded in their care plan and was being dealt with appropriately with the involvement of the persons GP. Staff looked at people's body language and facial expressions to help decide if people who could not tell us due to living with dementia if they were in pain. The home used the Abby Pain Scale Assessment Tool to help ensure people living with dementia received appropriate pain relief if required. This is a formal, nationally recognised pain assessment system. People's current health needs were recorded on their care records.

We observed the lunchtime meal experience. There was a calm and relaxed atmosphere, with some chat between staff and people and from table to table. Most people managed to eat their food without help, but some needed food cut up. A blind person had their plate described to them by a member of staff. They explained, "At 12 o'clock it's roast gammon, then from 3 to 6 o'clock its roast potatoes, and 6 to 12, there's carrots, cabbage and parsnip. Is that OK?" The member of staff directed the persons hand and spoon, to each sector of the plate as it was described. As a result the person was able to eat most of their lunch independently.

Good

Is the service effective?

The meals looked and smelt good. There was a choice of home cooked meals which people appeared to really enjoy. People had a choice as to where they wanted to eat lunch; in their rooms, or in the lounge, or in the dining room. Staff at all times remained helpful, kind, chatty and relaxed when sitting and assisting people. In between meals we saw that people had drinks within reach at all times, and sufficient tables to put them on. Small bowls of finger-bite sized fruit were given out during the morning and afternoon when the tea/coffee trolley came round. This proved popular with most people, especially as there were biscuits too, and home-made cake.

Care plans included information about people's dietary needs and malnutrition risk assessments. Food and fluid charts were completed and weight recorded where needed. Care plans included people's food likes and dislikes, food allergies and specific dietary preferences.

People said that staff were sufficiently skilled and experienced to care and support people to have a good quality of life. A relative said, "The manager and staff are excellent. They really go the extra mile. I fell myself once, on the way here, and they came to me and helped me, there in the street! Another relative said, Another relative told me "When mum came out of hospital, she couldn't walk, couldn't cope; so we looked at some homes. When we came to look here we loved the manager immediately, so mum came here. She's happy here, comfortable and safe. Lovely home."

Staff received an annual appraisal that allowed them to discuss their learning and development needs. Support systems for staff were in place such as one to one supervision and group staff meetings however, this had not been provided consistently or at the frequency as described in the providers written procedure. The registered manager acknowledged that further work was needed in this area to ensure all staff received regular and formal support.

Staff said that they completed an induction at the start of their employment that helped equip them with information and knowledge relevant to the care sector they were working in. A member of staff told us, "When I was doing my induction I never worked alone. I was always with experienced staff. I observed how people were cared for and started my training. This lasted for about two weeks. And I had to read the residents folders". Training was provided during induction and then on an on-going basis.

Training records confirmed that 23 staff were employed at the home; two general assistants, one cleaner, two cooks, four senior care staff and 14 care staff. Of these, 19 had completed training on safeguarding of adults, 10 dignity and compassion, 22 fire, 10 medicines, five infection control, 18 moving and handling, eight first aid and eight food hygiene. Some staff had also completed training specific to the needs of people who lived at the home. This included six staff having completed training in dementia awareness, seven on equality and diversity, eight on oral health, four on end of life care and four on incontinence.

Further training booked for the forthcoming year included first aid, safeguarding of adults, infection control, medicines, equality and diversity and Parkinson's awareness. This demonstrated a commitment by the registered manager to provide training to staff that equipped them with the knowledge needed to care for people effectively.

Good

Is the service caring?

Our findings

People said that they were treated with kindness and respect. One person said, "I liked it here straight away. The girls are very affable; everybody's very solicitous. Two young girls looked after me last night when I had a bilious attack – it was horrible, but they were so nice to me." Another person said, "I like to have a laugh with the girls; they're very good. I chose this room as they walk past this window and always wave to me!" A relative said, "The night staff are so patient when he gets disorientated; they are all kind to him, and also kind to me!"

We saw frequent, positive engagement with people. Staff on duty appeared very dedicated and committed. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed. We heard staff speaking kindly and in a polite manner to people. Comments included, "Are you comfortable? Would you like a pillow?"

The registered manager told us that she spent time with people in order to build relationships of trust and to monitor how staff treated people. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the registered manager's company.

People were supported to express their views and to be involved in making decisions about their care and support. All the relatives that we spoke with said that they were very much included in the details of their relatives' care and were consulted and updated as often as daily. They were all informed about GP visits, and anything out of the ordinary, which reassured them about the safety and care provided to their family members. Each person was allocated a key worker who co-ordinated aspects of their care. Some people had signed their care plans which indicated they had been involved in their compilation.

People's privacy and dignity was promoted. When one person needed to be taken to the bathroom staff spoke quietly in their ear so that other people in the room did not overhear and explained that they would help them. This showed that staff understood the importance of maintaining the person's privacy and dignity.

Care plans included people's preferences with regard to the gender of staff who supported them with personal care and we saw that this was respected. Staff understood the importance of respecting people's rights. People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. Some people were seen wearing colour co-ordinated outfits and non-slip footwear. Several people were wearing clean reading glasses and many ladies had their nails painted. Two relatives told us that they visited most days and always saw the same, good, level of caring and attention to detail whenever they visited.

Good

Is the service responsive?

Our findings

People said that they were happy with the choice of activities on offer and in particular the numbers of party occasions. One person said that the chef, "Does wonderful buffets, and bakes super cakes, and makes it feel like a real party – not just Christmas and Easter, but people's birthdays and everything". Another said, "Sometimes the girls take us out in their cars, when the weather is nice. That's kind." People also told us that they enjoyed the outside entertainers who visited the home. They said that they had seen and enjoyed a comedian, a guitarist, a lady harpist and a sing-along person with an organ.

We found that Ashbourne had a distinct family feel that produced a certain unity of residents and staff. There was no activities coordinator as such with all care staff having a responsibly to participate in a programme of activities. On the first day of our inspection we observed people participating in a sing-along in the lounge which people really appeared to enjoy. One person was seen singing with gusto, laughing and kicking her feet, and others using tambourines and maracas, with evident enjoyment. The home arranged for at least one external entertainer to visit each week to provide stimulation to people. These included a reminisce session and musical entertainers.

Many of the people who lived at Ashbourne had lived in Selsey prior to moving into the home and had raised their families and worked and socialised in the local community. One person who lived at the home still attended a local church and in the summer some people had been taken to the local beach in order to access and maintain links with their local community. The registered manager told us that a local production group visited the home three times a year with the last production being based around Frank Sinatra and the 'Rat Pack'. She acknowledged that further work was needed in this area in order that people could continue to feel part of the local community.

People told us, and records confirmed that residents meetings took place where people talked about anything relevant to the smooth running of the home and communal living. The last full meeting took place in July 2014. The registered manager told us that in December 2014 she sat with some people who lived at the home and discussed Christmas events and activities. The registered manager acknowledged that the frequency of these meetings should increase in order that they facilitated people to express their views on a regular basis.

People were supported to raise concerns and complaints without fear of reprisal. One person said, "If I had any complaints, I'd say so, but I don't." The home's complaints procedure was displayed in order that people could refer to this if needed. At the entrance of the home, we saw that there was information displayed regarding the fees, service user guides and contact details for the Commission so that people could make contact if they wished to share information about the service they received. Records were in place that showed that where concerns or complaints had been raised, the registered manager had responded to these on an individual basis in writing.

People said that the home took appropriate action in response to changes in people's needs. A relative told us that as a result of their family member having a fall the home had obtained a sensor mat that was placed near their bed. This would alert staff if the person was to fall again. A nurse who was visiting the home told us, "I have no concerns with this home whatsoever. They are good at seeking advice and acting on this. They take prompt action if a person needs change. Communication is very good".

Care plans were in place that provided detailed information for staff on how to deliver people's care. The files were well- organised and contained current and useful information about people. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. People said that they were happy with the times they got up and went to bed. Each person had a completed questionnaire on the wall in their rooms which included information about their preferences, such as TV programmes, hobbies they had, memories they liked to talk about, and all sorts of social and practical pieces of information about the person.

Care records were reviewed monthly and updated to reflect any changes so that people's most up-to-date care needs were met. The monthly reviews were very detailed and gave a really good insight into the care and support people

Good

Is the service responsive?

had received. For example, one person's monthly review for February 2015 said, '(Resident) was seen by OT, assessed for Zimmer frame and handling belt. (Resident) was very anxious this month. CPN was involved, Dementia Crisis Team took over and regularly visited, medication was changed and regularly reviewed. Arrangements made for extra staff to monitor over the night and behaviour is being monitored closely and behaviour chart in place if needed. Pain relief tablets were reviewed. Eating and drinking well'. This meant that staff had information to hand that helped ensure people received care that reflected people's individual needs.

Good

Is the service well-led?

Our findings

People said that the home was well-led and that management was good. The registered manager was frequently, and unprompted, spoken about in complimentary terms by name. One person said, "She is wonderful; always around and about, really efficient but nice!" Another said, "I'm stopping here till they carry me out. This is a lovely home; you can't fault it. I recommend it – I'd recommend it to the Queen!" A chiropodist who had been visiting the home for a number of years informed us, 'I would say that as a home from what we witness they are a well led team. I must say that we have attended Ashbourne for a number of years, as we do many care homes, and have noticed positive improvement in all aspects of the home (from management to care staff....equipment and decor) in the last couple of years'. A pharmacist said, 'The manager appeared to be very involved in the running of the home, knew all the residents and their medicines. When asked to produce policies, paperwork etc. she found them straight away. Everything was organised and in its rightful place. I got the impression that the team worked well together and had the resident's needs as their focus. But obviously I must stress this was a pre-arranged visit and I was there for a relatively short period of time. However I left feeling confident that the home was patient focused and took medication seriously and wanted it to be right'.

There was a positive culture at Ashbourne that was open, inclusive and empowering. The registered manager told us about the "Employee of the month" certificate and gift scheme that had recently been introduced to acknowledge and show appreciation for staff's good work. She explained that she wanted staff to feel recognised for their achievements and that all staff would receive acknowledgement through the year. Staff were asked their opinion of the vision and values of the home in questionnaires that they could complete if they chose to. The registered manager acknowledged that further work was needed in this area to ensure all staff were aware of these and reflected them in their daily working practices. Staff told us that they felt supported by the manager. Records showed that four staff meetings took place each year where staff had the opportunity to discuss the service provided to people.

Questionnaires were sent to people and their representatives. These asked people for their views on the environment, staffing, care, meals and activities. Two people confirmed that they had completed questionnaires about their rooms. They told us that as a result the registered manager had allowed then to choose what colour they would like their rooms painted, and that the registered manager had gone further by providing matching bed linen and suitable pictures for the walls. Both people were delighted with the result, and very pleased to have been asked. There was also a book at the entrance of the home where people could record their experiences of the home and a post box where information could be given confidentially.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She had attended learning events about forthcoming changes to legislation and completed short courses relevant to the needs of people who lived at the home. Records confirmed that the registered manager then passed on information to staff so that they in turn increased their knowledge.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. These included audits of medication, infection control and cleanliness and health and safety. Where audits identified actions steps had been taken to address these. The nominated individual visited the home on a regular basis and completed reports on her findings that gave a real sense of the home and atmosphere. The reports included information on staff, meals, the premises, events and new developments. They also included evidence of observations that had taken place and actions taken to drive improvements. The October 2014 report included, 'The entrance hallway has been decorated and is now lighter and brighter. The hallway also has been decorated with new lights and is a lot brighter and cleaner. The entrance smelt lovely, with the perfume diffuser and had a new comments book which had a lovely comment from a family member of a resident which is always encouraging'.

The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. There

Good

Is the service well-led?

were clear whistle blowing procedures in place which the registered manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this.