Mrs P M McKenna

Ashley House - Guildford

Inspection report

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Ratings

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

Overall summary

Ashley House is registered to provide residential care for up to 29 older people. There were 23 bedrooms, with the provision that some rooms could be double occupancy if requested. There were 21 people living at the home at the time of the inspection.

People required a range of help and support in relation to living with dementia and personal care needs.

The home is a converted Victorian building with large communal rooms. The home has a passenger lift and wide staircases with handrails to assist people to access all areas of the building.

This was an unannounced inspection which took place on 9 and 10 November 2015.

Ashley House had a registered manager. A registered manager is a person who has 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 manager was in day to day charge of the home, supported by the registered provider. People and staff

Summary of findings

spoke highly of the manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff told us that the manager had a good overview of the home and knew everyone well.

We received only positive feedback from people, staff, relatives and visiting professionals. Everyone told us that the manager was passionate about ensuring people received the best care possible. This was supported by clear up to date care documentation which was personalised and regularly reviewed.

Staff felt that training provided was effective and ensured they were able to provide the best care for people. Staff were encouraged to attend further training, with a number having achieved National Vocational Qualifications (NVQ) or similar.

Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure high standards were maintained. People were supported to self-medicate if deemed safe for them to do so and this was regularly reviewed.

There were robust systems in place to assess the quality of the service. Maintenance for example water, electric and gas had taken place and all equipment and services to the building had been checked and maintained regularly. Fire evacuation plans and personal evacuation procedure information was in place in event of an emergency evacuation.

There a programme of supervision and appraisals for staff. Staffing levels were reviewed regularly. Staff received training which they felt was effective and supported them in providing safe care for people. Robust recruitment checks were completed before staff began work.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans identified all health care needs and had been reviewed regularly to ensure information was up to date and relevant. People's mental health and capacity were assessed and reviewed with pertinent information in care files to inform staff of people's individual needs.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected. Feedback was gained from people this included questionnaires and regular meetings with minutes available for people to access.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and visitors told us they had eaten with their relative and found the food to be of a very high standard.

Referrals were made appropriately to outside agencies when required. For example GP visits, community nurses and speech and language therapists (SALT). And notifications had been completed to inform CQC and other outside organisations when events occurred.

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.

Good

Staff had a good understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People living at Ashley House felt that staffing levels were good.

Is the service effective?
The service was effective.

Good

All staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff had regular supervision and appraisals.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?
The service was caring.

Good

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff treated people with patience and dignity.

Is the service responsive?
The service was responsive.

Good

Documentation was personalised, up to date and included specific information about people's backgrounds, important people and events.

Clear information was in place for staff. Care plans had been written for peoples identified care needs. Care plans and risk assessments were regularly reviewed and updated.

People's choices and the involvement of relatives and significant others was clearly included in care files.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

Summary of findings

People were encouraged to share their views. A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Is the service well-led?

Good

Ashley House was well led.

There was a registered manager in place who was supported by the registered provider.

Staff and people living at Ashley House spoke highly about the manager and the way they ran the home.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

The manager had an open, inclusive culture this ethos was shared by all the staff. People had only positive feedback about the home and how it was run.

A complaints procedure was in place and displayed in the main reception area.

Ashley House - Guildford

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 which took place on 9 and 10 November 2015, was unannounced and was undertaken by one inspector.

The last inspection took place in November 2013 where no concerns were identified.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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 used the PIR to help us focus on specific areas of practice during the inspection.

People living at Ashley House were able to tell us about their experiences of living at the home. We carried out observations in communal areas, looked at care documentation for three people and daily records, risk assessments and associated daily records and charts for other people living at Ashley House. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals for all staff.

We spoke with eight people using the service and six staff. This included the registered provider, registered manager, care staff, cook and other staff members involved in the day to day running of the service.

We spoke with five relatives and four visiting professionals. We received only positive feedback from everyone we met and spoke to.

Good

Is the service safe?

Our findings

People said they felt safe living at Ashley House. We were told, "I feel very safe, why wouldn't I, it's a lovely place to live." And, "Yes, I feel safe at all times as there are plenty of people around to help you if you need them." Relatives told us, "I leave here knowing Mum is well looked after, I never have to worry." And, "The consistency of staff helps as even when people get a bit anxious or confused the staff make them feel reassured and safe."

We found people at the home were safe. Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager or provider at any time if they had concerns.

People at Ashley House had a range of care needs. These were assessed and reviewed monthly to ensure that the home could provide safe care. Those with reduced mobility had assistance provided by one or two staff as required. No one currently required the use of moving and handling lifting equipment, although these were available if required.

Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, going out alone and people with impaired vision. Other risk assessments included falls, locked doors, moving and handling, nutrition, weight, tissue viability and any other individual risks identified during the initial assessment or subsequent regular reviews of care.

Staffing levels were assessed and reviewed dependant on people's need. Staff told us that most people only required minimal care and support. People whose needs were higher had these met. Some people were assessed to require support of two care staff. Staff told us that staffing levels were appropriate to meet people's needs. On the odd occasion that a staff member called in sick other staff were happy to cover. The manager told us they liked to spend time 'on the shop floor'. Staff confirmed that if on occasion things got busy, for example if someone suddenly became unwell, the manager would assist staff. We saw an example of this during the inspection when someone had a fall, the manager and staff worked together to support the person and ensure they remained safe. We spoke to a visiting Chiropodist who regularly spends time in the home. They told us they received only positive feedback about the home from people and call bells were always answered promptly.

Staff felt they had time to spend with people. When care staff were on holiday these hours were covered by other care staff who were happy to work extra hours. When staff were unable to cover regular agency staff had been used to ensure consistency for people living in the home. Staff turnover was very low with a number of staff having worked at the home for many years.

There were robust systems in place to ensure the safety and maintenance of equipment and services to the building. All maintenance and equipment checks had taken place with certificates available to confirm this. Staff told us all maintenance needs were addressed promptly. The providers husband was 'on-site' most days and sorted out any general issues. A full list of emergency contact numbers were on display in the manager's office for serious issues. For example gas, electricity and lift maintenance contractors. People told us that if they wanted something done, for example a shelf put up or if something needed fixing then they just told staff and it was sorted.

People's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency lighting checks had taken place regularly to ensure people's continued safety. Personal emergency evacuation plans (PEEPS) were in place with plans of the building, fire safety and evacuation information. An external fire professional carried out annual checks and risk assessments for the home. There was regular training for both day and night staff and evacuation equipment was located around the building to aid evacuation.

The registered manager had a thorough recruitment system in place. We looked at staff recruitment files; these included the staff file of a newly employed staff member. All files showed relevant checks which had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer

Good

Is the service safe?

recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place; this included the addition of new policies to incorporate recent changes to regulation. Staff told us they knew where policies were stored and that they were asked to read and sign them when changes occurred to ensure they were aware of correct working procedures.

People told us that they had call bells they could use to alert staff if they needed them. We saw that people had portable call bell systems in their rooms and call bells were fitted in toilets and bathrooms. People in communal areas told us that there was always someone within ear shot, if they did not use their call bell they could just call out and someone would respond to them. We saw people who were independently mobile access the manager's office to check for post or to speak to the provider or manager if they wished to.

There were robust systems to ensure people received their medicines safely. Policies and procedures were in place to support the safe administration and management of medicines. Staff completed medicine training and updates when required. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a high standard. Medicine Administration Records (MAR) charts were checked by senior staff three times a day to ensure that all documentation had been completed correctly. We observed medicines being administered and saw that this was done following best practice procedures. People who self-administered medicine had risk assessments in place to support this. These were reviewed monthly or more frequently if there were any changes to people's health.

Protocols for administration of medicines were in place. This included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Staff were appropriately trained to administer medicines. Medicines and topical creams were stored and disposed of appropriately. Medicines were labelled, dated on opening and stored tidily within the trolley. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within appropriate levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Incidents and accidents were reported and the manager had oversight of any incidents/ accidents or falls that had occurred. A monthly review was completed and these were analysed to look for any trends. The manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a review to look at how the person's safety could be supported to prevent further incidents if possible.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that that the provider, manager and staff all worked together to make sure that things, 'ran smoothly'. People felt that staff knew them really well and were able to support them. One told us, "They just know what I like, everything I need is here." A relative told us, "They have been amazing, they really know how to communicate with Mum."

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, community nurses, consultant psychiatrist, opticians and chiropodist. For example, one person had limited verbal communication due to a health related condition and this had been incredibly frustrating for them. The manager and staff had worked with Speech and Language Therapists (SALT) and a communication book had been devised. This had enabled the person to communicate and they were now able to make their feelings known and make requests. The person indicated to us that the book helped them when they were unable to say what they wanted.

People received care from staff who had knowledge and skills to look after them. There was a full and intensive programme which included all essential training for staff, with further training for example National Vocational Qualifications (NVQ) or similar. Competency checks took place to ensure staff training had been appropriate before staff were able to administer medicines. Staff told us the training they received enabled them to understand people, for example dementia training had helped them provide appropriate care for people with early stages of dementia or short term memory loss. Staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided appropriately.

There had not been many recent newly employed staff as staff turnover was very low. Any new staff that had been employed had a period of induction and were supported throughout this time by management and other care staff. During the inspection a new staff member was spending the day shadowing staff. The manager told us this was an opportunity for the staff member to familiarise themselves with the home, get to meet people and staff to see if they felt that they would be happy to work there. The provider told us, "We need someone who fits the team, it's vital as we have a core team of staff who have been here a long time." Newly employed staff would be completing the new Care Certificate Standards induction. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care.

People living at Ashley House had capacity to make decisions about their care and welfare. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the manager and community mental health team if required. Best interest meetings and decisions had been documented to support any decisions made regarding people's safety and welfare.

A clear structure was in place to ensure staff received regular supervision and appraisals. Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the provider and manager and communication was very 'open'. Staff felt supported and involved in the day to day running of the home, telling us any changes were discussed and information shared at meetings and handovers. Staff told us feedback was listened to and suggestions taken seriously, this made them feel involved and encouraged to continually improve the service.

People were involved in decisions about their care. The home promoted 'five key principles of capacity' staff were able to tell us about these explaining it was about considering people's rights around decision making. The phrase displayed by the home was 'no decision is made about me, without me.' People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. We observed staff speaking to people and involving people in decisions. For example, people were

Good

Is the service effective?

reminded of appointments and what activities were due to take place that day. People then made decisions about what they wanted to do, whether they attended activities or returned to their rooms or go out alone or with family.

People were supported to maintain a balanced and nutritious diet. People's weight and nutritional intake were regular monitored when necessary and we saw that referrals had been made to Speech and Language Specialists (SALT) in the past if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking. There was a separate dining room for people to use if they chose. Tables which were nicely set, with flowers, placemats and condiments. We saw that most people chose to have breakfast in their rooms, whereas the majority of people came to the dining room for lunch. The manager told us they had received information and advice from a nutritionist who had visited the home and carried out a review. This had given the home handy hints to ensure meal times were the best they could be. Suggestions which had been taken forward by the manager included the implementation of dark coloured plates and plate guards to assist people who were visually impaired.

Everyone told us they enjoyed the meals provided. Visitors told us they had eaten at the home and the food had been very good. We spoke to the cook who explained how they asked people what they would like to eat each day. There was a weekly menu with choices and alternatives available for people. Staff and the cook knew people well and told us who had special dietary requirements. This included soft and fortified diets. People's preferences, likes and dislikes were well recorded. People spoke very highly about the standard of the food. And the meals looked very appetising and well presented. At lunchtime we saw that sherry and wine were available if people wished to have an alcoholic beverage along with soft drinks and water. Hot drinks were offered throughout the day and could be requested at any time.

Good

Is the service caring?

Our findings

People told us they were happy at Ashley House, “Even if I had money, what would I do, I have everything here, I would not want to leave.” And, “Staff do a very difficult job, but they do it with devotion,” Relatives said, “I am always delighted with everything, it has a lovely feel here, it’s relaxed and homely.” Another told us they had looked at a number of residential homes before choosing Ashley House, “We knew as soon as we came here it was right, Mum loves it here, they have everything she could possibly need and the staff are amazing.”

People appeared relaxed and content. There was an obvious affection between staff and people living at the home and people responded to staff in a positive way. People were clearly encouraged to spend time how and where they chose. People were actively encouraged to make choices, the emphasis of the home was to safely promote and encourage independence. There was lively conversation, and music playing in the lounge. The overall atmosphere was relaxed and homely. Staff popped into people’s rooms regularly to ensure they had everything they needed and chatted to people sat in communal areas. Staff stopped and chatted to people when they passed in the corridors or walked past people’s rooms. It was clear that people knew staff well and people responded positively to interactions. One told us, “You can have a laugh with staff, they keep you going.”

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration people’s personal preferences. For example, one person had requested that they had their door shut during the day. They told us, “Within an hour I had a discrete pretty sign to hang on my door handle reminding staff not to disturb me.” People who needed assistance with washing and dressing told us that staff always helped them and ensured they were dressed appropriately for the weather conditions, paying particular attention to details that were important to them for example, matching outfits, jewellery and their hair. A dignity in care audit was completed by the manager every six months. This looked at a number of elements to support people’s dignity, including environment and privacy.

When people had memory loss or dementia, relatives told us that staff treated people with patience. Offering reassurance when she became confused or anxious. Relatives felt that staff understanding of how to support people was excellent.

Relatives and visitors told us that they were welcome at any time and encouraged to visit, invited to stay for meals and always offered a hot drink during their visit. We spoke to visiting health professionals who visited the home regularly. They gave very positive feedback about the manager, staff and overall feeling of the home. Telling us that the home responded proactively and always contacted them if they were at all concerned about anyone. The community nurse told us that the manager and staff always took on board any advice given and followed instructions regarding people’s health. Everyone we spoke with told us that Ashley House was a relaxed and homely place to visit.

Good

Is the service responsive?

Our findings

People and relatives told us the manager and staff were responsive. Relatives felt they were kept well informed about any changes and were always contacted if someone became unwell. People told us that they knew when appointments or visits were arranged. For example, one person told us, "They help me by reminding me what is happening. Today I have written in my diary that the optician is visiting, so I know that they will come and tell me when he is here and I will go and have my eye test."

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was very individualised. We saw that all files had a completed 'This is me' care passport and 'Me and my life' information completed. This gave a detailed and complete picture of people's lives, backgrounds and significant life events, including end of life wishes. There was clear information in care files to support good communication. For example one person had limited verbal communication. Staff had been provided clear information about asking questions which required short yes/no answers, and to allow the person time to respond.

People with specific health needs had information in the care plans to inform staff how to provide effective care. One person who had short term memory loss had been assessed as requiring support from staff if they wished to go out as they could become disorientated and be unable to find their way back. The manager was aware that they did not require a DoLS at this time as they were not restricting the person's movements and they had capacity to consent to decisions. To ensure the person remained safe, the manager had implemented a daily chart in collaboration with the local police. This included documenting what clothing the person wore each day and a photograph and description of the person. This meant that if they did decide to do out alone and became disorientated the police had a photograph and a clear description to enable them to be located promptly and returned home safely.

All care documentation and risk assessments were reviewed by the manager and senior care staff to ensure information was relevant and up to date. This included regular auditing to ensure high standards of documentation were maintained. Any changes to people's health or care needs were promptly updated and information shared with staff at handover. All staff told us they read care plans and care documentation regularly and were aware of any relevant information about people.

A communication book was used by staff to share information. This was signed by the senior carer on duty at the end of each shift to show all information has been handed over or addressed.

There was a lively programme of activity available for people. This included regular visiting entertainers and daily in house activities people could attend if they chose. People told us they had something to do throughout the day if they were not busy doing their own things. We saw that this included games, quizzes, listening to music and trips out. People who wished to attend religious services were supported to do so. Staff told us some people went to church services with staff or relatives and people attended church services when they took place at the home if they wished to. Activities were reviewed and feedback sought from people to see what activities had been successful. A professional who specialised in art and crafts for people with dementia visited the home regularly. We saw that this included painting and model making. People told us they enjoyed these sessions and they found it relaxing. We saw people sat in communal areas listening to music and reading the newspaper. Others were in their bedrooms watching television, reading or doing jigsaws. There were books, jigsaws and magazines for people to use if they wished. The home had an upbeat and lively feel throughout the day.

Each Friday morning there was a visiting GP to the home. This was a service provided by the local surgery with the GP assigned to home visiting to see people. A hairdresser visited each week and people were able to request an appointment. All activity and visiting professional information was included in the 'What's happening this week' notice which was given to people and displayed in the entrance hall. This meant people knew what was planned and could decide if they wished to participate.

People had the opportunity to share their views and give feedback during resident and relatives meetings. We saw minutes from meetings detailed discussions and actions taken. Minutes were available for people to access if they wished and included feedback from people regarding

Good

Is the service responsive?

activities and menus. Throughout the inspection we saw that people, relatives and visitors came to the manager's office to say hello and to have a chat. Peoples told us they went to the office to sit and have a cup of tea or to check if they had any post that day. It was clear that people felt comfortable speaking to the manager and provider.

A complaints policy and procedure was in place and displayed in the entrance area. Copies were also given to people as part of the information given on admission. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. All minor concerns raised had been documented along with actions taken to resolve them. Everyone we spoke with told us the manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to.

Good

Is the service well-led?

Our findings

People had the highest respect for the provider and manager. We were told, "You see them every day, and you can just pop in for a chat." And, "They are lovely, they are here for you and very supportive." A relative told us that the manager had visited their Mother in hospital before she moved to Ashley House, "She did a very thorough assessment and we talked a lot about Mum, there was no rushing, she was very kind." A visiting professional told us, "If my mother needed a care home, this is the one I would choose."

Everyone we spoke to at the home shared the same ethos which was to provide high quality care to people. It was important to the manager and staff that this was done whilst maintaining a relaxed homely atmosphere for people living at Ashley House.

The home had a clear ethos of care, this was displayed in the manager's office this included promoting independence and individuality, joy and happiness. The ethos of care was also included in people's care files to ensure people's individuality and independence where always foremost when considering how to provide care.

The manager demonstrated a clear understanding of their role and responsibilities. Care was person centred, with a real emphasis on always putting the person first and foremost. This was seen during observations between staff and people and further supported in the way peoples care records were written. The manager worked full time at the home and told us they worked varying hours to ensure they had a clear picture of how the home ran at all times. The manager demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and told us the focus of the service was to ensure people received person centred care which supported them to maintain independence and dignity at all times. They strove to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

The provider and manager continually strove to ensure excellence by sourcing research and through consultation with other health professional; for example, the manager aimed to support staff to ensure they received appropriate training around end of life care. This meant that people whose health deteriorated but whose needs could be met at Ashley House would be able to stay there if appropriate rather than go to hospital for end of life care. Relatives told us this gave them peace of mind. Although they were aware that there would be reasons why this may not always be possible.

The manager utilised a number of visiting professionals to support them and the home. This included a consultant who specialised in safeguarding, local pharmacy and fire safety officer. This meant that the home displayed an open learning culture. The manager welcomed input from other professionals to ensure that the home was run to its highest capabilities.

The manager also kept up to date with developments in health care by sourcing information online and reading and reflecting on changes to practice. This included changes in the CQC inspection process. The provider and manager had completed the Provider Information Return (PIR) and had provided us with detailed information about how they continually assessed the service to ensure high standards of care were provided and best practice was maintained.

The PIR included a lot of information around how the service provides people with good care, the goals and values of the service and how the provider and manager plan to continue to take the service forward.

People at Ashley House required care and support but mostly people had an element of independence. For people whose care needs were higher staff were trained and supported to provide appropriate care. The manager was aware when it was appropriate to support people to move to nursing care when needed.

Despite no one currently requiring moving and handling equipment the manager was proactive and carried out ad hoc refresher training. The manager was a 'train the trainer' so was trained to teach moving and handling to staff. This included practicing the use of equipment to ensure that in an emergency or if needed staff were fully trained and competent to assist people safely.

When people moved into Ashley House an initial assessment was completed. After two months people were asked to complete a questionnaire. The manager felt that after two months people had settled in and any feedback was valuable to ensure that people were happy with

Good

Is the service well-led?

everything or if there was anything they wanted done differently. Annual questionnaires were also given out to people. The findings and feedback were displayed on the noticeboard, with any actions taken forward.

There was a robust system in place to assess and monitor the quality of the service. Including weekly, monthly and quarterly audits, reviews, health and safety checks and annual policy reviews. This included all aspects of care delivery and documentation, environment and infection control, nutrition, accidents, incidents, falls and any infections or untoward events. The response was proactive, any areas which needed to be addressed were noted promptly and actions taken to rectify or improve. The provider was at the home throughout the week and they had a clear overview of the day to day running of the service.

Residents and relatives meetings took place. The manager told us that the daughter of a resident attended these meetings to take the minutes and record any outcomes. The manager felt that it was important for people to have an open forum to discuss any issues or concerns without the manager present. We saw that people had been consulted regarding how often meetings were scheduled. This had been requested as twice a year by people living at the home.

Everyone agreed that there was an 'open door policy' and people could speak to the manager or provider at any time if they needed to.

Staff meetings had taken place. The last meeting had been in October 2015. Minutes were available and all staff were asked to read and sign these to ensure everyone was aware of information discussed.

Policies and procedures where available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The manager and provider had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The manager told us that they were always keen to learn from incidents to improve future practice.

Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

All of the registration requirements were met and the manager ensured that notifications were sent to us and other outside agencies when required.