

Ashbourne House Care Homes Limited

Ashbourne House - Bristol

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Ashbourne House on 20 and 21 August 2015. Following this inspection, we served a Warning Notice for a breach of Regulation 13 of the Health and Social Care Act 2008 relating to Safeguarding service users from abuse and improper treatment. In addition to this, we also found an additional nine breaches of nine other regulations of the Health and Social Care Act 2008 during that inspection.

Following the inspection the home was placed into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements at its next comprehensive inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Ashbourne House' on our website at www.cqc.org.uk

Following the inspection in August 2015 the provider wrote to us to say what they would do to meet the legal requirements. We undertook another comprehensive inspection on 1 June 2016 to check the provider was meeting the legal requirements for the regulations which they had breached. At this inspection the provider had made sufficient improvements to be removed from special measures.

Ashbourne House is a 17 bed residential home for older people that provides accommodation for persons who require nursing or personal care. At the time of our inspection there were 12 people living at the service.

There was a registered manager in post. 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.

There were not appropriate procedures for the administration and recording of PRN (as required) medicines.

Daily records did not always accurately reflect the care given to people.

The home was generally clean however improvement was required in the level of cleanliness and the inappropriate storage of cleaning materials within the laundry room.

People's needs were regularly assessed and resulting care plans provided practical guidance to staff on how

people were to be supported. Care plans were personalised and contained individual information and references to people's daily lives.

There were enough staff to meet people's needs. Staff demonstrated a detailed knowledge of people's needs. They had received training to support people to be safe and respond to their care needs. Training did not however include specific training to support all care staff to recognise and meet the needs of people. Staff were aware of the service's safeguarding and whistle-blowing policy and procedures.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

Training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided to staff. DoLS aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Staff were knowledgeable about the protection of people's rights. The service had ensured that best interest decisions were undertaken when people lacked the mental capacity to make decisions and give their consent.

There was a robust staff recruitment process in operation. The recruitment process was designed to employ staff that would have or be able to develop the skills to keep people safe and support their needs.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We received positive feedback from people's relatives and visitors to the service. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs. People were supported to undertake activities.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

The provider had made appropriate notifications to the Commission; notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

We found one breach of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the 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?

The service was mostly safe.

Improvement was required in relation to processes for the administration of PRN (as required medicine) protocols.

Improvement was required in the level of cleanliness and the inappropriate storage of cleaning materials within the laundry room.

There were enough staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training. They also had a policy and procedure which advised staff what to do in the event of any concerns.

The service had safe and effective recruitment systems in place.

Requires Improvement ●

Is the service effective?

The service was mostly effective.

Staff had received training which enabled them to have the skills to undertake their role. Training did not include specific training to support all care staff to recognise and meet the needs of people.

Staff received regular supervisions.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings.

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were supported to maintain relationships with their family.

People and their relatives told us staff were kind and caring.

Staff understood people's needs and preferences.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

The service had not involved people and their relatives in care plan review meetings. Daily records required improvement in relation to the accuracy of person centred information

Care plans were personalised and contained individual information and references to people's daily lives.

People had access to daily activities.

The service had involved other professionals to support people and people were supported to access health care services.

The service had a robust complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider and registered manager had quality assurance systems in place to ensure continuous improvement to the service.

People told us staff were approachable and relatives said they could speak with the registered manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Ashbourne House - Bristol

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 between on 1 June 2016 and was unannounced. The inspection was undertaken by one 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 service.

Prior to the inspection, we viewed all information we held about the service, including information of concern and statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us. We also viewed the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with eight people that used the service, two relatives and four members of staff. We also spoke with the registered manager and the provider.

We reviewed the care plans and associated records of four people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

During this inspection we looked at the arrangements for storing and giving medicines. We also looked at people's medicines administration records (MAR). We found that suitable systems were in place for the safe handling of medicines but some improvements were needed in relation to PRN (as required) medicines. Some people were prescribed medicines, such as pain relief, to be given 'when required'. PRN (as required medicines) protocols were not in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines. They can be a useful tool during medicines reviews.

People's care plans did not provide guidance on how or when PRN medicine should be used and the information was not available with the MAR charts. For people taking PRN medicine for pain relief there was no information or reference to the level or kind of pain that might indicate its use was required. Because the PRN protocols were not available with the MAR it meant that staff that were unfamiliar with people's needs would not have the information required when they were doing the medicine round. In addition to this we found that the times of day when PRN medicine had been administered was not necessarily recorded. This meant that the staff could not ensure that they left the recommended gap between doses or that the person was staying within the maximum dose each day. The reason for administering PRN medicines was also not documented which meant it was difficult for staff to identify any trends or common themes in relation to when the person required the medicine. This also meant there was a risk that some staff may not realise a person routinely required PRN pain relief at a certain time of day because it had not been documented.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Suitable arrangements were in place for obtaining medicines. People's medicines were available for them. Staff told us the pharmacy system worked well. The pharmacy provided printed medicines administration records for staff to complete when they had given people their medicines. We looked at MAR records for the service; staff had recorded the medicines they had given and the reason if they had not given a regular medicine.

Medicines were stored safely and securely in each of the units. Staff checked and recorded the temperatures of medicines storage areas and medicines refrigerators to make sure they were safe for storing medicines. We spoke to people using the service who told us their medicines were available for them and they were happy with how staff looked after them.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found the provider had not followed the DH code of practice on the prevention and control of infections. People were not cared for in a clean and hygienic environment. There was not a dirty to clean flow for laundry in the laundry room. We found it cluttered with furniture and other items. The work surfaces were dirty, as was the sink. There was also damp plaster and paint coming away from the wall. The work surfaces were cluttered and not seamless. There was also open shelving in the room which had gloves and aprons on it. There were dirty damp mops left head

down on the floor which meant that bacteria could develop. The laundry area increased the risk of cross contamination and the spread of airborne infections.

At this inspection there was improvement in the layout of the laundry; furniture had been removed and the work surfaces were clear. Although the level of cleanliness had improved the floor was unclean and there was some inappropriate storage of cleaning materials. We pointed this out to the registered manager who immediately arranged for the room to be cleaned and the cleaning materials to be stored elsewhere.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found there were not sufficient numbers of staff to support people safely. There were no auxiliary staff and the care staff were rostered to cook and clean whilst undertaking their care role, this meant there were occasions when there were not enough staff to meet people's needs. We also found that there were two staff rostered as 'sleeping nights' who did not cover all areas of the home during the night. There were no risk assessments in place for the level of night staffing or a dependency assessment to ensure there were sufficient staff to meet people's needs at other times.

At this inspection, there were sufficient numbers of staff to support people safely. A chef and cleaner had been employed and care staff concentrated their time on providing care to people. We also found that the night staff levels had been assessed and that there were now 'waking' night staff available to ensure that people's needs were met. People told us that care appointments were met by staff when they needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments outside of the home. We asked people and their relatives if there were enough staff at Ashbourne house to meet their needs. People made mixed comments, they said "I think there's enough staff here I haven't seen many go but I have seen new ones come and the staff are very good", "I think there's enough staff and I have seen new staff here" and "One has already left and two more are leaving so no I don't think there is enough staff." One person commented on staffing at night "At night they have someone that's up all night so if you need anything they will get it for you like Horlicks I just press my call bell." Relatives we spoke with told us they felt there were enough staff to meet people's needs. One relative said "I think there is yes and there's been at least one new member of staff here." Staff on duty also confirmed they felt there were enough staff to keep people safe and told us that they were able to meet people's needs quickly and also spend one to one time with people who wanted this.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found the premises were not secure and safe. The provider had not ensured that people were kept safe from intruders and the home was not suitably safe and clean. We were able to enter and walk around the home unchallenged. During the inspection we looked in the freezers and found that food storage was unhygienic and put people at risk of eating contaminated food. Outside of lock-up storage in the garden we saw that bin bags full of domestic rubbish were torn and rubbish was scattered across the garden. We also saw that old mattresses and fencing were left outside on the lawn area and that disused mobility equipment had been left by the garden door. The garden was a hygiene hazard and unsafe for people to access.

At this inspection we found that the premises were secure; doors were not left open and access was monitored by staff using an alarm system. The general cleanliness within the home and in the garden had improved and food was stored in a hygienic manner. The addition of a cleaning member staff had also contributed to ensuring the home was kept clean. People we spoke with told us they felt safe. People said "Yes very [safe] the girls here make you feel at ease and they treat you like a human being" and "Oh yes but I've never ever thought about it". When asked about the cleanliness of the home people said "The girls here are very good and they come into my room every day to clean it and I like to help and the home is very

clean" and "My room is very clean cleaned every day and very comfortable they keep my room and the home spic and span it's always clean and tidy". Relatives we spoke with also commented that the home was clean. One relative said "I come here three to four times a week and they're always cleaning and yes the home itself is always clean."

When we last inspected Ashbourne House on 20 and 21 August 2015 we found people in the home were not protected because staff did not know the processes to follow if they were concerned about poor practice or the safety and welfare of people living in the home. Staff had received training in safeguarding adults and the prevention of abuse. However when the staff on duty were asked, they were unclear on how to raise safeguarding concerns and which organisations they could contact to raise concerns about the welfare of people in the home.

At this inspection we found the service had a policy and procedure regarding the safeguarding of people and guidance was available in the office area for staff to follow. Staff told us that they would report any issues of concern to the registered manager. Staff also knew that they could speak to the local authority safeguarding team directly if they felt this was appropriate.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found the provider had not ensured that there were effective recruitment and selection processes in place; new staff were not subject to suitable recruitment procedures. Not all of the required pre-employment checks had been completed and recorded.

At this inspection we found that there was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required, particularly in relation to falls.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required.

We recommend that the provider reviews the procedures for cleaning and storage within the laundry room to comply with the DH code of practice on the prevention and control of infections.

Is the service effective?

Our findings

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that staff were not consistently supported through an effective training and supervision programme. At this inspection we found that staff had the knowledge and skills to carry out their role. Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they received training mandatory to their roles and had access to further training if they wanted it.

At this inspection we found that although the registered manager had improved greatly on ensuring training was undertaken, some refresher training was behind. We also found that training did not include specific training to support all care staff to recognise and meet the needs of people. For example there were people using the service who lived with epilepsy and diabetes. Specific training for staff to meet people's needs is good practice if staff are regularly undertaking care for people living with for example epilepsy. This would enable staff to recognise symptoms and access the appropriate healthcare or assistance before the conditions became advanced.

All staff we spoke said they had been supported with supervisions recently. Records we saw demonstrated that supervisions had been undertaken as often as directed by the provider's supervision policy. This position was reflected in the staff records. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. When we spoke with staff they told us they were given opportunities to speak with the registered manager about any concerns they had, or any development they needed and that they felt well supported. One member of staff we spoke with said "I can always turn to [registered manager] and she always makes sure that she asks me if I have any concerns or training needs during my supervision."

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

When we last inspected Ashbourne House on 20 and 21 August 2015 we found the provider had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS): Code of Practice and the Mental Capacity Act 2005 Code of Practice. Providers must at all times act in accordance with these Codes. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We found that no DoLS authorisations had been sought by the registered manager. We found however that there was one person using the service who required an authorisation in place. We also found that staff who had undertaken DoLS and MCA training did not demonstrate a good knowledge of the legislation in relation to people living in the home.

At this inspection we checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's capacity to make decisions had been assessed and appropriate DoLS applications had been made.

We saw from the training records that some staff had received training on the MCA DoLS since the last inspection. The staff who had received training had a good knowledge of the act when they were asked about the principles of the MCA and DoLS. We also found that care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that the provider failed to ensure that people sustained good health by the means of providing suitable, nutritious food and hydration. People did not receive a varied diet. There was no allocated chef or menu to view. We looked at what people had eaten for the previous three weeks and it was clear that there was an excessive amount of bread in the daily menu. We found there was no assessment of the diet being nutritious or involvement of a dietician so people could be assured that their diet was suitably nutritious. There was an inadequate supply of hot and cold drinks to people throughout the inspection. There was also no choice of a hot cooked breakfast, when we asked why staff told us the night staff served people with breakfast in their rooms between 7am and 8am.

At this inspection we found that people's nutrition and hydration needs were met. The menu had been altered to include a greater number of dishes that included fruit and vegetables as well as a reduction in the amount of bread on the menu; toast and sandwich based meals. We also found that cold drinks and fresh fruit were readily available in the lounge and communal areas and that people also received hot drinks regularly throughout the inspection. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People were weighed monthly and if someone was noted to have lost weight, this was discussed with their GP. People also told us that they could have a cooked breakfast at a time of their choice.

During our inspection we observed lunchtime in the home. People were provided with their lunch in a timely way. There was a choice of menu for lunch and supper and each person had chosen what they wanted to eat. People told us that the chef spoke with them to enable them to choose what they wanted to eat and that if they did not like the menu choice they were offered an alternative. At the lunchtime meal we saw that people interacted with each other along with the staff and there was a sociable friendly atmosphere. The tables were attractively set with tablecloths, place mats, and napkins. People were asked if they required any assistance to eat, we also observed that there were different size meals according to people's preferences and staff told people what was being served. The food looked and smelled appetising. People were also offered a choice of desserts and tea and coffee was served in the lounge about an hour later. When asked about the food at the home people said "The food is excellent I don't miss a meal unless I'm unwell the food has got better since the new chef came here", "We get a good choice and if I was hungry at night I would use my call bell and get something to eat and drink" and "If there's something I don't like on the menu then they will cook you something else". Another person said "The food here is very good and I get a good choice and my favourite food is mash potatoes, roast potatoes and sweet potatoes and lamb chops and I get them every week and if I want anything to drink in the night I have water in my room and I have biscuits." A relative said "Food is good here and [person's name] gets a good choice and what I like is that they come around and explain everything that's on the menu to [person's name] and [person's name] always has water and biscuits in [person's name] room."

We made observations of people being offered choices during the inspection, for example where they

wanted to sit and what they would like to eat and drink.

People were supported to use healthcare services. People had regular health reviews with their GP and other healthcare professionals. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team, district nurses and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists and opticians had happened when required.

Is the service caring?

Our findings

When we last inspected Ashbourne House on 20 and 21 August 2015 we found people's dignity and respect were not always protected. We observed several examples of people's dignity being compromised.

At this inspection we observed staff treating people with dignity and respect. We saw staff ask before they carried out care and knock and wait before they entered people's rooms. One staff member explained they always knocked before entering a person's room and asked permission before giving personal care. People told us that staff were respectful when undertaking their personal care.

People told us that staff were kind and warm in their approach and during our inspection, we heard staff speaking with people in a caring and respectful way. For example, we heard one person being asked if they would like assistance with their food. We heard another person being asked, if they were ok and comfortable.

People were able to express their views and be involved in making decisions about their care and support. They were able to decide where they wanted to spend the day and we saw people being asked after mealtimes in the dining room, where they wanted to have their hot drink.

Staff told us how they provided kind and respectful care to people. Comments from staff included, "I treat the residents like I would want to be treated." Staff told us that people's care was not rushed and they were able to spend quality time with people. One member of staff told us "We have so much more time to spend with people providing them with companionship, not everyone wants to sit in the lounge or do activities." The member of staff told us they were able to spend quality time such as this, on a regular basis. Another member of staff said "Since the staff numbers have increased no one has to wait for their personal care."

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests. One member of staff said they established a rapport with people by reading about their life history and then talking about their interests.

People were supported to maintain relationships with their family. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. People and relatives we spoke with told us that relatives could visit the home whenever they wanted.

Is the service responsive?

Our findings

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that although people's care plans were reviewed the reviews did not always identify any changes in the level of support people may require. We also found that daily records were not monitored to ensure that changes in people's behaviour and health were analysed to prevent issues from occurring.

At this inspection we found that reviews now identified changes in the level of support that people required. However people and their relatives gave negative responses when they were asked if they were consulted and included in care plan review meetings. Nearly all people and relatives we spoke with could not confirm they had been involved in reviews or had seen the care plan. People we asked said "No never ever seen it, come to that I don't know I had one", "No I've never seen it do you think I should have?" and "No never seen it". Only one person told us they had seen their care plan when taking it with them to hospital visits, they said "Yes I take it up to the hospital when I go there so they can see what pills I'm on." A relative said "No I've never seen it and I'm not sure if my mother has and no I've never reviewed it".

At this inspection we found that daily records were recorded on a computer based care planning system, this enabled comments to be copied and pasted into people's records. We found that although daily records were being made the same comments were being copied and pasted for people with just a change to the person's name. This habit had on occasion led to comments being made which were not correct for the individual person. The staff member had simply copied and pasted the same comment for everyone. This method of completing notes although efficient for staff meant that the notes were not person centred and that mistakes were made, as staff had not concentrated on ensuring the notes were an accurate reflection of the care provided. For example we looked at the notes for one person which stated that the person had a peaceful night and ate their breakfast, when in fact the person had been in hospital.

The registered manager had put a system into place to audit these records during care plan reviews and for discussion during handover shift meetings. Although the recording frequency had improved there was a risk that changes in people could not be monitored effectively if the content of records were incorrect.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that the provider had failed to ensure that people received care and treatment which met their needs and preferences. The service was not consistently responsive to a person's needs. People told us that there was no choice in when breakfast was served and that they were encouraged to go to bed before the night staff came on duty at 10pm, as the staff slept in the 'residents lounge'. We also found there was a bath list for people that required assistance. This list gave set times once a week for people to receive a bath, other than for one person who had a daily 'wash' and another who was fully independent. There was no choice available to people to take a bath as and when they wished. Care was not consistently based on people's choice and had, on occasions, been done for the convenience of staff.

At this inspection people told us that they were given choices in their daily routines which helped ensure that their views were listened to. We spoke with people about the choices they had around their care.

People we spoke with said they received a full choice around their breakfast service. There was no longer any pressure to go to bed early as there were waking staff on duty at night. People told us their personal care was provided at their choice of time and that the increase in staffing had enabled these things to happen.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that care plans were not person centred. Care plans were not personalised and did not contain unique individual information and references to people's daily lives. There was no detailed information about people's daily preferences such as waking, sleeping times, their life history or information about their family relationships. This meant there was a risk of people not receiving person centred care, because staff did not have the information available in relation to all of the people they were caring for.

At this inspection we found that there was an improvement in the quality of person centred information within the care plans. We saw that the service had identified and recorded people's choices and preferences, this included foods and activities. We also saw that there was more information around people's relationships and life history. Particular improvement was noted in sections relating to how personal care was to be provided. We saw that preferences of male or female care staff was recorded. We also read detailed information about how people liked to be assisted to dress, for example we read that one person could get dressed independently but may need assistance with zips. This helped to ensure that care was planned and delivered in line with people's individual care plans and preferences.

When we last inspected Ashbourne House on 20 and 21 August 2015 some people's care plans identified activities that were suitable for the individual concerned; however recordings were not made on a regular basis in people's daily records to monitor the suitability and provision of activities for people. We also found that activities were held weekly or bi-weekly and there were no activities at all on the weekends. Activities were not advertised in the home and therefore there was no plan to which people could organise their day. This meant it could not be monitored and confirmed if people's social needs were being met. People we spoke with also told us that they received very little one to one quality time with staff.

At this inspection we found there were activities on most days in the home and that when people took part in activities this was recorded. The choice of activities had been discussed with people at residents meetings and people had agreed on the activities that took place. People who did not like to partake in group activities and who preferred one to one time had received this time from staff. People we spoke with said "We have people come in, in the afternoons we have a sing song and we have painting and they always do something every day and I like most things we do" and "I like exercising and the artist that comes here. I'm painting a portrait which I really like doing and do dancing and tomorrow, we get two young girls come in here and do a quiz and a sing song."

We found that people's individual bedrooms were well furnished, and people were encouraged to personalise their rooms with photographs and memorabilia. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

There were systems in place to respond to people's complaints, and we saw the procedure for making a complaint was on display in the home. There had been no formal complaints made since the last inspection. People and relatives confirmed they knew how and where to access the complaints procedure. People we spoke with said "No never had to complain and if I did I would complain to [registered manager's name] and I think the staff here always listen to you and they act on what you say" and "No never needed to complain."

Is the service well-led?

Our findings

When we last inspected Ashbourne House on 20 and 21 August 2015 there were ten breaches of regulations. We found that the systems in place to monitor quality and safety and the provider's quality assurance processes had not ensured that the premises and equipment used by the service were safe for their intended purpose. We also found that the provider did not have an effective system to monitor the quality of people's care records and ensure the service held current and accurate records about people.

Since the last comprehensive inspection the provider and registered manager had focused the service on rectifying the issues related to the previous breaches of regulations. Improvements had been made to the home's systems and processes for maintaining standards and improving the service.

Our findings from previous inspections of this service had shown a history of when improvements had been made following non-compliance; these had not always been sustained. Whilst we recognised that improvements were being made to the home's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and were not yet fully embedded in practice.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, infection control and care plans. The observations identified good practice and areas where improvements were required. We saw that daily care notes, activities for people and staff mental capacity act knowledge had already been recognised as requiring improvement through the provider's own quality checks. The registered manager and provider were working towards improving these areas.

We also found that the quality of people's records had improved; care plans had been personalised, and care plan audits and regular reviews of daily records and risk assessments had been implemented.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve these areas there were action plans in place.

When we last inspected Ashbourne House on 20 and 21 August 2015 the provider had failed to seek and act on feedback from people and staff for the purposes of continually evaluating and improving the home. At this inspection we found that people who used the service and their representatives were asked for their views about their care and treatment and they were acted on. Customer satisfaction surveys were sent out to the people living in the home and their family and representatives. The last survey was sent out in October 2015. This survey received a good response and people living in the home raised a number of issues they wished to be addressed. The registered manager told us they had initiated actions as a result of the surveys. For example we saw the food choice and menus had been altered to meet people's choices. Actions were recorded as part of an auditable action plan which had timescales for completion. This meant

that the provider was able to ensure that the progress of actions were reviewed and met in a timely way. We saw that where actions were still in progress the registered manager ensured that people were updated with an explanation.

People told us the registered manager and staff were approachable and they could talk with them at any time. The provider and registered manager also told us they operated an open door policy and welcomed feedback on any aspect of the service. The registered manager was confident relatives and staff would talk with them if they had any concerns. We also saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings, and also on the phone if there was anything urgent that they needed to know. A person we spoke with said "We have a meeting every two or three months and yes they get things done as far as I know."

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. We saw from the records relating to staff meetings that the provider encouraged staff to provide constructive feedback about the running of the home and the provision of care to people via the staff meeting and staff supervision processes. We also saw that changes and improvements to the service had been made as a result of staff feedback for example the introduction of a medicine trolley to make medicine administration more efficient. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. One staff member said "Information isn't fragmented anymore, the way we communicate is so much better."

People and their relatives said they had a good relationship with the staff and registered manager who they found to be accessible and, approachable. People we spoke with said "I sometimes say that I'm leaving but to be honest with you it's very good here the staff are good and the manager [registered manager's name] is very good and "The staff here are very good and [registered manager's name] is alright too." A relative said "I'm happy with the care home and I can't fault them, the staff; always someone to talk and always someone to help."

Staff felt well supported by the registered manager and provider and felt confident to approach the registered manager with any concerns. All staff we spoke with told us they knew how to report any concerns about the delivery of care and would not hesitate to do so. One member of staff said "The last inspection really gave us a kick in the right direction and [registered manager's name] has really listened to us and made changes to make the home better".

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

When we last inspected Ashbourne House on 20 and 21 August 2015 we found that in the absence of the registered manager, the staff did not know about the recording and informing processes for statutory notifications. Further to this we also found that the registered manager had not responded appropriately in making statutory notifications to the Commission in relation to serious injuries and allegations of abuse. We found that a number of incidents we looked at constituted statutory notifications and none had been made; the staff had been unaware that the incidents had required reporting to the Commission as statutory notifications. At this inspection we found that the registered manager had made appropriate notifications and was aware of their responsibilities under the notification process.

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 Improvement was required in relation to protocols for PRN medicine administration.