

## Making Space

# Ashwood Court - Unit 1

### Inspection report

Woodford Avenue  
Lowton  
Warrington  
Cheshire  
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### Ratings

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

# Summary of findings

## Overall summary

The inspection was unannounced and carried out on the 18 January 2016.

The service was last inspected on 04 September 2013 when we found the service was compliant with all the regulations assessed at that time.

Ashwood Court is a residential care home situated in Lowton, Greater Manchester. The home is owned and managed by Making Space. The home is in close proximity to local amenities and on a bus route. The home is on one level and provides care and support for up to 17 adults who are living with a mental health diagnosis. There were 17 people living at the home at the time of the inspection, varying in age from 32 to 107.

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.

People, relatives and visiting healthcare professionals spoke positively about the staff and care provided. It was observed during the inspection that staff understood people's needs, maintained people's confidentiality and liaised with external agencies timely and appropriately.

Staff went through a robust recruitment process before working at the home. During the inspection we observed sufficient staff were deployed to meet people's needs.

People had comprehensive risk assessments which were reviewed regularly and changed timely to meet people's needs. People and their relatives were involved in the assessments and planning of their health and social care. Regular reviews were undertaken and people's views were listened to and acted on.

Staff received safeguarding training and were able to tell us how they would identify and report safeguarding concerns. Medicines were stored and administered safely.

Staff were supported through induction, supervision and training to promote better outcomes for people.

We received a mixed response from staff regarding their understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw staff had received training but upon reporting our findings at the end of the inspection, staff were scheduled to attend further training. We have made a recommendation about the application of the acid test in making decisions regarding DoLS.

We saw staff assessed people's nutritional needs and people had been consulted through resident meetings regarding the menus. People were offered choice at mealtimes and were also able to make their own snacks throughout the day.

People were supported by staff that were compassionate and treated them with dignity and respect.

The home was warm and welcoming. It was clean, free from offensive odours and was decorated and maintained. People had personalised their bedroom with pictures and ornaments. We saw people visiting throughout our inspection. Visitors told us they were always welcomed and said that communication with the service was good.

There was a positive atmosphere throughout the home and people spoke positively about the support provided. Staff were described as 'understanding people's needs and going the extra mile'.

Feedback was sought from people, relatives and staff through meetings, surveys and suggestions. We saw the home had received compliments from relatives and healthcare professionals since our last inspection. People told us they knew how to make a complaint and felt comfortable to do this should they need to.

Relatives and people living at the home told us they thought the home was well-led and that the management was approachable. We received positive feedback about the service from three social care professionals.

A range of audits were undertaken to help monitor and improve the quality and safety of the service. We saw actions were implemented timely following any deficits identified. Management understood their legal requirements and notifications had been submitted to CQC.

## 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.

There was a robust recruitment system in place for recruiting suitable staff to work with vulnerable people. There was sufficient staff on duty to meet people's needs.

Medicines were stored and administered safely.

Staff knew how to recognise and respond to safeguarding concerns appropriately.

Good 

### Is the service effective?

The service was effective.

Staff received regular training to enable them to provide effective care and support based on current knowledge to guide best practice.

People were supported to make decisions and exercised choice and control over their daily lives.

People's families and advocates were involved in decision making when people lacked capacity to make their own decisions.

People were supported to eat a balanced and nutritious diet. People who used the service and their relatives were complimentary about the food provided.

Requires Improvement 

### Is the service caring?

The service was caring.

People were treated as individuals and encouraged to make choices about their care.

Good 

Staff had developed good relationships with people and we observed positive interactions between people and staff.

People were treated with dignity and respect. Staff understood how to maintain people's privacy and their records were kept confidential.

### **Is the service responsive?**

The service was responsive.

People received care that was based on their individual needs and preferences. People were involved in their assessments, care and empowered to live their lives the way they wanted.

People engaged in activities, holidays and were encouraged to maintain family contacts.

People's views and opinions were actively sought. People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded and used to improve the quality of the service.

**Good** ●

### **Is the service well-led?**

The service was well led.

The views of people living at the home and other, relevant people were actively obtained.

Systems were in place for checking and if needed improving the quality of the service provided.

**Good** ●

# Ashwood Court - Unit 1

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 18 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor (SPA). A SPA is a person with a specialist knowledge regarding the needs of the people in the type of service being inspected. Their role is to support the inspection. The SPA was a Mental Health Social Worker.

At the time of the inspection there were 17 people living at Ashwood Court-Unit 1. The home provides single occupancy rooms, across one floor. As part of the inspection, we spoke with six people who lived at the home, four of their relatives and three healthcare professionals. We asked people for their views about the services, care, staff and facilities provided.

Throughout the day, we observed care and treatment being delivered in communal areas; including lounge and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at six people's care records, five staff files, supervision and training records, medication administration records (MAR) and the quality assurance audits that were undertaken by the provider. We spoke with four care staff, the chef, assistant manager and registered manager.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We also liaised with external professionals including the local authority, local commissioning teams, infection control and healthwatch. We reviewed previous inspection reports and other information we held

about the service.

# Is the service safe?

## Our findings

A person told us; "Yes, I feel safe. I have no worries like that." A relative told us; "I've no concerns, I'm very happy with the care provided. I'm able to visit anytime and I visit different times. I've never seen anything to cause me concern for anyone's safety."

During the inspection, we checked to see how the service protected vulnerable people against abuse. We saw suitable safeguarding and whistleblowing policies and procedures were in place, which were designed to protect vulnerable people from abuse and the risk of abuse. The policy was comprehensive and detailed what constituted abuse, statistics of abuse and what staff needed to do if they suspected abuse. It contained information regarding the levels of investigation and there was a safeguarding flow chart which simplified the procedure to guide staff regarding the process. We found all the staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. We spoke to three staff members to ascertain their understanding of safeguarding procedures. All the staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Staff said; "Abuse could be financial, sexual, bullying, verbal or physical. Abuse could happen to anybody, by anybody. I'd report it straight away. Depending on who it was doing the abuse, would depend on who I'd report it too. If it was staff, I'd go to the manager. If it was the manager, I'd go to head office and CQC. I'd go to the police if it was really serious." "Yes, I've had safeguarding training and refresher training. Abuse could be somebody agitated and abusive with somebody or physical. I'd report it to the manager." We saw prompt safeguarding alerts had been made to the local authority when safeguarding concerns had been identified.

We saw the recruitment policy had been reviewed and updated in February 2015. We looked at five staff personnel files to ascertain if the recruitment procedure corroborated the details of the policy. Of the five staff files we looked at, we found missing documentation in three of the staff files. This included confirmation that CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) checks had been undertaken, interview questions and references. During the inspection, we informed the registered manager of our findings and we were told the information would be held centrally at head office. We requested the registered manager obtain the information and update the files to include the missing documentation. The registered manager did this and we were able to confirm, appropriate checks had been carried out before staff began work at the home. Each file contained a job application form, interview questions, identity documents, two references and evidence of either a CRB or DBS check being undertaken. This helped to keep people safe and ensured appropriate recruitment decisions were made when employing staff to work with vulnerable adults. We were told people living at the home had previously been involved in interviews but had declined when asked for participation in recent recruitments.

Although we were confident the registered manager was adhering to the recruitment policy and procedures, the documentation in the staff files did not initially substantiate this. The registered manager acknowledged administrative tasks within the home required strengthening.

We looked at whether the home had sufficient numbers of staff to meet people's needs and keep them safe. We were told head office worked out the staffing numbers based on people's dependency. The registered manager told us they informed head office when somebody's needs increased and an extra member of staff would then be made available. A relative told us; "The home is run like clockwork, there is a routine and I see that."

During the inspection we saw, the deputy manager and three care staff on duty. The registered manager wasn't meant to be on duty but came in to facilitate the inspection. We observed one person received 1:1 support due to a risk of falls and required 2:1 support when moving and handling. We saw people's needs were met with the staffing numbers observed, however we received mixed views from staff regarding the staffing compliment. Staff told us they were able to meet people's needs with three care staff on duty but told us on occasions they only had two care staff. We ascertained this was when a staff member was on annual leave and nobody had covered the shift. Staff told us they worked 12 hour shifts and didn't feel able to pick up other people's shifts to cover the shortfall. Staff were concerned the person may need to wait if they requested assistance when there was only two staff available. However, the registered manager told us, a senior staff member would be available to assist in these circumstances.

We looked at how the service managed risks. We found individual risk assessments had been completed for each person and recorded in their care file. There were detailed management strategies documented to guide staff on how to safely manage risks in order to maintain people's safety. We saw risk assessments had been completed for mobility, nutrition, choking, continence and skin integrity. We saw a complex risk assessment had been completed for a person at risk of falls which was linked to the falls assessment scale. We saw adaptations, observations and alert mats were implemented timely when a person was at increased risk of falls. Staff we spoke with demonstrated they knew people's individual risks and the support mechanisms in place to mitigate the risk.

We saw the home had a health and safety champion and environmental risk assessments were undertaken. We looked at records of servicing and maintenance and saw the required checks had been completed. This included checks of the gas and electric checks, heating, hot water temperature checks and legionella. Weekly fire alarm tests and six monthly fire drills were conducted. We saw people living at the home had personal emergency evacuation plans (PEEPs) in their care file, which provided the details of the level of support people required in the event of an emergency evacuation of the premises. There was an up to date contingency plan in place that covered steps to be taken in the event of an emergency that could prevent the provision of a safe service.

We found the provider had safe arrangements in place for managing people's medication. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. We saw people had a locked box attached to their bedroom wall which contained their medicine and medication administration record (MAR). We looked at five people's records in the medicine file and saw they all contained the person's picture. We saw all the MAR had been completed correctly and there were no omissions of the staff signatures. Medicines were received in 'medisure' packs, with tablets organised by dose, time and day by the dispensing pharmacist. The pharmacy delivered the MAR with the medication on a four weekly cycle and staff conducted weekly medication audits.

Of the five MAR, two people were prescribed PRN 'when required medication'. The MAR had a back sheet which contained PRN protocols and identified the dose and frequency of administration. We saw 'PRN' was reviewed each month and saw evidence of communication with GP's regarding the use of PRN. We looked at two people's medication to verify the PRN was available if the person needed it. We found appropriate stocks of PRN available. We saw protocols were in place for homely remedies which were approved by the

GP. The homely remedies were stored in a locked cupboard in the clinic room separate from people's medicines.

Medicines were administered by senior staff. If there was no senior on duty a care staff member who had completed the safe administration of medication training would administer medicines. The medicines training records were current and the staff on duty during the inspection administering medicines was knowledgeable and was observed to administer medicines safely.

We saw accidents and incidents were monitored and monthly audits of accidents were analysed by the registered manager to capture re-occurring themes. Actions had been implemented following issues arising of a similar nature for people. For example, if a person had a series of falls, risk assessments were conducted and measures implemented to mitigate the risks. We saw the registered manager formulated graphs and pie charts following the trend analysis and the results were displayed in the reception area of the home for people, relatives and staff to see.

## Is the service effective?

### Our findings

One person told us "The food is very good." A relative told us; "I'm very happy with [person] at the home, it's like a hotel, there is a menu and choices." Another relative said; "[person] has been settled since living at Ashwood, the staff know person's likes and dislikes. [Person's] weight has been stable. [Person] would deteriorate if they weren't on top of it."

We saw people living at the home were offered a choice of meals. The menu was devised on a four week rota and we saw people had been consulted regarding the meals through resident meetings. People were able to request snacks and drinks throughout the day or make their own in the kitchenette which contained a microwave, fridge, kettle and sink. We saw the meals were relaxed and people were engaged in conversation with each other and staff. There was no one at the home on a specialist diet at the time of the inspection but the chef informed us that he could cater for any requirements; For example, halal, kosher, diabetic, gluten free and fortified. A relative told us; "They keep a close eye on [person's] weight. There has been dietician input and they will call me if they are concerned. They communicate; we work together and have maintained a diary in the past. [Person's] weight is the most stable it has ever been."

We saw the home worked closely with other professionals and agencies in order to meet people's health needs. Choking assessments were completed and referrals made to SALT (Speech and Language Therapy). We saw care plans were devised following recommendations. We also saw involvement from a variety of other different professionals recorded in people's care plans which included; mental health nurses, social workers, falls team, district nurses, tissue viability nurses, dieticians, community psychiatrist and GP's.

We spoke to three health care professionals and without exception the feedback we received about the care provided at Ashwood court was positive. We were told; staff have an awareness of people's individual needs and closely monitor people's physical and mental health, the staff are very good and changes to people's needs are care planed and implemented without delay, the home is excellent and the staff are very good.

We looked around the home and found it was clean, tidy and pleasantly decorated. Staff had supported people to personalise their bedrooms.

A relative told us; "The staff are well trained. They get [person] to do things I couldn't. The staff really understand people." We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. The registered manager told us the care certificate had been implemented four months ago and new staff completed the care certificate whilst shadowing experienced staff. We verified this by looking at the training matrix and we spoke to a member of staff who had recently been recruited and they confirmed they were in the process of completing the care certificate. Staff told us; "I started a while ago but the induction was good, I had enough support and was shown everything that needed to be done." "I started before the care certificate but the induction was still good, I had to complete workbooks on providing personal care, assessments and medication. I shadowed eight shifts and completed a lot of training."

From discussions with staff and from looking at the training records, we found all staff received a range of appropriate training applicable to their role. We looked at the training matrix, which showed staff had access to a comprehensive training programme. We saw staff attended mandatory training such as; medication, infection control, conflict management and breakaway, equality and diversity, end of life care, dementia, nutrition and diet, information governance, psychosocial interventions, safeguarding, moving and handling, health and safety, first aid, mental health awareness, mental capacity act and deprivation of liberty (DoLS). We saw that all the staff had not received an update in conflict resolution and five staff had not received a moving and handling refresher within the two year time frame specified. We raised this with the registered manager during the inspection who assured us the training would be sourced as a matter of priority. Following the inspection we received an email confirming staff had moving and handling updates scheduled in January 2016 and conflict resolution training in February 2016.

We also saw Ashwood court had been awarded a certificate of excellence from LaingBuisson in November 2015 in recognition of having met the highest standards of excellence in Social Care pathways.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the care files of six people living at Ashwood court. We saw capacity assessments had been conducted and people's capacity and ability around making specific decisions had been recorded. We saw two people had capacity assessments that indicated they were unable to consent to living at Ashwood court. We saw a DoLS screening tool had been completed but the completing member of staff had indicated a standard authorisation was not required. We spoke to staff and were told that staff would prevent both people from leaving if they attempted to do so. We saw that a standard authorisation had not been submitted for either of these people and we raised this with the registered manager during our inspection. The registered manager told us they would review the people identified and submit the standard authorisation if deemed appropriate following their review. The registered manager assured us both people's families had been consulted regarding the move to Ashwood court and had been involved in the decision for their relative to move to the home.

We confirmed this by speaking to their relatives. We were told; "This is the most settled [person] has been. I'm very happy with the care provided at the home." "All [person's] siblings were consulted and discussed the move. [Person] doesn't communicate but we could tell [person] loved the home when [person] saw it. We visit weekly; they look very comfortable and are always laughing."

We spoke to staff about MCA and DoLS to illicit their understanding of the act and safeguards. We received a mixed response from staff. One staff member told us they didn't know what it was. Another staff member said; "We have a lot of DoLS. If people ask for cigarettes and we only give them at certain times, is that deprivation of liberty." Another staff member said; "People can have capacity in some areas and not in others. A person may not have capacity to manage their finance but could have capacity around their personal care."

We informed the registered manager that we had received a mixed response and varied understanding from staff regarding MCA and DoLS. Following the inspection, the registered manager contacted us and told us

they had submitted standard authorisations for both people following a review of the guidelines. The registered manager also informed us they had scheduled for staff to attend further training in MCA and DoLS. The course was scheduled for February 2016 and would contain practical exercises and workshop sessions relating to best practice, exploring the key principles of the Act, good practice and DoLS.

We recommend that the service seek advice and guidance from a reputable source regarding the application of the acid test in making decisions regarding DoLS. The acid test sets out two questions; is the person subject to continuous supervision and control? And is the person free to leave?

## Is the service caring?

### Our findings

People and their relatives spoke positively about the staff and care provided. One person told us; "The staff are marvellous." A relative told us; "[Person] was in hospital some months ago. One of the staff visited [person] in their own time. That's the kind of people they are. They deserve medals. I could never thank them enough." Other relative comments included; "I am very happy with the care [person] gets. [Person] is difficult to handle and I struggle but they know what to say to [person] and they know them." "Staff are all brilliant, they can't do enough for [person]. I'm only sad our parents didn't see [person] so settled." "The staff are caring, it's evident they enjoy the job." A staff member told us; "I love my job. I love working here. It is the best thing I ever did going in to this type of work. I love working with the people living here."

The atmosphere in the home was relaxed. We observed positive relationships, and a familiarity between staff and people that enabled easy conversation. Staff had a good understanding of people's needs and were knowledgeable about the people they supported. People had a "keyworker". A keyworker is a staff member who takes the lead in overseeing the care a person receives and liaising with other professionals involved in the person's life.

The assistant manager told us they encouraged contact with friends and family. We saw events were arranged throughout the year and saw evidence that relatives were invited. A relative told us; "We have informal get together with other families, it enables us to meet other families like us." Staff maintained regular communication with people's relatives and included them in care planning and decision-making. For example, one relative said, "They always phone me up and keep me informed. The communication is good."

We saw evidence the staff had referred people to advocacy when needed. There was also information displayed on the notice board to provide guidance about the use of an advocate. An advocate is an independent person, who helps people to make decisions, which are in their best interests.

During the inspection we saw staff maintained people's privacy and dignity. We saw staff knocked on people's doors before entering their rooms and made sure information about them was kept confidential. We observed one person ask a staff member about another person at the home and the staff member politely replied they were unable to discuss other people's care or needs.

Personal care was given in people's own rooms and people's preferences were noted in the care plans. One staff member explained how they asked people's permission before going into their bedroom and another staff member told us, "When supporting people with personal care, we make sure doors are closed, people are covered up. Women support women." Another staff member told us; "Make sure people have got their dressing gown and clothes with them when going into the shower." We saw the home had a dignity champion who promoted dignity awareness in the home and provided staff guidance on the best ways to promote privacy and dignity.

We saw throughout the inspection people were offered choice. Staff asked people about meals, drinks and

engagement in activities. Staff told us; "It's always down to the person, sometimes people put it back to staff and attempt to get staff to choose for them but we encourage the person to choose for themselves. Especially when it comes to picking their own clothes." Another staff member told us; "Offer choice around everything, for example, clothes, putting jewellery on, food."

We observed people engage in tasks about the home. A relative told us; "The staff promote independence. People set the table for meals, collect laundry, clear dishes and wipe down tables. The staff don't push [person] but encourage them to do things for themselves. [Person] has good days and bad days which determine how much [person] can do for themselves." Another relative told us; "[Person] struggled eating so the staff got [person] and adapted plate to be able to do it for themselves." Staff told us; "We encourage the people that can to support household tasks and to make their own drinks." Another staff member said, "We encourage people with cooking and just support people to maintain their safety in the kitchen." Although there was no time constraints for people living at Ashwood court, staff explored whether people could learn skills and gain greater independence to consider stepdown in the future.

Most of the staff at Ashwood Court had undertaken training in the Six Steps End of Life Care Programme for Care Homes. They were trained to recognise residents who may show signs they were entering the last 18 months of their life, whether this was diagnosis or a combination of signs and symptoms that suggest a terminal illness. A multi- disciplinary team (MDT) meeting would be held and relatives would be invited to attend. A decision would be made about whether the person wanted to remain at Ashwood Court to receive their care and whether Ashwood Court could meet their needs.

The person would then be entered onto the End Of Life Register which follows the traffic-light system. Green, Amber, and Red with red being care in the last days and hours. The person would be reviewed weekly by the end of life lead and staff skills reviewed to meet the person's changing needs. This meant people were able to exercise choice over where there end of life care was provided and people were able to remain at the home and access community palliative care specialists.

## Is the service responsive?

### Our findings

We looked at six care records. We saw assessments had been conducted prior to people moving in to Ashwood court. Detailed assessment of people's needs had been formulated using information provided from; person, previous placements, social workers, health professionals, and family. This ensured the staff team had considered whether the placement was suitable for the person and if they could provide the care and support people required. Relatives confirmed their family member had been involved in the assessment process. One relative told us; "[Person], me and my sister were involved in an initial assessment."

People were able to visit the home and spend time with staff and other people who lived at the home before making a decision. A relative told us; "[Person] and family visited the home. We spoke to staff and saw the bedroom." Another relative told us; "[Person] doesn't communicate but they were smiling when they looked around the home, they looked comfortable. The home is on one level so they could get about. We just knew it was right for [person]."

We saw people had lived at Ashwood court for varying lengths of time. One person had lived at the home for over twenty years, whilst another person had moved in to the home five weeks prior to our inspection. We were told there was no set time frame for people living at the home. People could live at Ashwood court indefinitely if the staff were able to meet the person's needs. The assessments and support plans detailed guidelines for staff to promote people's independence and encourage activities of daily living. We saw the majority of people lived at Ashwood court for many years but two people had stepped down from Ashwood court to pursue more independent living.

We saw the person that had recently moved in to the home had a comprehensive assessment and transitional support plans in place. The person told us they were 'settling in' and that they had started to discuss their ongoing needs with their 'key worker'. A 'key worker' is a staff member assigned to the person to oversee the care provided.

We were told the care at the home was provided based on 'recovery model' principles. People were encouraged to remain in control of their lives. Following admission to the home, people would be encouraged to complete the 'recovery star' which is a self-assessment covering ten areas of their life; managing mental health, self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, trust and hope. This process enables people and staff to work collaboratively and empowers people to identify their own focus, goals and desired outcomes. We saw people and staff had returned to the star at intervals and reconsidered their journey, goals and outcomes. This meant staff were continually evaluating people's progress and we saw support plans had been developed and reviewed based on the outcome of the assessment.

The support plans were organised, up to date and easy to follow. Biographical information; people's personal histories, family, likes and dislikes were captured and staff we spoke with demonstrated a good understanding of people living at the home. People and their relatives said they were involved in regular reviews. A relative told us; "Staff communicate how things have been day to day when we visit. We also

attend a formal review where mental state, physical health, weight and other things are discussed." Health care professionals told us that staff acted on their recommendations promptly and updated support plans to reflect the person's changing needs and care.

The home had a large 'day room', where an activities board hung on the wall detailing the week's activities. There were two small seating areas on the corridor, a bookshelf, magazines and shelves containing information about the home; Ashwood court news detailing upcoming events, meetings and pictures of people at previous outings. There was the complaints procedure and a file containing events scheduled for throughout the year. The kitchenettes were open plan and had seating areas and there was extensive outdoor space with seating. There were no prescriptive visiting times, people could access all areas of the home and we were told by relatives that visitors were made to feel welcome.

We saw nine people engaged in a ball activity in the lounge during the afternoon of the inspection. We observed people laughing and offering each other encouragement when participating. We saw people leaving the home on their own to go to the local shops and with family members to go home for the day. People were involved in discussions about the activities they would prefer through monthly resident meetings. Activities were arranged for groups of people or on a one to one basis. Activities included; gardening walks, pub lunches, visiting the local library, manicures/pedicures, attending church, bowls, daily living skills, baking, film nights and we saw festivals, birthdays, annual events were planned and celebrated. Holidays were discussed at resident meetings but we saw people had not expressed an interest in going on holiday. People had identified wanting to go on a trip to Blackpool which had taken place in September 2015.

We saw surveys were sent quarterly and the outcome of the August 2015 survey was displayed in the foyer for people, relatives and stakeholders to view the results. Pie charts had been developed to detail the responses received which we noted were positive. A December 2015 survey had been sent but the responses were in the process of being analysed so the results were not displayed at the time of the inspection. We were told if negative outcomes were received they would be discussed at resident and staff meetings to drive improvements. The complaints procedure was available in an easy read format and displayed in the entrance of the home, was in a folder in the reading corner and was discussed at resident meetings to raise awareness.

We saw the service had not received any recent complaints but historical complaints had been responded to appropriately, with a response provided to the individual complainant within the timeframes identified in the complaints procedure. Relatives told us; "I've had no complaints. If I needed too, I would but everything is great. We are very happy." "I've not had to make a complaint. We communicate all the time so things are done."

We noted the staff had received eight compliments in the previous six months. The compliments were all dated and included; "thank you is a small word that doesn't really express my gratitude, [person] was previously readmitted to hospital frequently having starved and requiring lengthy treatment. Since living at Ashwood court [person] is settled and relaxed. Staff give above and beyond, [person] has been helped to understand and manage their condition and my family are able to live their lives to the full without constant worry, stress and fear." "Thank you for making a difference to [person's] life." "I have no worries about [person] and know they are in safe hands." A district nurse had also complimented the end of life care provided.

## Is the service well-led?

### Our findings

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.

The registered manager had been in post for over two years. Relatives told us; "When the registered manager changed, they introduced themselves and asked for feedback on the home." "The management are approachable." Staff told us; "I go to the assistant managers because I see them regularly. I can't fault them. Sometimes the registered manager can be slow at responding to emails." "All senior staff are very supportive. I can go to any of them. Correspondence can sometimes be slow but we all get on and try our best." "Best thing I did, I love working here and the management are approachable."

The staff had monthly team meetings and the minutes of the meeting were available for staff that had been unable to attend. Staff told us the team meetings had an agenda that they were able to contribute to in order to facilitate discussion.

The service had monthly resident meetings. This provided people with the opportunity to raise any concerns or changes. We looked at the minutes of the last four meetings, and saw actions had been implemented where people had raised issues. This included discussion about the TV at mealtime, the computer being moved to the day room, names of the corridors, celebrations, activities and holidays. We saw actions had been set and then followed up at the next meeting identifying progress made. Relatives were invited to attend a family forum and we saw positive feedback had been received following the December meeting. A family member also attended the family forum with the local authority and maintained communication between the local authority and Ashwood court.

We looked at the home's policies and procedures. The policies had been reviewed and maintained to ensure staff and people had access to up to date information and guidance. We saw policies had been changed in line with local authority changes, such as the safeguarding policy. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read online and that they were expected to read them as part of their induction and ongoing training.

There were systems in place to enable the monitoring and improvement of the quality and safety of the service. The provider conducted a monthly audit and areas covered included; involvement, record keeping and service user participation, infection control, nutrition, health and safety and environment, safeguarding and safety, medication, staffing and employee engagement, quality and management. Where shortfalls were identified an action plan was devised specifying what action had to be taken, by whom and by when.

There was also an electronic file that provided an overview of accidents, incidents and falls occurring each month in the home. Care plans were audited on a regular basis which helped ensure information within care plans was reflective of people's care needs and discrepancies were identified timely.

The registered manager showed us an electronic system that was used to monitor aspects of service delivery such as; safeguarding, incidents and training. However, we found the training matrix the assistant managers were able to access was different to the registered manager. The registered manager explained that staff had historically saved documents to their own drive which had created problems when other staff needed to access shared documents. We were informed the managers were in the process of developing a shared drive to enable everybody to have access to the current information.

Prior to the inspection we reviewed the notifications received. Services registered with CQC are required to send us notifications of significant events including deaths, incidents involving the police, serious injuries and safeguarding concerns. We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the provider and staff were aware of their legal responsibilities.