Sanctuary Care Limited

Aashna House Residential Care 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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 20 December 2016 and 4 January 2017. Aashna House Residential Care Home provides accommodation and personal care for up to 37 people. The service provides culturally appropriate services for older people who wish to lead an Asian lifestyle. At the time of this inspection the service was providing support to 35 people.

Aashna House Residential Care Home was last inspected on 8 May 2014. The service met all the regulations inspected at that time.

The service had a registered manager. 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 were safe at the service. Staff knew how to identify and report any concerns of abuse to help keep people safe. Assessments were carried out on risks to people's needs and their well-being. Staff had sufficient guidance to manage identified risks appropriately and without restricting people's freedom.

Staff followed the procedure on incident and accident reporting to ensure people were protected from the risk of avoidable harm. People were supported to take their medicines in a safe and timely manner by competent staff. Medicines were stored, recorded and disposed of safely and appropriately.

Staff had the relevant knowledge and skills to support people. Staff received regular supervision and appraisal meetings to monitor their performance and professional development. Staff used feedback from these meetings to improve their practice. Staff received on-going training to enable them meet people's needs. The provider safely recruited staff and involved people in the selection and recruitment process. There were sufficient staff to meet people's needs. An appropriate skills mix enabled staff who shared similar cultural backgrounds and conversed using the main four languages spoken at the service including Urdu, Punjabi, Gujarati and Hindi to support people effectively.

People received appropriate support to make decisions relating to their care in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were asked for their consent before they received care.

People had sufficient food to eat and drink. Staff supported people to plan their meals and took into account their cultural and religious preferences. People enjoyed the meals provided at the service. Staff respected people's religious and cultural beliefs when preparing their food. People received specialist advice about nutrition from healthcare professionals when needed. People accessed healthcare services and had regular reviews of their health.

People were happy with the support and care they received. People and their relatives had positive relationships with staff. People were supported to develop their daily living skills and to live an active life. Staff were respectful of people's privacy and dignity. People were treated with kindness and respect.

People and their relatives where appropriate were involved in planning people's care and support. Care plans were personalised. People's language and cultural needs were met. People were supported by staff who understood their health conditions and related risks. Support plans were in place to guide staff on how to meet people's needs.

People were encouraged to give their views about the quality of care. The registered manager used their feedback to develop the service.

People and their relatives understood how to raise a complaint. They had access to the complaints procedure in languages they could understand. The registered manager had investigated and resolved complaints in line with the provider's complaints procedure.

People and their relatives said the registered manager was approachable. The service had a positive and open culture. People and their relatives made positive comments about the registered manager and staff. The registered manager used audit systems effectively to monitor the service and made improvements when necessary. The service had close links with healthcare professionals and organisations to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew the types of abuse and understood the safeguarding procedures to follow to help protect people from harm.

Risks to people were identified and assessed. Staff had sufficient guidance on how to manage the risks.

The provider's recruitment processes were safe. There were enough suitably skilled staff deployed to meet people's needs.

People received the support they required with their medicines. Staff managed and administered people's medicines safely.

Is the service effective?

Good

The service was effective. Staff received appropriate training to undertake their role effectively. Staff were supported in their role and received supervision and appraisal to review their practice. The registered manager ensured there was a skills mix of staff who understood people's languages, cultural and religious beliefs.

Staff supported people in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making decisions about their care.

Staff sought and received people's consent before supporting them. People's choices and preferences were respected.

People enjoyed a healthy diet provided and which met their cultural and religious needs. People had access to appropriate health care services when required.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. Staff treated people with dignity and respected their privacy.

People and their relatives had built meaningful relationships

with staff. Staff knew people well including their preferences, likes and dislikes. People received care in line with their wishes.

Staff encouraged people to develop and maintain independent living skills.

People were encouraged to make decisions about their care and felt listened to.

Is the service responsive?

Good

The service was responsive. People were involved in developing their care plans and received personalised support. Staff regularly reviewed and updated people's support plans to ensure they remained effective.

People were encouraged to make their own choices and staff respected their preferences.

People had access to a wide range of activities and interests which they enjoyed. Staff supported people to maintain relationships important to them.

People and their relatives knew how to make a complaint and were encouraged to raise any concerns. People's complaints were investigated and resolved in line with provider's procedure.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff told us the registered manager was approachable and effective.

The service had a positive and open culture. The registered manager welcomed ideas from people and their relatives to improve the service.

The registered manager regularly checked the quality of service and made improvements when necessary.

The service worked closely with healthcare professionals and organisations to develop the service.

Aashna House Residential Care 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 was planned to check 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 unannounced inspection took place on 20 December 2016 and 4 January 2017. The inspection was carried out by two inspectors 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with eight people, eight relatives, eight members of care staff, domestic and kitchen staff and the head chef. We also spoke with the registered manager, an administrator and a regional manager who was visiting the service.

We reviewed a range of records the service is required to maintain in relation to all aspects of care provided. These included 12 people's care records and 12 medication administration records. We looked at eight staff records including recruitment, training plans and duty rotas. We reviewed records of complaints, safeguarding concerns and incident reports. We looked at monitoring reports on the quality of the service which included audit reports and other records relating to the management of the service.

After the inspection, we received feedback from four healthcare professionals.

Good

Is the service safe?

Our findings

People told us they received care and support which kept them safe. One person said, "I feel safe here. Staff are always quick to respond to my call bell." Another person told us, "I am safe because there is always a member of staff about. I have no worries whatsoever with the staff and how they support me." Relatives told us they felt people were safe living at the service. One relative said, "I trust the staff. They check on [relative] regularly. They are much safer here than they were when at home."

People at the service were protected against potential abuse. Staff knew how to identify signs of abuse and understood their responsibility to report any concerns. Staff had received training on safeguarding and understood the provider's procedure on how to manage any concerns. There was an up to date safeguarding policy in place and staff knew where to access it. One member of staff told us, "Safeguarding is to protect people from harm. I would report concerns immediately to the manager about any suspected physical, financial, sexual or emotional abuse." Another said, "I would inform the manager immediately. If not CQC, local authority or the police." The registered manager kept records of safeguarding investigations and the action taken to help keep people safe. The local authority had been informed when necessary. Concerns reported by people, their relatives and staff were investigated and the registered manager informed them of the outcome of the investigations.

People were safe as staff had carried out individual assessments to minimise the risk to their health and wellbeing. Plans were in place to manage the identified risks. Risk assessments covered falls, swallowing, mobility and other risks that had been identified. Staff updated people's risk assessments when their needs changed and knew how to support them safely. One healthcare professional said, "Risk assessments were present at the time of the last review, and these were proportionate to the risks identified. Staff have demonstrated some good positive risk taking for my client." Another healthcare professional wrote, "The risk to falls is also known and [person] is supervised while walking and uses the correct equipment." Staff were observed supporting a person to move around the service safely. The person's care plan stated staff should support the person to walk and to ensure they used their walking aid. Records showed people received the support they required to keep safe. There was sufficient and suitable equipment such as hoists and wheelchairs for staff to use as appropriate.

There were arrangements in place to keep people safe in an emergency. Staff knew the building layout and knew the evacuation points to use if needed. The registered manager and staff understood the contingency plan and procedures to follow in an emergency. For example, there was sufficient guidance for staff if there was a disease outbreak, fire, loss of electricity, a gas leak or shortage of staff at the service. Each person had a personal emergency evacuation plan that gave staff information of the level of people's independence and guidance on what support they would require during an evacuation.

Staff knew how and when to whistle-blow to alert authorities of abuse cases to keep people safe. One member of staff told us, "We have a whistleblowing policy in place. It is clear on when and how to use it to help protect people from abuse." The service had an up to date whistleblowing policy in place.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of a recurrence. The service kept a log of incidents and accidents. A member of staff told us, "We have to report incidents immediately to the manager or senior on duty and complete an accident form." We saw records of action taken after incidents and plans put in place to prevent the situation happening again. The registered manager, minutes of meetings and supervision records showed incidents and accidents were routinely discussed to ensure staff learnt from those events and protected people from the risk of harm.

There were sufficient numbers of staff available to meet people's needs. One person told us, "There is always someone around to help when required." Another person said, "There is enough staff working here." Relatives felt there were enough staff deployed at the service. One relative told us, "There is a team of staff who knows [relative's] needs." Another relative said, "[Relative] is safe here because there is always someone looking out for them." There was a consensus within the staff team that they found the afternoon shifts very busy and sometimes stretched their ability to provide care without being rushed. This was because afternoon staff had the additional responsibility of answering the telephone, opening and closing the doors and attending to visitors after hours. We spoke with the registered manager and the regional manager about this. They explained they were aware of the staff's concerns and had made provision in the new year's budget for an additional staff. The registered manager informed us after our inspection that an additional member of staff had been added to the afternoon shift to enable staff. The registered manager told us staffing levels were determined through use of a dependency tool to identify the level of support people needed so that there were the correct level of staff working at the service.

People were supported by suitable staff who were recruited through robust recruitment procedures. Appropriate pre-employment checks had been carried out to ensure staff were suitable and could support people safely. This included completed application forms, two references and photographic identification to ensure applicants were allowed to work in the United Kingdom. Records showed completed checks of Disclosure and Barring Services to ensure staff were suitable to work with vulnerable adults. The registered manager and records confirmed staff only started to work in the service when these checks were returned. The registered manager had taken appropriate disciplinary action as a result of an allegation that a member of staff had behaved outside the expected code of conduct.

People were involved in recruiting staff to work at the service. People regularly sat on the interview panel, conducted interviews and discussed with applicants how they expected new staff to support them safely. One person told us, "I asked an applicant to explain how they would put to use their knowledge to keep us out of harm's way. I was happy with their response which showed we would be in safe hands."

People received the support they required to take their medicines safely. Support plans contained guidance to staff about the management of medicines for each person and for 'when required' medicines. The registered manager had carried out risk assessments on people's ability to self-administer their medicines. Staff supported those people that were unable to manage their medicines safely. Staff told us and medicines administration records (MAR) confirmed there were no errors and people had received their medicines as required. We checked the stocks of medicines kept at the service and these tallied with the balance recorded on their MAR charts. Senior staff carried out daily checks to ensure people had received their medicines safely as required.

People's medicines were managed appropriately. The procedures for managing medicines, including obtaining, recording, handling, storing and disposal were effectively used to prevent misuse. Records showed staff had received in house and external medicines management training from a pharmacist and had their competency assessed to ensure they understood the provider's procedures and guidelines.

People's medicines were regularly reviewed by a GP. There was effective communication between the service and the pharmacist to reflect any changes made by the GP to ensure people received appropriate medicines. The service worked closely with the pharmacy to ensure they dispensed and delivered the right medicines for people. Medicines were stored securely in a clean, tidy and secure treatment room. People's allergies were recorded on MAR records and in their care plans. Staff managed people's medicines in line with current regulations, guidance and the provider's medicines management policy. The pharmacist carried out bi-annual reviews of medicines management processes at the service and the latest report of November 2016 did not find any major concerns.

The environment was safe for people. The provider had ensured there were up to date safety checks for gas appliances, electrical installations, lift and hoist maintenance and a fire risk assessment. Maintenance staff carried out regular checks on fire systems, fire extinguisher call bells, emergency lighting and checks every year and ensured they were in good working order.

Good

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff. People and their relatives said staff knew people well and provided them with the care they needed. One person told us, "Staff are well trained. They know what they are doing." Another person said, "Staff know exactly what to do. They are so reliable and do their work well." A relative told us, "Staff are well trained and the manager comes around and checks on how they support [relative]." Another said, "The staff know what is what and how things should be done. They know how to care for [relative] and everyone else."

People were supported by staff with the relevant knowledge to meet their needs. New members of staff underwent an induction programme and were expected to complete Care Certificate training for staff new to care. The induction also included classroom based training, e-learning and 'shadowing' experienced members of staff. Staff's performance was monitored during probationary period. The registered manager told us, "New staff are supported in their role. They would not work on their own until they felt ready to do so and after we observed their practice and had assessed them as competent." Records showed all new staff had satisfactorily completed a five day induction programme before they commenced work independently.

People's care was provided by staff who were well supported to undertake their role. The registered manager carried out regular supervisions and appraisals to ensure staff understood their roles and that they maintained good standards of practice. One member of staff said, "I feel confident to express myself in the meetings. I get to talk about how things are and any concerns I have about my work and the people I support." Another member of staff said, "The manager listens to any problems I have in and outside supervisions and gives guidance and support." A third member of staff said, "I am now studying for a National Vocational Qualification (NVQ). My manager was supportive in getting me enrolled on the course." Supervision records showed one to one sessions were used to give staff the opportunity to discuss any and to identify any training they may want to pursue. Appraisals records showed they had talked about staff's understanding of topics such as safeguarding, mental capacity, upholding people's dignity, training needs and personal development. All staff had received an annual appraisal. The registered manager maintained a schedule of supervisions and appraisals which clearly identified when supervisions and appraisals for each member of staff was due.

The provider and registered manager ensured staff were competent to carry out their role. Staff had received relevant training to ensure their skills and knowledge were up to date. One member of staff told us, "We have to attend all the required training. It just makes me more competent and confident in my role." Another member of staff said, "I can request further training to gain more skills." Records confirmed staff were booked on refresher courses when due. Staff told us and records confirmed they had undergone moving and handling, fire safety, safeguarding, first aid, mental capacity, communication and infection control training.

Staff had received training on managing specific health conditions such as diabetes, challenging behaviour and dementia. One member of staff told us, "We have people with dementia and the training has been very helpful in making us understand how to champion their rights and maintain their dignity." The registered

manager told us, "Both specific and mandatory training is important to our staff to ensure they apply current practice."

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood and supported people in line with the requirements of the MCA. Staff asked people for consent for example before carrying out personal care or assistance with daily tasks. One person told us, "Staff do ask me if I want help with personal care or eating. They help me as I wish." Records showed the registered manager carried out a mental capacity assessment where a person was deemed to lack capacity for a certain decision such as personal care. Staff had held a meeting with a person, their relative and healthcare professionals to make a decision in their 'best interests' and to identify the less restrictive options. The registered manager understood the need to contact the local authority if the service had any concerns about a person's capacity to make particular decisions and when a DoLS referral was required. Appropriate applications to restrict people's freedom had been submitted to the local authority and authorisations were in place for three people. Records showed people subject to DoLS received support in line with the authorisations.

People's nutritional and hydration needs were met. People and their relatives were happy with the support people received with their eating and drinking. People enjoyed the meals provided at the service. One person told us, "The food is really good here. They cook Indian food for us." Another person said, "I like the food. Lots of choices and it's all the Indian food I like." One relative told us, "[Person] has no complaints about the food. She is happy with the choice. She is strictly vegetarian and that is not a problem." Another relative said, "[Relative] would be malnourished were it not for the staff who cook delicious food and encourage [them] to eat and drink." One healthcare professional said, "Staff know what sort of diet my client likes and know what he chooses not to eat on religious grounds and adhere to this. There seem to be sufficient choices to meals so all cultures and ethnicities are catered for." Staff monitored people's fluid and food intake if they had any concerns of risks of malnutrition or dehydration. Care records contained eating and drinking assessments and highlighted any concerns. Staff had reported any concerns to a GP and dietician so action could be taken to ensure people's wellbeing. For example, people were weighed weekly if there was a concern and staff had guidance on the support people required with their diets. For example, staff knew how to support people with specific health conditions such as diabetes and when they blood sugar levels dropped below a certain level.

The chef knew people's dietary needs and provided them with appropriate foods that met their religious and cultural needs. There was a menu in place that was changed seasonally and reflected the Asian heritage of the people who lived at the service. People said they met with the chef and staff and planned their meals which were based on their preferences. One person told us, "It's all the right foods. Familiar dishes and all the delicacies. I can always ask for something else if I did not like what was on offer. We always have a choice

of two main meals and two desserts." The chef told us, "We can make quick meals if a [person] does not like what's on the menu. We have some options available." The chef explained and people confirmed there was a choice of vegetarian and non-vegetarian options. One relative told us, "They have two kitchens one for meat and other for vegetarian foods. Very important to [relative]." We saw two separate kitchens where the vegetarian and non-vegetarian meals were prepared in line with people's religious beliefs and cultural requirements. We saw the kitchens and storage facilities and all food was stored safely. There were supplies of diabetic and non-diabetic foods. Snacks, fruit and refreshments were offered to people throughout the day. We saw a list displayed in the kitchen about people who were on low fat diets, high calorific fortified food for people at nutritional risk and soft and pureed food for people with a swallowing difficulty. This ensured the chef had information required to provide people with appropriate food for their needs. Records showed people received food appropriate for their health conditions.

People were supported to access healthcare services they needed to keep as healthy as possible. One person told us, "Staff help me to see the GP when I am unwell and to attend hospital appointments." People told us they had routine appointments with their GP and records confirmed health checks for people. Care records showed staff monitored people's health and supported them to attend routine health visits and made referrals to health professionals when appropriate. The registered manager involved a wide range of external healthcare professionals involved in people's care for guidance on how to support them. These included GP's, speech and language therapists (SALT), community psychiatric nurses, chiropodists, dieticians, district nurses and palliative care specialist.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the service. One person told us, "The staff know me well. They are polite, caring and considerate to all of us." Another person told us, "The staff will sit and listen to me. They often do little extra things for me." One relative told us, "Staff are pleasant and friendly. They spend time with [relative] and listen to them." Another relative said, "The staff are very caring, patient, and helpful and treat people with kindness." One healthcare professional told us, "Staff are courteous." People told us staff were patient and were not hurried when they were provided with support.

People and their relatives were involved with the planning and making decisions that affected people's care. One person told us, "Staff have always involved me with planning for my care." Another person said, "Staff will ask what I need help with and we agree on how this should be done." Care plan reviews included an evaluation that had input from people and their family. One relative told us, "We are all involved with the planning of care." One healthcare professional said, "The care that is given to my client appears to be personalised, and she is well supported." The service held a scheme of 'resident of the day' which promoted person centred care planning and involved people, their relatives or important persons involved in their care. The scheme ensured that once a month each person would have a full care plan review and staff communicated with relatives so that they could be involved. This ensured that their point of view was considered and used in the planning and delivering of people's care and support. One member of staff told us, "The manager values the time spent supporting people with decision-making as much as the time spent doing other tasks."

People and their relatives were provided with information about the service in a format they understood. They were given a service user guide that contained information about the services provided and available in people's preferred languages including English, Urdu, Gujarati and Hindi. Leaflets with information about local services, including how to access advocacy services, whistleblowing, safeguarding, contacting the Care Quality Commission and the Ombudsman were available at the reception highlighting the action to take about any concerns. The registered manager had regular contact with people were they discussed their care. Staff were able to tell us how they supported people to express their views and to make decisions about their day to day care.

People's privacy and dignity was maintained. One person told us, "Staff treat me well. They check that I am fine. They will never come into my room unless I say they can." Staff told us they identified themselves and asked how a person was before engaging in any activity with them. Another person said, "Staff have a chat first and explain everything before helping me." One relative told us, "Staff show total respect when [relative] needs help." Staff knew how to promote people's privacy and dignity. One healthcare professional said, "My client prefers a male carer for support with personal care and this is accommodated." The person's support plan confirmed their preference for a male member of staff." One member of staff told us, "I always ensure that the door and curtains are closed when giving personal care." Another member of staff said, "We respect people's space and privacy." We observed staff knock on people's doors and waiting before going in.

Staff treated people with respect. We heard staff compliment people about their appearance and their skills.

One member of staff, who was chatting with a person in the lounge said to them, "Your hairdo looks really nice." We saw people were well groomed and were dressed in clothes that represented their culture and traditions. People told us staff addressed them by their preferred names and were polite and respectful when they spoke with them. Staff communicated in ways that people understood. One member of staff was seen asking a person if they would like a drink in English. The person answered in Gujarati and the member of staff switched on to the same language used by the person. The member of staff told us, "We are all flexible in the languages we speak and it's important we respect how they want to communicate."

People were supported to be as independent as possible. People's care plans included what they could do for themselves. One person told us, "I do my personal hygiene but get the [staff] to help wash my hair. They encourage me to do the things I can." Staff told us they encouraged people to do things for themselves and discussed the benefits of doing so. Care records staff encouraged people to do things they were confident and capable of doing for themselves. We observed staff encourage people to eat independently. One person needed assistance with eating. We observed this was done in a kind and caring manner. We saw staff give people choice by showing them different culturally appropriate plates for their meals. Some people did not use cutlery as part of their tradition when having their meals and staff supported them as appropriate to do so.

People's information about their health and wellbeing was kept confidential and secure. Staff understood data protection and confidentiality and ensured people's information was shared appropriately with other healthcare professionals involved in their care. During the inspection we saw staff protected people's confidentiality by ensuring that meetings, discussions and handovers took place in private areas. People's information was kept in a secure office only accessible to staff.

Staff spent time with people and got to know them well. Staff maintained key dates in people's lives and these were recorded in their care plans. These dates included birthdays, anniversaries and religious festivals. One person told us, "We get to have family and friends around for birthday celebrations." One relative said, "We had a wonderful time when we came here to celebrate [relative's] birthday. Everyone was amazed at the fantastic atmosphere and how staff got everyone involved." Another relative said, "Staff keep a diary of those special occasions and will help to organise functions to celebrate." Records confirmed staff asked people and their relatives for their consent before arranging any celebrations of significant events in their lives. Staff had information about people's religious and cultural rituals and knew how they wanted their support to be provided at the end of their lives.

Good

Is the service responsive?

Our findings

Staff responded to people's needs effectively. One person told us, "The staff are always there when I need them." Another person told us, "I have my meals when I want to and go to bed when I feel like. Staff are always cheerful and they never make you feel like a bother to them." One relative told us, "The staff are on the ball. They pick up any changes in [relative's] health quickly." Another relative said, "[Relative] was taken to hospital once their health had taken a turn for the worse." People had control over their daily routine. Staff supported people to do the things that were important to them. A member of staff told us, "Most people want to engage in prayer and we make sure their place of worship is tidy and ready for use all the time."

People's needs assessment were undertaken to identify the support and care they needed. Care plans were developed to show how these needs were to be met. The registered manager carried out a detailed pre-admission assessment before people started to use the service to ensure the home and staff were suitable to meet their needs. Care records showed staff had met with people and their relatives to assess people's needs and plan how they wished to be supported. Assessments contained information on people's social and life history, preferences, eating and drinking, interests, health, continence and personal care. People confirmed the information gathered from assessments was used to plan and provide care which met their needs. Care plans were developed using this information and were translated to languages appropriate to the resident's linguistic needs, including Hindi, Urdu and Gujarati.

The service responded in a timely way to changes in people's needs. Staff had accurate and up to date information on people's needs and the support they required. Staff had sufficient guidance on how to support people. Staff made prompt referrals to healthcare professionals when people's needs changed. One healthcare professional told us, "The care plans are up to date and person centred." Care plans were reviewed regularly and when needed and updated to reflect changes in people's care and support needs. Staff shared relevant information with their colleagues to ensure people received appropriate support. For example, one person's care plan showed a pressure sore risk assessment was changed to identify a person was staying in bed for long periods. Staff were aware of this change and responded by checking the person regularly in their bedroom and supporting them to turn to ensure they were safe and comfortable. Records showed the registered manager had discussed with staff the action plan put in place by district nurses. Staff had used the plan to support the person effectively.

Staff knew people's likes and dislikes and supported them as they wished. Care plans reflected people's specific likes and wishes, such as certain foods, drinks, worship, and music and how people wanted to spend their time. One healthcare professional said, "[Person's] care plan was very personalised to him with attention to details of all his likes and dislikes." People's life histories contained details of memories that were important to people. For example, one person was involved in the film industry during their career. They had a photo album which showed famous people they had worked with. This helped staff assess people's perspectives and provided topics of conversation to engage and stimulate discussion with people. We spoke with a person about a picture in their room. This initial discussion led to a positive conversation and a specific memory that was linked to the picture. The person told us staff spent time with them

reminiscing.

People attended activities of their interests and religion played a big part in their day to day living. The registered manager ensured the service met people's social needs through the provision of activities which reflected their cultural backgrounds and interests. Care plans identified people's cultural and religious needs and the plans in place to ensure staff supported them appropriately. We observed people actively celebrated and practiced their religious beliefs such as Islam, Christianity, Sikhism, Jainism and Hinduism at the service and in the community. People told us religious observations were an integral part of their lives and were happy the service provided an environment to practice their faith. We observed people spent time during the day praying and chanting religious scripts whilst staff offered support to ensure that individual wishes are respected. For example, we met a visiting Catholic lay minister who had come to the service to administer 'holy communion' to a person at the service. Some people sat in the lounges with a Hindu channel playing appropriate songs whilst people said their prayers. Community religious groups and volunteers were regularly invited and organised religious activities at the service. People were supported to go to the mosque and temples in the community.

Activities were part of people's daily lives and these were designed to meet their needs. One person told us, "I come out of my room to join in with the activities. There are times when I do not feel like joining in and remain in my room." Another person said, "The staff remind me every day what's on offer and the activities they know I like. I do take part but not always." Activities at the service included garden walks, exercises, ball and board games, Bollywood dramas, skittles, films and sing-a-longs. Staff had reminiscence sessions, hand massage, quizzes, reading and listening to music. Staff gave one to one support to people who were unable to come out of their rooms and provided them with activities. The service held a regular daily meeting 'Together for 10' which involved every member of staff in the service sitting down with one person for 10 minutes to ensure that each person had a guaranteed one to one personal interaction daily.

People had an activity daily log that identified what people did during the day. One relative told us, "It's just lovely seeing [relative] have the choice of activities they have always enjoyed in their lives. The activities are also a way of bringing [people], relatives and staff together." We observed staff joining in activities during the day and initiating activities with people on a one to one basis and in groups in the lounge. One healthcare professional said, "Staff include [person] in meaningful activities within the home." However, one healthcare professional did feedback and told us they were concerned about the limited individual activities available to people, a position we found to be different. We found the service provided a wide range of activities to cater for the diverse needs of people.

People told us they were supported to be part of their community which enhanced their sense of well-being and to reduce social isolation. Staff were fluent in a number of languages including English, Gujarati and Hindi which enabled people to feel at home. One person told us, "I do not feel lonely as staff encourage me to socialise and meet other [people]." Another person told us, "I have made friends here."

The service engaged effectively with community groups and volunteers to promote people's cultural diversity. One person told us, "I take part in folk festival and traditions at the service and it makes me so happy. I feel the staff help me to celebrate who I am." A relative told us, "It means a lot to [relative] to celebrate traditions with our own in our local community. Tradition is so important for these elderly folks." Records showed people and their relatives had celebrated festivals such as the Diwali and winter festivals for the Hindus and Sikhs, Paryushan Mahaparva for Jainism and Easter for the Christians. People celebrated their identity and culture as part of a diverse community through the functions arranged at the service.

People were supported to maintain relationships that were important to them. One person said, "We are

one big family and look out for each other. I have made friendships with everyone and check on the poorly [people]." Relatives could visit at any time without any restrictions and were made to feel welcome. One relative told us, "I have been coming here as I please since [relative] came out of hospital." Another relative said, "The staff are lovely. We come and go as we need to." One member of staff told us, "We value the relationships people have with their families. This is their [people's] home and their relatives are always welcome. We invite families for all sorts of functions and to be involved as much as possible."

The provider ensured that people, relatives and staff voices were heard through surveys and meetings and acted on any issues raised. People, their relatives and staff completed annual questionnaires about their views and vision for the service. The surveys were in different languages as people preferred. The provider collected and analysed the results of the surveys. Results of a 2016 satisfaction survey showed all people and their relatives who had responded had positive comments about the service and the support they received. Scores were over 98% satisfaction for the level of care and support people received, respect for privacy and dignity, communication within the home, the activities on offer, meals and services offered and the environment. There was a suggestion box which was kept in the reception area to allow people to give comments about the quality of care. The registered manager reviewed regularly any suggestions raised and where practical implemented the ideas. The provider held a staff engagement day known as 'your ideas matter' in November 2015 to enable staff to share their experiences of working at the service and how they could improve the quality of care.

People and relatives told us they knew how to make a complaint if they needed to if they were unhappy with their care and support. One person told us, "I would talk to the manager." One relative told us, "I have not needed to make a complaint but I do know how. The manager is very good and always listens." Another relative told us, "I have the complaints forms if I want to raise any concern. I had a minor issue and it was sorted." The provider had a complaints policy and procedure that informed people how to complain and who they could contact to discuss any concerns. The complaint procedure was displayed available in people's preferred languages and displayed at the service. People and their relatives told us they had sufficient information from the service on how to raise complaints. Records showed the registered manager kept a log of all complaints received and the action taken to resolve them. The registered manager had made a written response to a relative who had put in a complaint. Records showed the registered manager had investigated and resolved all complaints in line with the provider's complaints procedure and to the satisfaction of people and their relatives.

The registered manager shared positive feedback with staff. One relative had written, "Knowing that our mum is so well looked after is a source of great comfort and happiness for us all." Another letter stated, "The patience and professionalism of the [manager], the dedication and commitment by all her staff and the contentment on the faces of all residents exemplify how good Aashna House is in delivering its mission, care for the elderly."

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager and the service. One person told us, "Yes, she is always around and talking to us making sure we are alright." Another said, "Yes, it is pretty easy to talk to the manager and the staff." One relative said, "The manager is very effective and approachable." People and their relatives told us they thought the service was well run. Staff told us communication was good at the service and they were kept informed of any changes.

There was an open door policy at the service that enabled people, relatives and staff to approach the registered manager with any concern they may have. One relative told us, "You do not need an appointment to see the manager when in the home because you can see her walking about most times we are here. You can also ring if you have any worries." The registered manager told us, "I make myself available and encourage dialogue with everyone. I spend time with people to understand what they want." The registered manager held regular meetings with people. Records showed they discussed the quality of care, menus and choices available, staffing issues and any concerns with the laundry. Minutes of the December 2016 showed people were happy with the way their clothes were maintained and the cleanliness of the home. The registered manager also held combined residents and family meetings. Records showed meetings were well attended and relatives participated in the planning of developments they wanted to see at the service.

The registered manager and staff practiced the provider's values of, "keeping kindness at the heart of our care." They said this meant the culture of the service was based around kindness to people and respectful of their home. The staff understood how to apply this value in their work. One member of staff told us, "It is an extension of their home they left and we are part of one huge extended family." Another member of staff told us, "We share so much culturally. We do understand their way of life and we have to do that with a measure of humility and kindness." People told us the registered manager knew them individually and was sensitive to their needs. The registered manager was able to tell us about people's needs, their preferences and how staff delivered their care.

The registered manager and provider adhered to the requirements of their registration with Care Quality Commission and had notified us of all significant events as required. The registered manager was aware of their responsibility in relation to the duty of candour. There was openness and transparency within the service, resulting in a 'no blame' culture, where people their relatives staff were confident to question practice and report concerns. One healthcare professional said, "Communication from the manager has always been positive, and we had built good working relationship regarding any concerns that were raised by the client. The manager has always been transparent and helpful."

Staff told us they felt supported in their work by the registered manager. There were regular staff meetings to build supportive relationships in the team. One member of staff told us, "The manager encourages us to attend team meetings. This gives us an opportunity to express our views and concerns." Another member of staff said, "The manager encourages team work and welcomes ideas to improve our practice." Records confirmed the registered manager held monthly meetings and showed they had discussed one provider's policy at each meeting, good practice, workload and staff were able to give their ideas to improve the

service. Staff had used team meetings as an opportunity for learning and improvement of their practice.

The service had effective audit and quality assurance systems in place to regularly assess and monitor the quality of service which they used to drive continuous improvement. This included a schedule of internal audits on staff training, supervision and appraisals, accidents and incidents, infection control and medicine checks. Records showed the registered manager consistently and regularly completed audits and had followed up on all issues raised. Senior management from the provider's head office carried out compliance audits to monitor the standard of care at the service. A regional manager visited the service regularly and worked with the registered manager to address any issues on the service improvement plan. This included audits on the service's provision of people's care. The registered manager and provider carried out their audits to check compliance with the Care Quality Commission regulations to check if the service met all the standards and put plans in place to address any shortfalls. The registered manager and senior management team added to a service improvement plan any issues identified in the audits and decided on the action to take to resolve the concerns. The providers' policies, procedures and practice were regularly reviewed in line with changing legislation and good practice as advised by healthcare professionals. Records showed policies were up to date and were communicated to staff in team meetings and supervisions

The registered manager regularly checked people's records to ensure they were up to date and accurate. An audit in 2016 identified that the current system of care plans needed to be modified and as a result new electronic care plans were being sourced. The service improvement plan identified that this improvement would be completed during 2017. The provider had a robust financial management system in place to monitor and manage people's personal finances and their care funding arrangements.

Improvements where made when necessary. A service audit had identified that the place of worship provided at the service was not adequate. As a result, the provider had approved the conversion of a bigger sized room into a temple. We saw extensive renovation in progress and people and their relatives told us they were happy about this development.

The provider recognised and valued individual and team efforts which boosted staff morale. The provider and registered manager encouraged and supported staff to provide high standards of care. This had resulted in a member of staff receiving awards of recognition from the provider who had multiple services. Staff told us rewards for both individuals and teams were important as they felt the registered manager and the provider appreciated their efforts to improve the quality of support they provided to people. The service and staff recognition was in the area of meal preparation and they had received the Chef of the year award in 2014 and 2015. People and staff nominated a member of staff each month for a random act of kindness which enabled staff to live up to the values of the service.

The registered manager had developed positive links with the local community and healthcare professionals to develop the service. The registered manager told us, "We have good relations with our neighbours and engage them to improve the quality of life of our [people]." The service had linked with a local nursery with children of Asian origin. They invited the children to come and spend time with people at the service. People told us they were happy with these visits as it reminded them of the time they spent with their grandchildren and being part of big families they had before they came to live at the service. There was involvement from the local schools and church that included the school and church choir attending the service.

The service had participated in an audit of compliance with national nutritional care guidelines in community healthcare settings conducted by the Lambeth and Southwark Action on Malnutrition Project. The registered manager told us the project made staff more aware of the challenges of malnutrition in older

people and the action to take reduce the risk of malnutrition to people. The registered manager facilitated quality assurance visits from the local authority who commissioned the service to develop the quality of care.