Ashlands NH Limited

Ashlands Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Ashlands Nursing Home on 27 February and 5 March 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection. The home provides accommodation, nursing care and personal care in single and shared rooms for up to 19 people. At the time of our inspection 19 people were living at the home.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that people received safe care. Records showed that that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. There were safe processes and practices in place for the management of medicines. People and their relatives told us there were always enough staff available to meet their needs.

People liked the staff who supported them. They told us staff were kind and caring and provided them with support when they needed it.

Staff received an effective induction and appropriate training. People who lived at the home and their relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating and drinking and their healthcare needs. Appropriate referrals were made to community health and social care professionals.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as possible. We observed this during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs, risks and preferences and we found evidence of this. Where appropriate, relatives had been consulted about people's care and were updated regularly by staff.

People were very happy with the activities and entertainment available at the home. Records and

photographs showed that people were supported regularly to take part in a wide variety of activities in the home and the community.

Staff used a variety of methods to communicate effectively with people, including providing information in braille, large print and in a pictorial format. They supported people sensitively and did not rush them when providing care.

The service had a registered manager in post. Relatives and staff were very happy with how the service was being managed. They found the registered manager caring, approachable and helpful and told us any concerns were addressed immediately.

A variety of audits of quality and safety were completed by the registered manager regularly. We found the audits completed were effective in ensuring that high levels of quality and safety were maintained at the service.

The registered manager regularly sought feedback from people living at the home and their relatives in a variety of ways. These included residents meetings, satisfaction surveys and a suggestions box. A high level of satisfaction had been expressed by people living at the home and their relatives about all aspects of the care and support provided.

People living at the home and their relatives were very happy with how the service was being managed. They told us that the registered manager was approachable and any issues were resolved immediately.

Staff were very happy with the management of the service and felt well supported by the registered manager . They found her approachable, helpful and inspiring. In addition to developing her own leadership skills, the registered manager provided opportunities for staff to develop their skills.

The registered manager was passionate about providing people with high quality care. She was a member of various health and social care organisations and attended a variety of forums to help her keep up with and share good practice. This enhanced the care people received, resulting in better outcomes for people living at the home.

We received very positive feedback from community professionals about the registered manager and the quality of the care provided at the home. The home had been nominated for an award by the local Clinical Commissioning Group (CCG).

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Outstanding.	**Outstanding** ☆

Ashlands Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 27 February and 5 March 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supporting this inspection had expertise in the support of older people.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community health and social care professionals who were involved with the service for their comments, including a nurse practitioner and a pharmacist. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the service and three visiting relatives. We also spoke with two care assistants, a nurse and the registered manager. We reviewed the care records of three people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Good

Is the service safe?

Our findings

People told us they felt safe when staff supported them. Comments included, "Staff are always there for you, checking things, like when we get up, when you're at the toilet, and you feel safe in yourself as well", "I feel safe because there's always someone [staff] here. I think that's a good thing" and "You've always got someone in the lounge with you". Relatives told us their family members received safe care. Comments included, "[My relative] is looked after better here than at the previous nursing home. There's better nursing", "[My relative] is safe because of the amount of support from the nursing staff, I've seen them work. No problem leaving [my relative] here" and "I trust the staff here".

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available which included the different types of abuse, staff responsibilities and the contact details for the local safeguarding authority. Records showed that all staff had completed training in safeguarding adults at risk. No safeguarding alerts had been raised by others about the service in the previous 12 months. One safeguarding concern had been raised by the service and we found this had been addressed appropriately.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of. They told us they would use it if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Detailed risk assessments were in place for each person supported by the service, including those relating to falls, handling and lifting, pressure sores and nutrition and hydration. They provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Risk assessments were reviewed regularly. One relative explained that their family member had been admitted to the home with pressure sores. They told us, "They're looking after [my relative's] pressure sores. They're healing".

We looked at staffing arrangements at the service. People who lived at the home told us there were enough staff to meet their needs. One person commented, "There's enough staff day, night and weekends". Relatives were also happy with staffing levels at the home. One relative commented, "I've never come and there's not been enough staff. They don't have a high staff turnover".

We found safe and effective processes in place for the management of medicines. All nursing staff had completed up to date medicines management training and their competence to administer medicines safely had been assessed. People told us they received their medicines when they should. We found two minor issues relating to medicines management practices at the homes and the registered manager addressed them immediately.

A record was kept of accidents and incidents that had taken place and records showed that staff had taken appropriate action, such as seeking medical attention. We saw evidence that accidents were reviewed

quarterly to identify any trends and ensure that appropriate action had been taken.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency.

Records showed that equipment at the home including the lift, hoists, pressure mattresses and wheelchairs were inspected regularly to ensure that the equipment people used was safe.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that staff had completed infection control training and one staff member was the infection control champion for the home. This meant that they attended regular local meetings to ensure staff remained up to date with good practice. People told us the home was always clean. An audit by the local authority infection control team in September 2017, concluded that, "Infection prevention and control is of a high standard and has a high priority". One person living at the home commented, "There's some good cleaners here. They hoover my bedroom and all through the house everyday. They have a carpet cleaner that they use a lot. They always use aprons and gloves, different colours when we're eating and when washing you". We noticed an odour in one area of the home on the first day of our inspection. We discussed this with the registered manager who addressed the issue immediately. We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in July 2017.

People and their relatives told us staff provided regular support with personal hygiene. One person commented, "Twice a week I have a bath. It's my choice when. I like a nice hot bath. Clothes are kept clean. You send them to the laundry and they're back the next day more or less. No clothes are lost".

We found that checks on the safety of the home environment had been completed. These included fire safety and legionella checks. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia.

There was a business continuity management plan in place, which provided guidance for staff in the event that the service experienced flooding, severe weather or a loss of amenities including gas, water or electricity. This helped to ensure that people continued to receive support if the service experienced difficulties.

We found that people's records and personal information was stored securely and was only accessible to authorised staff. One relative told us, "Nothing's left lying around".

Good

Is the service effective?

Our findings

People told us they were happy with the care they received and they felt staff had the knowledge and skills to meet their needs. Comments included, "I'm starting to feel I'm improving here [person recently discharged from hospital]. It's ten times better here than hospital", "Staff know what they are doing" and "They [staff] go on moving and handling courses. I feel very confident in them. You couldn't get better staff, I know that". One relative told us, "They definitely know what they're doing".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. They told us they received regular supervision and this was confirmed in the records we reviewed.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed three people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority. Staff told us they had completed MCA training. They sought people's consent before providing care, for example when supporting people with personal care or administering their medicines. Staff provided additional information when necessary to help people make decisions. The people we spoke with told us staff asked for their consent before providing support. One person commented, "They ask before they provide care. They're very polite, they knock at the door". People told us their liberty was not restricted unnecessarily. One person commented, "I'm never stopped from doing anything". Another person said, "I do what I want, when I want".

Care plans and risk assessments included information about people's nutrition and hydration needs. Where

there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. Care files included information about people's dietary likes and dislikes and intolerances. The staff we spoke with were aware of people's preferences and special dietary requirements. One person living at the home told us, "Meals are very good. There are two cooks, both very good. If you don't like something they will find you something else. We have choices. We're not rushed". Relatives were happy with the support their family members received with eating and drinking. One relative commented, "[My relative] gets support at mealtimes. They [staff] take their time, they're respectful".

Each person's care file contained information about their medical history and any prescribed medicines. Detailed information was also included about people's nursing care needs and how these should be met by staff, including wound care, pressure care and end of life care. We saw that people had been referred to a variety of healthcare professionals, including GPs, dentists, tissue viability nurses, dietitians, podiatrists and speech and language therapists. This helped to ensure that people's healthcare needs were met. People told us they received medical attention when needed. One person commented, "A practice nurse comes initially and then a doctor if you need one. But I usually ask the nurses here first, they come as soon as they can".

We found that information was shared with other services when appropriate. For example, the home ensured that important information, such as people's Medication Administration Records and a summary of their needs, accompanied them when they went into hospital. This helped to ensure that other healthcare professionals were aware of people's needs and risks.

The community professionals we contacted provided positive feedback about the care provided at the home. One healthcare professional told us, "The home owner and registered nurses are very good at recognising changes in patients if they are becoming unwell. The nursing staff are knowledgeable and have a very good understanding of people's needs and medical conditions. The residents seem very happy and well cared for".

The home had been designed and adapted to meet people's needs. Bathrooms had been adapted to accommodate people who required support with moving and transferring and there was a passenger lift and hoists available. Adapted cutlery and crockery was available to enable people to be as independent as possible at mealtimes and parts of the grounds were accessible to people with mobility needs.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "They are all very nice", "They're kind. Anything you ask for they'll sort it out. They make sure you're comfortable. If you've left something upstairs they'll go and get it for you" and "They're very helpful to me. They will dress you and change you whenever you want". Relatives commented, "[My relative] loves them [staff]. She thinks they're great" and "They're all kind and caring here. They [staff] make sure that people who can't drink by themselves have a drink and they take people to the toilet on time".

Staff told us they knew the people that they supported well, in terms of their needs, risks and their preferences. They could give examples of how people liked to be supported and felt they had enough time to meet people's individual needs in a caring way. One staff member told us, "We all know our residents really well".

People told us their care needs were discussed with them and they were involved in decisions about their care. One person commented, "I've seen my care plan. Your needs change and they change it to what we agree". One relative told us, "They talk to [my relative]. They're very good with her".

We saw evidence that people were encouraged to be as independent as possible. One staff member commented, "We don't do everything for people. If people can wash themselves or feed themselves, we encourage them to do it". One person being supported told us, "I feel independent. I can make my own decisions about things, about breakfast and all my meals".

People told us staff respected their right to privacy and dignity. One person commented, "They make sure everything's private when I'm having a bath". Another person told us, "I feel comfortable when staff help me to dress and undress". One relative commented, "They ask me to leave the room when they're helping [my relative] to get dressed". Another relative whose family member shared a room told us, "There's a curtain between the beds, we have privacy. Or we can go to the lounge". Staff told us they respected and promoted people's rights to privacy and dignity. They gave examples of how they did this, such as being discreet when they were supporting people with personal care, offering people choices and respecting people's relationships. We noted that a hairdresser visited the home every fortnight, which helped people to maintain the appearance they wanted.

We found that people's relationships were respected and people told us there were no restrictions on visiting. Comments included, "Relatives come anytime, that's the good thing. They try and avoid main mealtimes", "My friends can come whenever" and "My relatives are made welcome. They can come anytime, day or night". Relatives told us, "I can come anytime" and "I'm able to visit when I want and you can help yourself to a drink".

We found that communication between staff and people who lived at the home and relatives was good. We observed staff supporting people sensitively. They spoke clearly and repeated information when necessary to ensure that people understood them. This helped to ensure that communication was effective and that

staff were able to meet people's needs.

The residents guide issued to people when they came to live at the home provided a variety of information, including the aims and objectives of the service, residents' rights, activities and how to make a complaint. The guide was available in large print, braille and other languages. Information about local advocacy services was also included. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

The service produced a newsletter twice a year. We reviewed the newsletters from spring/summer 2017 and autumn/winter 2017 and found that information included the services available, events and activities, residents meetings and staff updates. This meant that people were kept up to date with what was happening in the home.

Good

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences and they were given lots of choice by staff. Comments included, "I like to go to bed soon. They [staff] get me into bed and I watch TV there, my choice. I could stay in the lounge but I like my own programmes" and "You can go to bed and get up when you want".

People told us staff supported them when they needed them to. Comments included, "You ring the bell and it's just a few minutes until they come", "I use the buzzer. They come as soon as they can, no problems" and "They come, sometimes in a few minutes, they have to deal with other patients to make sure they're safe".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They included information about what people were able to do, what they required support with and how staff should provide that support. People told us their needs were reviewed regularly and this was confirmed in the care documentation we reviewed. The staff we spoke with were able to tell us about people's risks and needs. They described how they supported people in a way which kept them safe and met their needs, while encouraging them to independent and respecting their preferences.

Records and photographs showed that people were supported to take part in a wide variety of activities both at the home and in the community. These included chair aerobics, film afternoons, visiting singers and dancers, flower arranging and a recently introduced gardening club. There were also regular trips out, including trips to Blackpool zoo, the Trafford Centre, canal trips and local events and garden centres. Festivals were celebrated, such as Mother's Day, Father's Day, Chinese New Year and St Patrick's Day. During the first day of our inspection a pianist visited the home. People and their relatives sang along, swayed to the music and seemed to thoroughly enjoy the entertainment.

People told us they were very happy with the activities and outings available. One person commented, "We have chair aerobics on a Wednesday, a quiz on a Monday and Thursday, a lady comes and plays the piano. Singers and dancers come, they're really good, our favourites. On Friday a lady comes and we make things, like lavender bags, she's always got good ideas. We've been to Blackpool zoo and the war museum. We can go outside, usually after lunch, there's seating outside. I read a lot, the library service comes every month, large print if you want. There's a good selection". Relatives commented, "The amount of activities is phenomenal. Plenty of board games and volunteers come in" and "There's nearly always something going on". One community professional told us, "The staff provide regular activities, outings and social events for the residents".

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and people were receiving appropriate support. During our inspection the registered manager told us she was not aware of the standard. She contacted us shortly after the inspection to advise that all aspects of the Standard had been implemented at the home.

The service used various types of technology to support people and staff. This included the use of a digital 'telemedicine' service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital.

We looked at how the service supported people at the end of their life. There was an end of life policy in place and the majority of staff had completed end of life training through the local hospice. Three staff members were end of life champions, which meant they were responsible for ensuring that staff at the home stayed up to date with good practice. Each person supported at the end of their life had a 'peace plan' in place, which documented their needs and wishes and was reviewed frequently. Staff were encouraged to seek support after a person's death and could submit feedback about how the person had been supported. The registered manager held meetings every three months to review people's end of life care needs. This was to ensure that plans had been actioned and information communicated in response to people's needs and preferences. We received feedback from the external trainer who had provided the end of life staff training. They told us, "The manager was forward thinking in her choice of the staff selected to undertake this training, which included all grades of staff. All staff members were encouraged to embrace the principles and integrate them into practice, which they all achieved".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. The policy was also displayed in the entrance area and information about how to make a complaint was included in the residents guide. Records showed that one formal complaint had been received in the previous 12 months and this had been managed in line with the policy. The registered manager kept a log of minor concerns that had been raised and we saw evidence that they had been resolved quickly. None of the people living at the home or relatives we spoke with had made a complaint but all knew how to complain if they needed to. One relative commented, "No-one's got any complaints about the place".

We reviewed a large collection of thank you cards. Comments included, "You have all been so kind and caring towards [relative] and all the family", "Thank you so much for everything you have done for [relative]. She was loved and cared for so well" and "The level of care at Ashlands cannot be surpassed. The bests interests of the resident catered for at all times, with loving attention and always a smile".

Outstanding ☆

Is the service well-led?

Our findings

People living at the home and their relatives knew the registered manager and were very happy with the way the service was being managed. People told us, "The management is very good. I don't think you'll get better anywhere else" and "I think it's well managed". Relatives commented, "It's very well managed. It's always spot on, very home from home", "It's managed well. [My relative] has put weight on since she's been here" and "It absolutely well managed. It ticks over nicely".

At the time of our inspection the service had a registered manager who had been in post since 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the registered provider for the service and co-owner of the home.

We received positive feedback about the registered manager and the management of the home from a wide variety of community professionals. One external training and apprenticeship assessor who regularly visited the home told us, "The staff are good, very knowledgeable. [Registered manager] is very approachable. She invests time in the staff and the staff are well supported. The home is clean, calm and welcoming". This meant that the registered manager supported staff to achieve the knowledge and skills necessary to provide people with high quality care.

The nursing and quality manager for the local CCG told us, "[Registered manager] is very passionate about delivering a high quality of care to her residents. She has been one of the first care home managers to be engaged with the CCG work programme and is an active participant at the Care Home Quality Forum. In 2017, she volunteered to take part in a small pilot of ten care homes and was the first to become fully compliant with the Information Governance toolkit. Ashlands is also taking part in the Red Bag scheme, where the home ensures that standardised care documentation and information, along with essential medication and personal belongings, go to hospital with the resident in a dedicated red bag. The scheme is being rolled out nationally and we are leading the way in Lancashire". This demonstrated the registered manager's commitment to ensuring that the care provided to people living at the home was of a high quality and reflected current best practice.

The CCG manager told us they had nominated the home for a CCG 'star award' in March 2017, for developing links with a local school to create relationships, improve the communication skills of people living at the home, while also facilitating the children gaining letter writing skills. She commented, "The manager has worked very hard over a long period of time and overcome a number of obstacles to develop relationships with a local school to get this scheme off the ground. This demonstrates drive and determination and a continuous quest to go the extra mile to enhance the residents well being. This is a fantastic example of partnership working where mutually beneficial outcomes can be identified, enhancing community assets for the regulated care sector and the wider community". The registered manager told us that the she had picked the school because one of the people living at the home had attended the school as

a child and loved to reminisce about it. She told us that the people living at the home had really enjoyed developing relationships with the school children and looked forward to hearing from them and their visits.

Another community professional who visited the home regularly told us, "I find Ashlands to be a place of care and compassion for residents and visitors. [Registered manager] and her staff are friendly and helpful and clearly know those in their care very well. They pay great attention to details, celebrating birthdays and main events and festivals throughout the year. There is a calm and gentle spirit within the house, as well as a positive spirit of fun and friendship. Families appear to feel well supported and some remain in touch when their loved ones have moved on. The house is well kept and always clean and tidy. There are strong links and good communication with the local community".

The registered manager demonstrated a passion for providing people living at the home with high quality care. She told us and records showed that she attended a variety of local meetings, forums and conferences to stay up to date with and to share good practice. These included East Lancashire Clinical Commissioning Group [CCG] Care Home Quality Forum, Lancashire County Council provider forum and Lancashire Care Home Association conferences . In addition, the registered manager was a member of Lancashire Care Association, the Registered Nursing Home Association (RNHA) and a local registered manager support group. She was also a member of the East Lancashire CCG Digital Health Board, which focuses on the use of technology to support progress in health and social care.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service, they received a job description, staff handbook and code of conduct. One staff member told us, "We're kept up to date with good practice through our training and regular staff meetings". This helped to enhance the quality of care provided by staff and to improve the outcomes for people living at the home. We found that, in addition to her own her own leaderships skills, the registered manager developed the skills of other staff. For example, the cook at the home had been included in the training for end of life care in addition to the care staff.

People living at the home felt that staff and the registered manager were approachable. They told us, "[Deputy manager] is a lovely person. Always nice. She's the best in the world at looking after us" and "The manager is very approachable about anything". People told us they were actively encouraged to discuss any concerns. One person commented, "You just tell them and they'll sort it out". Another person told us, "The manager is very approachable. If you've got a problem she sorts it out immediately".

People told us there was a positive atmosphere at the home. One person commented, "It's quiet. Staff have time to talk to you". Another person told us, "There's a pretty good atmosphere. Up to now it's what I've wanted". Relatives commented, "There's a grand atmosphere in the lounge. All acknowledge one another. It's a happy place to be", "It's friendly and comfortable. A cracking place, it really is" and "The atmosphere is lovely. People are all happy, residents, visitors and staff. I'd like to come here as a resident".

The registered manager used a variety of methods to gain feedback from people who lived at the home and their relatives about the care and support being provided. Quality assurance surveys were issued yearly. The results of the surveys issued in December 2017 showed that a high level of satisfaction had been expressed about all aspects of the service. Comments included, "We're delighted with the care" and "I have always felt that [my relative] is looked after very well at Ashlands".

People told us that residents and relatives meetings took place regularly and this was confirmed by the records we reviewed. We noted that issues addressed during the meetings included activities, trips and entertainment, meals and staff changes. One person living at the home told us, "We have residents

meetings. We usually decide to get fish and chips from the shop. The last one was just a few weeks ago".

There was a suggestion box in the entrance area of the home. The registered manager told us that it was not used often as people felt able to make suggestions to staff in other ways, such as during daily conversations and residents meetings. A compliments book was also available. A recent comment from a community healthcare professional stated, "What a lovely home. All staff are extremely friendly and helpful, easy to talk to and are very approachable when relaying advice about patient care".

We found that the registered manager used the feedback received from people through their concerns, residents meetings and questionnaires to continually improve the service. For example, concerns raised by people were discussed in staff meetings to avoid recurrences in the future.

The registered manager issued surveys to staff each year for their views and comments. We looked at the results of the surveys issued in November 2017 and noted that 17% of staff had responded. A high level of satisfaction had been expressed with most areas of the service. Comments included, "I'm lucky to work with such dedicated staff" and "We continue to work to the best of our ability and promote independence". One staff member had raised an issue and we saw evidence that this had been addressed.

We found high levels of satisfaction across all staff. The staff we spoke with told us they were very happy working at the home. They were motivated by the registered manager and were proud of the care and support they provided. Comments included, "I don't think anything could be improved here. I would be happy for a member of my family to live here" and "It's a great place to work. Everyone mucks in when things need to be done". Staff were happy with the management of the service. They felt well supported by the registered manager and told us they were actively encouraged to discuss any concerns with her. Comments included, "I think the management is great. [Registered manager] and [deputy manager] work very well together" and "The manager and deputy run a tight ship. We're clear about our responsibilities. They help out when needed and they're very easy to talk to if you have any problems".

We found that the registered manager was committed to inclusion and equality across the staff group. The staff we spoke with felt fairly treated. The registered manager told us she was in the process of implementing the Stonewall Diversity Champions programme, which focuses on creating a workplace that enables lesbian, gay, bisexual and transgender [LGBT] staff to reach their full potential. She told us she planned to discuss the programme with staff at the next staff meeting.

Staff told us that staff meetings took place regularly and this was confirmed by the records we saw. We reviewed some recent meeting notes and found that issues discussed included updates about good practice, such as wound care and raising safeguarding alerts, updates about people's risks, needs and preferences, reminders to staff about tasks and their responsibilities and activities. We saw evidence that staff members' suggestions and feedback was sought and listened to, for example staff were asked for their comments about new staff members who had recently joined the service.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, tissue viability nurses, GPs, advocacy services, local training providers and activity providers. This helped to ensure that people had support from appropriate services and professionals and their needs were met.

We found that governance methods were well embedded within the service and there was a strong framework of accountability to monitor staff performance. A variety of audits were completed regularly by the registered manager. These included audits of care plans, medicines, falls, accidents, pressure ulcers,

safeguarding issues and complaints. We noted compliance levels were high and most audits found that no improvements were needed. We saw evidence that action had been taken where occasional shortfalls had been identified, including individual staff performance. In addition the registered manager completed a quarterly comprehensive audit, which included health and safety, the home environment, care files, resident feedback, visitors comments, complaints and whistle blowing. We found the audits completed were effective in ensuring that high levels of quality and safety were maintained at the service.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The registered manager told us that a number of improvements to the service were planned. She told us she hoped to encourage community residents to access the service, planned to encourage relatives and friends to make more suggestions about the service and to update staff training on dignity, respect, equality and diversity.

The provider's philosophy of care was, "To look after our service users in the best possible way, in a home from home environment, creating an atmosphere to meet all the care, social, spiritual and psychological needs of the individual". We saw evidence during our inspection that this philosophy was promoted and achieved by the registered manager and staff at the home.