

Ashstone House Limited

# Ashstone House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on the 28 and 29 September 2017 and was unannounced. Ashstone House provides accommodation and support for up to 12 people who may have a learning disability. At the time of the inspection seven people were living at the service. All people had access to communal lounge areas, a dining area, kitchen, shared bathrooms and a large well maintained garden.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 present throughout the inspection.

The previous inspection on 6 and 7 June 2016 found eight breaches of our regulations, an overall rating of requires improvement was given at that inspection.

At the last inspection the provider had not ensured people were protected from abuse. Numerous incidents had gone unreported and people left at risk of repeating incidents. People were at risk of receiving their medicine inappropriately because staff did not have up to date and clear information to refer to. Emergency evacuation plans had not been reviewed and some were not in place where needed. Sufficient staff were not deployed to meet the needs of people when required. Recruitment processes to protect people was not robust. The provider had failed to comply with the requirements of the Mental Capacity Act 2005. Staff had not received regular supervision and the provider was unable to provide us with clear information of training staff had received. The culture of the service did not always promote people's dignity, freedom and choice. Staff did not have clear guidelines about people's current needs or how to support them in the best possible way. Although people had access to activities away from the service, this was dependent on the availability of staff and drivers on shift. Records were incomplete, conflicting and had not been kept up to date. The provider had not ensured suitable systems identified, monitored and addressed shortfalls requiring improvement. The provider had taken some action to resolve the issues raised at the previous inspection but other concerns remained and we found new areas of concern.

When risk had been identified robust assessments had not been implemented to reduce the likelihood of incidents repeating. Staff did not always have sufficient guidance to respond to risk well.

Although there were enough staff to meet people's immediate needs within the service staff said taking people out could be restricted because of the availability of drivers and the location of the service. The provider did not follow a robust recruitment process which did not protect people using the service.

Some areas of the home suffered from wear and tear and were in need of a deep clean.

A person's guidance around how their meals should be prepared and what food they should avoid due to

problems with eating were not clear. Staff were not sure what food should be avoided and the person had been given food items previously identified as being a risk.

Some capacity assessments and a best interest process had not been followed when people lacked capacity to make simple decisions.

Some essential training had not been completed by all staff. Staff had not received training in how to respond to incidents of choking although a person had been identified as being at risk of this.

The provider's auditing systems had not identified the shortfall in how risk had been managed. Shortfalls in recruitment processes had not been identified.

There were safe processes for storing, administering and returning medicines.

Since the last inspection more robust processes for monitoring safeguarding concerns had been implemented. Safety checks had been made regularly on equipment and the environment.

Staff confirmed they had supervision and the management were always available for support. New staff completed an environmental induction and mandatory training.

People were supported to eat and drink and had choice around their meals.

Regular monitoring and review of people's health took place so action could be taken if further professional healthcare input was required.

Staff spoke and wrote about people in a respectful and dignified way. People and staff had a good rapport and people seemed relaxed in their home. People's bedrooms were decorated in a personal way.

Care plans were meaningful and contained specific detail so staff could understand people better. People chose to participate in a variety of recreational activities.

Complaints were recorded and responded to effectively. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process.

The registered manager and provider conducted regular internal audits to ensure the service provided safe care and treatment for people. People's feedback was sought so improvements to the service could be made.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risk assessments had not always been updated promptly.

There were enough staff to meet people's immediate needs although people were sometimes restricted when leaving the service.

Safeguarding processes were in place to help protect people from harm. Staff understood the processes for reporting concerns about people's safety.

People received their medicines safely.□

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Some essential training had not been completed by all staff. Training and guidance in responding to choking incidents was required.

Guidance around meal preparation was not always clear which meant that risks to people were not always identified.

Peoples health needs were known and responded to well.

People were involved in making decisions about their food and drink.□

### Is the service caring?

**Good** ●

The service was caring.

Staff had sociable and engaging interactions with people and demonstrated they cared about their welfare.

People moved freely around their home and had decorated their personal space in their preferred way.

Staff spoke to people kindly and treated them with respect and

dignity.□

### Is the service responsive?

Good ●

The service was responsive.

People benefited from care plans which were meaningful and informative.

People were offered various activities within the service.

People could make complaints about the service they received which were responded to.□

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Audits and reviews of the service were conducted. Further analysis was required so better monitoring of risks to people could be achieved and action taken accordingly.

People's feedback was sought so improvements to the service could be actioned.

Staff understood their roles well. □

# Ashstone House

## Detailed findings

### Background to this inspection

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

This inspection took place on the 28 and 29 September 2017 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking 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 what improvements they plan to make.

Before the inspection we asked for feedback from four healthcare professionals but did not receive any responses. During the inspection we spoke with five people, five staff members, the cook, the cleaner, the activities person, the deputy manager and the registered manager. Not all people were able to express their views clearly due to their limited verbal communication so we observed interactions between staff and people.

We looked at a variety of documents including five peoples support plans, risk assessments, activity plans, daily records of care and support, incident reports, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

One person said, "I like the staff and people, they are nice to me".

At our inspection on 6 & 7 June 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have proper and safe management of medicines; Safety checks had not identified the risks of a fire door being propped open or the lapsed fire alarm checks. Emergency evacuation plans had not been reviewed for six years and some were not in place where needed. Although there had been improvement in the way medicines and fire safety was managed we found new concerns with how risk was responded to effectively.

Risk assessment was not always robust enough to reduce the risks of people being harmed. There had been an incident in September 2017 where a person had left there service alone The service is located on a busy main road. The incident report said, 'The next time staff saw person was when they knocked at the front door and said they had been to the church and nearly got killed by a car'. The registered manager said this had been out of character behaviour although historically the person had done this in the past. A risk assessment had not been implemented following this event although staff said they were more vigilant about the person's whereabouts. During the inspection the registered manager implemented a risk assessment and said they would take further measures to ensure the person was monitored, specifically around times when they were agitated. This incident had not been reported to the local authority safeguarding team.

Another person had been identified as being at risks of choking. Although a risk assessment had been implemented there was no guidance about the action staff should take if the person should choke. Staff did not have a good understanding of what they should do to deal with a choking incident and had not received specific training around this. Although there had been no recorded incidents of choking this did not demonstrate staff were fully prepared to respond to an emergency situation. After the inspection the registered manager told us they had put in place additional information and guidance around responding to incidents of choking and had sourced further training for staff to complete.

There was a failure to ensure a robust system was in place for the identification and mitigation of risks people experienced. This is a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014.

At our last inspection we found that the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Robust recruitment processes had not been followed to protect the safety of people living at the service. The provider had not taken enough action in this area which remained a concern.

The provider did not follow a robust recruitment process which did not protect people using the service. One staff member's reference had not been obtained from their most recent employer. Only character references had been sought. Because a reference had not been requested from the previous employer which was also a care service provider the registered manager could not be assured that the staff member

was suitable for their role or if they had been subject to any disciplinary processes. Another staff member's reference had not been obtained from the most recent employer but from a previous employer. It was not clear why the most recent employer had not been contacted for a reference. The registered manager said they probably had contacted them but had received no response although they had not documented this on the recruitment file. Two staff recruitment files contained no information regarding their health which may have impacted on their ability to do their role effectively. Other checks had been made to ensure staff were suitable for their roles including Disclosure and Barring Service (DBS) checks. DBS checks are required for unsupervised staff aged 16 and above who have direct access to, or work directly with adults at risk. This is to establish if any cautions or convictions mean that an applicant is not suitable to work at a service. Identification and employment history exploration checks had also been recorded.

Processes were incomplete; this did not promote the principles of a robust recruitment process to protect the safety of people living at the service. This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Sufficient staff were not deployed to meet the needs of people when required. Although there had been some improvement there were still some restrictions on people leaving the service to pursue outside interests and activities.

Although there were enough staff to meet people's immediate needs within the service staff said supporting people to go out could be restricted because of the availability of drivers and the location of the service. Since the last inspection less people were living at the service. Staffing comprised of three staff on the day shift as well as the register manager, the deputy manager worked three days a week. There were three staff on the afternoon/evening shift and two waking staff to provide support at night. Staff comments included, "We need more staff in general. Now there are less people it's better", "They go out sometimes if there's a driver available. It's quite limited how often we get people out, depends on drivers". One person had three incidents relating to not being able to leave the service when they had requested to. An incident in June 2017 stated, 'Screamed at staff they want to go out, explained no drivers'. An incident report in July 2017 said, 'Asked to go out but van out. Tried to hit staff'. The incident report in August 2017 said, 'Asked if they could go out but car out, screamed, kicked furniture and swore at staff'. This is an area which requires improvement. Other staff undertook duties such as housekeeping. A cook provided meals and the service employed a part time coordinator to organise activities two days per week.

Some areas of the home suffered from wear and tear. Part of the carpet on the stairs had become loose which we raised as a trip hazard; this was repaired during the inspection. Some of the kitchen units were damaged and in need of refurbishment. The maintenance plan documented this had been raised in July 2016 which stated, 'Kitchen in need of general refurbishment, cabinet fronts, draw fronts broken and looking unsightly in need of replacing. Temporary measure in place (taped up)'. There was no scheduled date for the refurbishment of the kitchen and no action had been taken. Although maintenance planning processes were in place, the pace of repair did not always keep up with the rate of wear. Shortfalls in the maintenance of the service did not promote a well maintained environment. Although a cleaner was employed five days of the week, areas of the service were in need of a deep clean. There were cobwebs on the ceilings and ingrained dirt in skirting boards, behind furniture and in carpets. The registered manager said they would implement a deep cleaning schedule and offer the cleaner more support and training to help them complete their role effectively. We have identified this as an area requiring improvement.

At our last inspection we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not protected people from abuse



and had not reported incidents following the correct process. Although the provider had taken action to resolve these issues we found one incident which should have been reported to the local authority which we have reported on earlier in this report.

Since the last inspection more robust processes for monitoring safeguarding concerns had been implemented. People had their own individual incident and accident folders. Staff recorded any incidents and passed these on immediately to the registered manager or deputy manager. The registered manager told us once they had received incident forms they reviewed the information to see if further reporting to other professional bodies was required. They said, "Before staff were just filing away incidents and they were being looked at the end of each month which was no good. At the weekends either myself or the deputy are on call so staff can flag up any incidents so we can make decisions if they are safeguarding's or not". The registered manager analysed incidents each month to identify patterns or themes. This meant the registered manager was able to see if further measures were needed to help support people with their behavioural needs. Safeguarding and whistle blowing information was available for staff to refer to, and staff had a good understanding about the process to raise concerns about people's safety.

There were safe processes for storing, administering and returning medicines. There were individual assessments around how people liked their medicines to be administered. When people required occasional medicines (PRN) staff had information to refer to so people received their medicines at appropriate times particularly if they were unable to verbally request it. Temperatures to ensure safe storage of medicines were recorded. Non refrigerated medicines need to be stored at temperatures not exceeding 25°C, this is because storage above this temperature risks medicines becoming desensitised, not working as intended or potentially becoming ineffective. Medicines were administered by a team leader and witnessed by a trained staff member to reduce the risk of mistakes and medicines were all accounted for when checked. Weekly spot checks and monthly audits were conducted to identify any errors and to ensure medicines were correct. If people required covert medicine this had been agreed with the GP and a best interest process had been followed. Clear guidance was in place to describe how medicine should be administered in a covert way.

Since the last inspection a Door Guard had been fitted to a person's bedroom door which had previously been propped open with furniture. (A Door Guard is a device which will automatically close a fire door when the fire alarm is activated). Although the person continued to prop open their door with other objects it had been explained to the person the fire risk associated with this. Checks on Door Guards took place to ensure they operated correctly. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Staff practiced fire evacuations to test if PEEPs worked well in practice.

Safety checks had been made regularly on equipment and the environment. This included checks of fire alarm system, fire extinguishers, emergency lighting, portable appliances, gas safety, electrical installation and water temperature checks. The provider could be assured by making these checks that the premises and equipment were in good working order and safe for purpose. A contingency plan (This is a plan of actions to be taken by the staff in specific emergency situations) was in place in regard to a range of events that might stop the service from operating normally. This covered a range of eventualities so that staff would know what to do and could implement emergency procedures.

## Is the service effective?

### Our findings

A person had been previously referred to the speech and language therapist (SALT) when they were identified as having problems eating. Although the person had been identified as a risk of choking, had to have their food prepared in a particular way and should avoid certain foods guidance was unclear and staff were unsure of what foods the person should avoid. The cook told us previously they had been advised by SALT not to give the person bread. They showed us an archived document which stated bread should be avoided. The cook said that they had recently been told by management this had changed and the person could now have bread.

There was no up to date documentation to show how the person had been reassessed and if bread was now suitable. A staff member said, "When I'm working (person) doesn't have toast as it's dry and gets stuck". Another staff member said, "I'm not sure about toast, personally I don't give it to (person)". Another staff member said, "Not really supposed to give (person) toast I don't think but other staff have given it to them". The person had been given toast on at least eleven occasions throughout September 2017. After the inspection the registered manager told us they had contacted the occupational therapist (OT) department to ask for the person to be re-assessed. OT advised that the original guidelines should be followed until, a re-assessment had taken place.

The provider had failed to do everything reasonably practical to mitigate risk. This is a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014.

At our last inspection we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to comply with the requirements of the Mental Capacity Act 2005. Although the provider had taken action to resolve the issue more work was needed to ensure they fully complied with the Act.

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 make 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Some capacity assessments and a best interest process had not been followed when people lacked capacity to make simple decisions. For example, two people had alarms attached to their bedroom doors which alerted staff when they left their room and one person had an alarmed sensor mat on their bed which helped staff monitor the person who was at risk of falls. Records of capacity assessments and how decisions had been reached about restrictive equipment had not been documented in the care plans. This is an area that requires improvement.

Three people were currently subject to a DoLS authorisation. Since the last inspection a DoLS tracker had been implemented so the registered manager could keep track of when authorisations had expired and when new authorisations had been granted. This ensured they met the requirements of the act and people were not restricted unlawfully.

At our last inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staff had not received regular supervision or all of the essential training necessary to undertake their roles. Although some action had been taken to improve this, further improvement was required.

Although essential training had been completed by most staff there were still some areas which indicated a lower percentage of completion. For example only 55 per cent of staff had completed breakaway techniques and physical intervention, only 47 per cent had completed fire marshal training and only 61 per cent of staff had completed training in epilepsy. Staff had not received appropriate training in responding to choking incidents. The registered manager explained the information provided was not a true reflection of the current percentage of staff who had completed each course as they were waiting for certificates to be sent. Apart from the management of choking incidents staff were able to demonstrate they knew how to support people safely. A staff member said, "I get support and training, training helps me, I do social care TV training". Training was delivered in the form of face to face sessions or e-learning. Training is an area which requires improvement.

Staff confirmed that they had supervision and the management were always available for support. Through supervision it could be identified if further performance management was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wished to develop further or support they may wish to receive. A staff member said, "I had an induction, did the care certificate. Had fire marshal and first aid training".

New staff completed an environmental induction and mandatory training. Staff that lacked experience or had not completed an NVQ Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above completed the Care Certificate. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff shadowed other staff until their competence was assessed and confirmed as suitable by the team leaders, deputy manager or registered manager.

Regular monitoring and review of people's health took place so action could be taken if further professional healthcare input was required. Staff were able to describe what action they would take to support people with their specific health needs such as epilepsy or diabetes. One person's epilepsy was stable and seizure activity was well controlled. Should staff need it, there was clear guidance in place so staff would know how to support the person should they have any seizure activity. Referrals were made to specialist health professionals when required. □

Two options for meals were offered to people on a daily basis, the cook used picture cards to help people to understand the choices available. A choice of cold drinks were left out for people which they could help themselves to at any time and hot drinks were offered to people frequently. Some people kept snacks in their bedrooms which they helped themselves to as they wished.

# Is the service caring?

## Our findings

A person said, "I like it here, I like the staff and people". Another person said, "I like to listen and watch my music. I like the meals here, I'm happy".

At our last inspection we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The culture of the service did not always promote people's dignity and respect. The provider had resolved these issues which were no longer a concern at this inspection.

Staff spoke and wrote about people in a respectful and dignified way. Their approach to behaviour management was more supportive of the person. People did not have generic routines placed on them and were treated as individuals.

There was a relaxed and open atmosphere; people were kept involved in all aspects of the service. People were at ease and happy and were able to freely move around all areas of the service. One person frequently came to the office to talk to the registered manager who knew them well. People socialised and engaged with one another and staff in an informal and relaxed way. During the inspection people sat with each other and staff and chatted sociably. Staff demonstrated they understood people and had good knowledge about their personal histories, interests and preferences.

People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. One person was helped to do their hair and makeup by a staff member which was important for their self-esteem. Staff spoke to people kindly and in a caring way. A staff member said to a person, "You didn't want to go to the café this morning? There's a pub visit tonight if you want to go, you normally get crisps and coke".

The deputy manager spent time with a person discussing their birthday and making arrangements. The person discussed what presents they wished to receive and where they wanted to go for their birthday meal. The deputy manager took notes so they could pass information onto other staff. The deputy manager said, "Would you like a party and buffet too, as well as a meal out?" The person responded they did not and their choice was respected. Throughout the interaction the person was spoken to patiently and the deputy manager was interested in what they said. The person was not rushed and was given time to think about their responses.

People's involvement and consent had been sought when writing their care plans. People were encouraged to make their own decisions and be as involved as much as possible when making individual decision and choices. People were supported to obtain advocates when they needed help with specific or complex decisions. (An advocate is a person who helps other people make their needs and wishes known). People were encouraged to be independent, one person liked to spend most of their time outside walking around the grounds. Staff gave the person space to do this but checked on them to make sure they were okay.

Each person was allocated a key worker and co-keyworker. Their role was to ensure people's individual needs were always met. For example, key workers supported people to make arrangements for their birthdays. They also ensured people had everything they needed and planned with the person when they needed to purchase personal shopping. Key workers arranged reviews of care and maintained contact with relatives and other important people in the person's life. This meant there was better oversight of each individual person so nobody was forgotten.

## Is the service responsive?

### Our findings

One person told us they had two sheds in the garden and they enjoyed spending most of their time there. They said, "It was a nice day yesterday and today. I painted my shed".

Since the previous inspection care plans and the majority of documentation had been updated. They were person-centred and described in good detail how staff should support people in a consistent way. People's care plans included information about what they liked and did not like, how they preferred to communicate, risk assessments, consent agreements, and how people had progressed in specific areas and how their lives had improved. People had specific support guidance around managing their behaviours. Behaviour guidance explained how people may respond to certain situations or how their body language may indicate they were anxious or unhappy. There was information for staff to refer to of how to respond to behaviours in a proactive and positive way.

There was information about people's histories in the care files so new staff would be able to understand the person better. Further information were kept in people's daily logs so staff could track when important health appointments had occurred. If people were admitted to hospital a 'Talk to me booklet' could be taken with them which contained important information to help support the person during this time. Information included current health conditions and how the person communicated.

An activities person came to the service for two days each week. During the inspection some people were busy making crafts, props and Christmas gifts with the activity person for upcoming events. The activity person showed us a video of an event where people's props had been used. They spoke proudly about the hard work people had put in and how they had enjoyed the challenge. Following the event a letter had been received from the event organisers thanking people for their 'fantastic contribution'. The letter said, 'The time, effort and care your group put in over the years, making gas mask boxes, match boxes, signs and wooden toys is to be applauded'.

The activities person asked people if they wanted to join in other activities throughout the day. Some people played games as a group such as dominoes and indoor bowls and sang together. There was much laughter and friendly banter throughout these sessions and people enjoyed engaging with one another and staff.

A Halloween party had been arranged for the 1 November 2017, the activities person said they would be sorting out costumes and decorations with people in the next few weeks. There were pictures from the previous year Halloween party displayed on the wall showing people dressed up. Some people attended a disco during the evening of the first day of the inspection. A staff member said, "I took (people) to Martello for the disco last night. (Person) didn't want to stop dancing for two hours!"

Staff had a good understanding of what people liked to do. A staff member explained in detail how a person loved to buy books, CDs and DVDs and how another person loved to walk and look at the trees. They described what could upset people when they were unable to verbally express this and how they would support them. Some people went to the Rare Breeds Centre each week and some went to weekly cookery

sessions. Two people had recently been to Euro Disney which staff said they had thoroughly enjoyed and planned to go again.

The registered manager responded to complaints appropriately. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process. The manager investigated complaints and recorded their findings. The manager used complaints to learn from mistakes, an easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider. There were no on going recorded complaints at the time of inspection.

The service had received some compliments. One relative sent a letter in September 2017 which said, 'I am delighted to inform and update you that the dedication, patience and support from Ashstone House has finally worked its magic. I cannot thank enough, all at Ashstone House for all they have done and are continuous with their help and patience not only to (relative) but all residents'.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The culture of the service had not been person centred and the attitudes and behaviour of some of the staff needed to improve. Some documentation was out of date and had not been reviewed for a long period of time. Although some improvement had been made, further work was required so internal auditing systems successfully identified areas of concern.

The provider had not identified the shortfall in how risk had been managed, specifically in relation to the person at risk of choking and the other person who had left the service alone. Shortfalls in recruitment processes had not been identified. This is an area that requires improvement.

The atmosphere and culture of the service had improved since the last inspection. Staff had better attitudes and spoke about people in a respectful and appropriate way. There was more engagement between people and staff and behaviour was managed more positively. The registered manager said, "We hope we've met the action plan, we've updated care plans, and DBS has been updated. There are individual folders for behaviour management, staff are more on the ball with de-escalation of incidents and are better trained in behaviour management". Staff had a clear understanding of their roles and responsibilities and said they felt well supported by the management.

The registered manager conducted monthly internal audits to ensure the service provided safe care and treatment for people. This covered policies and procedures, safeguarding, safety certificates, health and safety, fire, medicines, training, care plans, supervisions, emergency arrangements and finances. When areas of improvement were identified they documented the action they took. The provider's quality assurance auditor conducted further checks of the service. From their audits they highlighted corrective actions for the registered manager to respond to. The last audit had been in July 2017. The registered manager had recorded what action they had taken following the audit and if action had been completed or if further work was required to meet the corrective action point.

There were good handover processes used by staff at the end and beginning of each shift. Staff documented information as well as verbally telling other staff how people's days had been. Other important information was shared such as if people had any appointments to attend or if there had been any incidents. The team leaders organised the allocation of staff for each shift and explained which people they would be supporting and what tasks they needed to complete. This ensured people's needs were met and important events were not missed.

People's feedback was sought so improvements to the service could be made. Questionnaires were sent to people, outside professionals, relatives and staff. In July 2017 questionnaires had been sent to relatives and healthcare professionals. The registered manager analysed the information which had been returned. They said, "Any negative comments received from staff were dealt with in staff meetings. The only thing highlighted as needing to improve was teamwork".



People and staff had meetings to discuss what was going well at the service and what could improve. At a meeting in July 2017 some people had been asked if they had any feedback to give. One person said, 'I like the activities with (activities person) and I like quiet in the house'. Another person said, 'It's nice going cooking and to the Rare Breeds Centre, I enjoy going to the Martello disco and the pub'. At the meeting in September 2017 a person told everyone they would be having a party the following month. Another person said although winter was coming meaning they could not do jobs in the garden they were happy Christmas would be coming.

At our last inspection we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered person had not notified The Commission of events which they had a statutory obligation to do so. The provider had resolved these issues which were no longer a concern at this inspection. The registered manager understood their responsibilities in relation to notifying the Commission and other professional bodies about incidents which occurred at the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure a robust system was in place for the identification and mitigation of risks people experienced. Regulation 12 (1) (2) (a) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Processes did not promote the principles of a robust recruitment process to protect the safety of people living at the service. Regulation 19 (1)(a)(2)(a).