Ashfields Care Limited

Ashfields Care Home

Inspection report

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Derbyshire
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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

About the service
Ashfields Care Home is a care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service can support up to 46 people. The home was in the middle of a large extension to increase the number of bedrooms and the facilities. At the time of the inspection the home had been divided into two areas, a residential and dementia unit. Each unit had their own dedicated manager and staff. The accommodation consisted of dining and sitting spaces with shared bathrooms. However, each bedroom had their own ensuite facilities.
There were social spaces for people and family, which included a small lounge and coffee shop.

People's experience of using this service and what we found
People's outcomes were reflected in good health care and wellbeing. They were provided with tailored care and support which promoted a warm family home. Without exception all the comments we received expressed thanks for the kind and caring staff who ensured every day was positive and spent how the person wished.
It was evident people and relatives were actively involved in their care arrangements and all the details were recorded and shared. Staff were able to use people's history and life choices to provide a person-centred approach to the care people required.

Technology had been used to support care planning, safety measures and promote people's independence. Hobbies and opportunities to engage in daily activities was available, these were liked to life choices or new experiences. The local community was involved along with visiting entertainers.

People's equality needs had been considered. Measures were taken to promote communication methods, disability needs or spiritual or cultural support.

Staff showed compassion and consistently treated people with dignity and respect valuing them as individuals. When people required care at the end of their lives, this was completed with respect and dignity, and reflected on any lasting wishes. The home was described by professionals as outstanding care delivered by caring staff who showed empathy to people and their families.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Relationships had been established and people shared with us positive views of the staff.

People were consulted on a regular basis about the home and improvements. Meal changes were being developed and people's ongoing health care was monitored.

There was sufficient staff to support the needs of people. This was reviewed regularly, and adjustments made to support environmental changes or the needs of people. Staff had received training and support for

their roles. This was dovetailed with competency assessments and supervisions.

Medicines were managed safely, and reviews had been completed to make improvements to people's health care and management of their anxiety. Risks had been managed and measures put in place to reduce the risks.

Maintenance of the home was comprehensive in ensuring all the required checks were in place. Fire safety measures had been considered and a new system installed.

People knew how to raise a complaint, and any received had been investigated and addressed with an apology and actions. There was clear leadership of the service, which used robust quality assurance systems to develop and drive improvement. The home had worked with a range of partners and continued to follow up on lessons learnt.

The security of the building was monitored by CCTV and all the people, relatives and staff understood the usage of the system which was in place in communal spaces. The home had displayed their rating and sent us notifications as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection for this service was Good. (published 23 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashfields Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ashfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with the local authority and other professionals. We reviewed notifications we had received. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, manager of the dementia unit, housekeeper, cook, the nurse and senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service and two relatives who contacted us through our call centre.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicine safely from staff who had been trained and their competency checked against national standards.
- When people entered the service, their medicine was reviewed by the local GP. For some people this had resulted in a reduction of medicines which had improved their daily awareness and responsiveness to others around them. One relative said, "They have removed several medicines which have meant [name] is more responsive."
- The home had a positive relationship with the GP, who provided a regular surgery in the home and staff felt confident in raising any issue to support ongoing health needs. There was also a positive relationship with the pharmacy who was able to support with any covert medicine plans or additional medicines required in between the monthly medicine cycle.
- Risk assessments were in place when people required daily recording for their diabetes or when people had their medicine covertly. Covert medicines refer to people being given their medicine without their knowledge and often disguised in food or drink.
- We reviewed the stock and storage process. For some areas we saw improvements were needed, however these had already been identified by the registered manager through their audit process and an action plan developed.
- After the inspection the registered manager provided us with an update on the changes they had made to their stock and checking processes. Staff had been involved in the changes and had taken ownership of many changes themselves to drive improvements. For example, the review of medicines when it was identified a person either did not require it or when a person required a medicine to be prescribed daily.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. One person told us, "Oh, definitely feel safe, you can go where you want. Staff treat you very well and try to help you. I've never seen anybody abuse or bully anyone."
- Another comment also reflected feeling safe, "It's as safe as houses. Nobody can get to you at night. I haven't had any falls. Staff move me around in my wheelchair. Everybody is beautiful here."
- Staff had received regular training to ensure they could recognise the signs of abuse and report concerns confidently. Any concerns raised had been investigated and any actions shared with the staff.
- We saw lessons had been learnt from incidents. For example, the addition of a combination lock following one person exiting through a specific doorway. There were several examples of lessons learnt and the registered manager was proactive in continued improvements through learning.

Assessing risk, safety monitoring and management

● Risks to people were managed safely. Risks associated with falls, choking, moving and handling and medicines, were all detailed in the care plan. Any critical information or risks were highlighted on the hand-held devices staff used through a rolling bar alert, so it could be accessed quickly and easily.

● The home used a range of technology to support ongoing safety. For example, some people had sensor mats or room sensors to alert staff when they moved. CCTV was in operation in the communal spaces of the home, this had been used when an incident or fall had occurred to reflect on any measures which could mitigate a repeat of this situation.

● People and relatives reflected on safety measures and the ongoing safety within the home. One relative said, "I've no concerns about safety. I mentioned [name] was weaker and unsteady in the morning. So, now their tablets are given at 8.00am and this has improved how they feel."

● Other people commented on the home being well maintained. There was a dedicated maintenance person, who ensured all the required checks were completed in addition to dealing with day to day issues, such as onsite repairs.

● People were well protected from environmental risks. Individual evacuation plans were in place in case of an emergency. A new fire panel had been installed to provide a safer warning system should a fire occur.

Staffing and recruitment

● There were sufficient staff to support people's needs. Peoples needs were reviewed on a regular basis or when people's needs changed. Environmental changes had also impacted on the staffing numbers. When additional one to one support was required this was assessed with health care professionals or commissioners.

●. When one to one hours had been commissioned the registered manager aimed to employ their own staff to reduce the reliance on agency staff. This provided a more consistent approach for the person.

● A range of roles and times of shifts had been introduced to support the requirements of the home. For example, the dedicated manager for the dementia unit, a training person and additional staff for the coffee shop.

● Where people were a high risk of falls or harm to themselves or others, the registered manager liaised with Health Care professional and commissioners to obtain one to one support for people.

● The provider used a dependency tool to reflect the staffing needs. This provided a baseline, however the home layout and staff feedback was also used to determine the required number of staff to support people's needs.

● When staff were recruited the appropriate references and checks were completed in line with current guidance.

Preventing and controlling infection

● The home had clear practices to protected people from the risk of infection. One person told us, "I'm happy. My room is cleaned every day and the bedsheets changed." A relative commented, "The bath and bedroom are kept spotlessly clean. The bed linen is changed when needed and the carers monitor [name] at night."

● Cleaning schedules were in place to ensure all areas were cleaned and deep cleaning was covered on a rotational basis.

● The house keeper completed regular audits to ensure the cleaning had been completed to the required standards. When items required replacement, this was completed swiftly.

● We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals. These were placed so staff could access them at the point of care, for example, bathrooms and bedrooms.

● The kitchen and food preparation area was well maintained There was a five-star rating from the food

standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to admission an assessment was completed and included peoples wishes, preferences and life history. This information was then used to develop the care plans and shared with staff who accessed it through their hand-held electronic device.
- Staff used their learning to lead to better outcomes for people. For example, some staff had introduced the LPZ, an audit tool developed in the Netherlands. The audit measures the prevalence of common care issues such as pressure ulcers, continence, nutrition, falls, restraint and pain. Following the use of the tool people's health has been improved.

Staff support: induction, training, skills and experience

- Staff received the required training to support their role. This included online, face to face and additional training requested by staff to support specific long-term conditions or areas of interest.
- The PIR highlighted the different methods of training, and the recent awareness raising in relation to understanding living with dementia. Some staff had experienced the 'Dementia bus' and a course called, 'What is Dementia.' The 'Dementia bus' uses specialist equipment to create a simulated environment.
- New areas of care were reflected in training, for example, to support the latest initiative in relation to oral care.
- Training had been implemented for the domestic staff through the chemical companies. This ensured the correct use of the products in maintaining the hygiene of the home.
- New staff were supported with an induction and shadowing support with an experience staff member. One staff told us, "The training is good, and I feel really supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food, however some said it could be better. One person told us, "Sometimes the food is good and sometimes it's less so. There's always a choice. I can get drinks from the café. You can get a snack from the café until 4.00pm or from the kitchen if the café is closed." Another person told us, "The food is excellent. Staff help me when I need it."
- At a recent meeting with people who use the service, the menu had been raised and work was already under way to develop a wider choice and incorporate people's choices. The home was supported by an experienced cook. They were enthusiastic and were taking onboard the new changes to the menu.
- Peoples fluid and food intake was monitored. One relative told us how [name] had come to the home with a kidney infection and the staff supported them to recover from this. Now their fluid was monitored closely to avoid a relapse.
- Peoples weights were regularly monitored, and any concerns followed up with health care professionals.

Any changes were shared with the kitchen and staff verbally and through the electronic hand-held devices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care to maintain their well- being. One person said, "The doctor came to see me for my shoulder and legs. I am going to the hospital for my annual check-up. I've seen the optician and chiropodist."
- Relatives told us how they had been involved and spoken to health care professional on site to support their relatives care needs. One relative said, "We had three discussions with the enhanced nurses to assess and discuss what care [name] needed." Another relative told us, "The GP is easy to see. There is no need for hospital appointments. The district nurse comes to for [names] bandages."
- We saw any guidance provided by health care professionals had been included in the care plan. Any new risks were added to the 'rolling bar' on the hand-held devises to alert staff to the changes. For example, a change in someone's meal consistency.
- People's oral health care was assessed and monitored. We saw plans had been developed to consider the support people needed, this ranged from support with their dentures to assist to brush their teeth.

Adapting service, design, decoration to meet people's needs

- In the PIR the provider told us they were developing a specific area within the home for residents living with dementia. We saw this area had been established and was managed and staffed by dedicated staff who had a passion for supporting people living with dementia.
- Staff told us the changes had been positive, giving more focused care to those who need it. A staff member told us, "It means people in the residential side are not upset by people coming into their rooms or their anxiety moments and those people in the dementia unit get additional focused support."
- Rooms were personalised, and people were able to access the different areas of the home.
- People were able to have access to the outside space and some rooms has direct access into a small courtyard. The main garden was secure and had outside seating.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and staff understood the principles.
- Some people who used the service were unable to understand risks relating to their safety, we saw applications for DoLS had been made. These decisions had been made through a best interest meeting.
- Staff asked people for consent before delivering care and support. One person told us,"Staff ask me first. I can choose my own clothes. When I go upstairs to my bedroom staff come with me in the lift." We observed people being spoken with and asked their choices and preferences throughout the day.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

● Without exception people described being treated in an extraordinarily caring way. One person said, "I'm happy with the staff and my treatment. We have a good laugh" and, "The home does marvellous work." Staff recognised people as individuals and all interactions we observed were on a personal level. On relative said, "this home has exceeded my expectations."

● The staff were visibly focused on people receiving person centred care. People from different cultures were supported with their preferred language and cultural foods. The home added a translation application to the hand-held devices so staff could use this to give choices and the person could exchange information or wishes.

● People's disabilities were incorporated into a daily routine ensuring they were supported and not made an exception. Staff ensured hearing aids and glasses were in place. A specialist bath had been installed to provide everyone with the opportunity to receive the hygiene support they preferred. A relative told us, "The staff are incredible. I am happy [name] is here. I can go home knowing they are looked after by friendly and caring staff."

● The staff were highly motivated, compassionate and committed to providing a high-quality service. Observations and comments, we received from people and relatives supported this. A relative said, "This home was recommended, and the family has never looked back since [name] came here." A staff said, "We are encouraged to sit and talk with people, I love listening to their life stories and memories."

● People's quality of life had improved since they had received support from the home. A health care professional commented about a person who was reluctant to receive care, however agreed to a period of respite. They have now moved in permanently and their health has improved along with their mood and outlook.

● People were supported to follow their spiritual needs. The home had a fortnightly communion service and calendar events were celebrated, for example Easter. Some people identified with other religions and they were supported to continue their prayers either in the home or at the local place of worship.

Supporting people to express their views and be involved in making decisions about their care

● People were at the core of the decision making. Staff were passionate about involving people and their relatives in every aspect of their care. One person said, "Staff ask me first and I choose when to have a shower. The hairdresser comes regularly, and I pick my clothes to wear and make choices about my day." Another person said, "Staff know how to help, they get to know what you like and dislike."

● People were encouraged to choose how they spent their day, one person said, "I can choose to join in or

not. If I wanted to go to the shops, then people would take me. I can have a lie in if I want." In the dementia unit, each morning staff encouraged people to have breakfast and a drink, then to dress at their leisure. This had resulted in people being more settled and an increase in people's weights.

● Staff addressed people in an affectionate tone and displayed warmth in their interactions. One person said, "Every day staff are caring and kind. There are no faults at all with staff."
A relative said, "[Name] is well cared for and staff are brilliant. Staff do spend time them and talk to them."

● Relatives were an integral part of the home. A relative said, "Last week I was unwell and couldn't visit. A very caring nurse phoned me to check I was alright. That was very nice of them." Another relative said "I can visit when I like. I get a welcome and a hot drink when I arrive. I go to the office and they let me know how things are with [name]."

● The home ran as an integral team led by a manager who was passionate about care. All the staff reflected on the family feel of the home. There was a consistant staff group who provided a team approach to supporting people's needs. Comments like, 'I love my job', 'The home is so supportive,' and 'I enjoy coming to work.'

● People's voices were valued, if they were unable to attend the meetings the staff discussed this with them in private or with families. Other Some people required the support of an advocate and the registered manager knew how to refer people and ensure privacy was observed when they visited. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

● Peoples dignity was an essential part of the care provided. The building had been designed to maximise people's dignity, such as ensuite facilities in most the rooms to enhance privacy. The new building ensured all rooms would be ensuite and rooms without would be refurbished to the same standard. One person said, "Staff are very particular to knock first. They lock the door when I'm changed."

● Staff understood people's needs and through detailed care planning were able to anticipate when people could become anxious. Staff responded using distraction methods based on the information provided. For example, the use of dolls to support people looking for their children.

● Knowing people's background supported respect of people's lifestyle. For example, one person used to be a farmer so enjoyed early mornings and wearing several layers of clothing. This information was often used to establish relationships were there was a common theme or interest.

● Links with family were promoted supporting through a range of methods, for example skype calls over the internet or by email. One person said, "There is a private room where families can meet." Some people had their own telephone in their rooms, enabling them to make and receive calls. One person told us, "I have my own mobile and television. There're no restrictions. I can walk about when I want."

● Within the dementia unit a social media group had been set up to provide relatives with another form of contact and to support a social network for the relatives of people living with dementia. One relative said, "I like this link, it makes me feel involved and included and I have met other relatives from this." Within this unit the staff had worked with families to create memory boxes of people's history and life interests.

● CCTV was in place in the communal spaces. People had been consulted and their consent obtained ensuring they understood how it would be used. People and relatives, we spoke with felt the CCTV did not compromise their privacy but added another layer of security and safety.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● Passionate and dedication were the words used by all those we spoke with to reflect on the end of life care people received. The home optimised people's comfort and last wishes. For example, one person requested a pre -wake wishing to celebrate with their family and friends, this was hosted by the home. Other people were supported to a day at the seaside to have fish and chips on the sea front. All granted wishes were displayed on the wish tree and sprayed gold to show they had been achieved.

● Staff were exceptionally compassionate, and this was reflected in their manner and emotion when discussing people, they had lost. One staff said, "It's an honour to make it special for the person." Another staff said, "When people are coming to the end they would not be left on their own. No one dies on their own here."

●Oral care had been identified as an important area of care as it impacted on people's physical and emotional needs. The registered manager said, "It is often the last area relatives can be involved in, so the home had developed 'oral care boxes' which contains the required items to enable this to happen."

● The home had achieved the Derbyshire End of Life Accreditation, which relates to best practice guidelines. Health care professionals told us, "Nurses and care staff are all are very knowledgeable and keen on managing people in the home. The staff are open to receive and follow advice."

● The health care professionals who had used the home to support people at the end of their lives had completed their own feedback on the care which had been received. Without exception the feedback reflected excellent quality in care people received. For example, 'manager friendly, - care very good, looked after so well', and 'care was amazing and felt confident [name] cared for when we were not there.'

● People's lives were remembered. Each relative received a box of memories collated by the staff and a butterfly. A duplicate butterfly was displayed on the memory tree within the home. Relatives who had lost a loved one were invited back annually for a 'celebration of life' service and to let off balloons.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Stimulating social and recreational activities enhanced peoples physical and emotional wellbeing. One person told us, "There's all sorts of activities. I get a weekly sheet of what's on. If I don't want to then I don't join in. They bring singers in and the local school. I have massages and get my nails painted" Another person said, "I've been on trips to Matlock, the local chip shop and to Brinsley lodge. You get a weekly programme of activities"

● A range of technology had been introduced to promote people's independence and interests. People and visitors could access the Wi Fi and some people had connected to individual virtual digital assistants, for example Alexa or Google Assist. One person used their device to enable them to play their own preference of

music, request the time and answer questions or information of interest.
● Other innovation was used to promote a person-centred approach. The home had a 'Jolly' trolley which had a television and was interactive. Music, programmes and quizzes could be downloaded, and the trolley moved around the home. The activity's person said, "It's like having an extra pair of hands, the people enjoy it and you can make it personal."
● People's previous hobbies and lifestyle had been considered. These influenced the activities on offer. For example, a gardening group, knit and natter and a women's and men's groups. Memory boxes had been produced for example, one was completed for a person who enjoyed golf, this included pictures from their old golf course.
● Community links had been established with the local nursery, Brownies, Schools and a local theatre group. The home had also purchased a Mini Bus, to provide trips out.
● A Coffee Shop in the home was opened daily, which was run by dedicated staff. This provided a social space and was used to encourage drinks and snacks for people. A reminiscence café had been introduced. The first one focused on the seaside and included smells and sounds along with pictures from vintage brochures.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Innovation was used to provide staff with comprehensive details about people's needs and preferences. People and relatives felt included in the process and their needs listened to and respected. One relative said, "[Name's] care plan is in the office, and staff can access it. I am consulted about all aspects of their care and informed of any changes."
● Care plans were shared with care staff through a hand-held device, all staff were able to review details and input real time interventions provided. For example, when people received care or meals. All the staff said how accurate and useful the system was. Comments like, 'You have everything you need straight away,' 'when you need information for the emergency services you can answer the question straight away' and 'Its quicker than writing notes and you have the details at a glance.'
● People's care was reviewed on a regular basis. Family and professionals were involved, and new ideas promoted. For example, there was the introduction of 'blue' crockery to promote eating, or the use of adapted equipment.
● Staff were able to be responsive to people's needs as the details were reviewed and shared in real time. This meant the nurses were able to review any unusual or highlighted changes. A relative told us, "It would be difficult to improve on the quality of the care here. Staff are so caring. They phone me at home if any problem arises."
● Health care professionals were positive about the electronic system giving them accurate information which was valuable in assessing people's ongoing needs. The system also generated a hospital pack which ensured the emergency services received the most updated details.
● People were able to remain independent in requesting support, which was responded to swiftly on request. One person told us, "The staff come quickly and know how to help me." Some people were not able to use the call bell, so new initiatives were used, through a red button which was sensitive to touch. Other people had regular check calls. A relative said, "[Name] can't use the call bell. Staff pop in regularly and don't leave them long. They have to record what they have done."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were consistently met by staff who demonstrated enthusiasm to meet each persons communication needs to promote independence. For example, one person was initially able to use a notepad and pen, however as their health deteriorated, the staff moved to a picture book and eventually a letter board, so the person could spell out their needs.
● Other methods used to promote communication ranged from the written word in different font sizes, pictures and items of reference. Electronic devices were also used to promote independence. These included talking books, iPad and smart speakers.
● There was signage around the home and further development being considered for the dementia unit to promote orientation.

Improving care quality in response to complaints or concerns
● People felt they could approach carers directly, nurses or the manager if they needed to about any concerns or worries. One person said, "I can't think of any complaints. I'm safe and happy here. I'd speak with my daughter if I needed to and they would go to the office." A relative said, "Honestly, I've no complaints, we are welcomed in the coffee shop. The home has taken a lot of worry off my shoulders."
● The complaints policy was visible, and any complaints received verbal or written had been investigated and addressed formally.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and owner were instrumental in driving the positive ethos in the home. They were both visible and approachable to relatives and people. One person said, "You can talk to any of them. The manager is hands on and doesn't just sit in the office."
- Developments and initiatives were welcome into the home from all avenues. When suggestions were mentioned these were followed up. For example, any new equipment or different coloured crockery. All those we spoke with reflected very highly the caring, skilled and kind nature of the carers. One person said, "I'm very happy with the quality of care. Ten out of Ten."
- The home was in the middle of extensive redevelopment. We reviewed the plans which included a Pub, two passenger lifts and improvements to bedrooms and communal spaces. People and relatives have been kept informed about each stage of the improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives felt there was an open culture. One relative said, "I can talk to the manager anytime. Sometimes when I come in and I am upset staff come and put their arms around me."
- It is a legal requirement a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating was displayed at the home and on the provider's website.
- We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.
- The CCTV was in place in the communal spaces of the home. There was clear signage at the home and people and relatives were informed of the CCTV and its usage. Staff were also informed during the interview process and how the cameras were used to support safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used the electronic system to ensure all calls had been received, from the data from the hand held devices. Any aspects not responded to were identified as an alert. These were reviewed, and an action plan put in place this ensured persons needs were recorded and responded to as indicated by

their care plan.
● Audits were completed to drive continued improvements. We saw the infection control audit was now completed six monthly, with a monthly audit by the housekeeper. The audit identified when equipment needed to be replaced, for example, pedal bins, curtains or any areas which could affect poor infection control practices. A mattress audit was also completed, which checked the absorbency and when this was compromised, new mattresses had been purchased.
● The medicines audit had highlighted the need to review how the stock was recorded and the details when as required medicines were given. This resulted in a clinical meeting and changes being made to practices. The registered manager also introduced weekly audits as a short-term measure to check the changes had been embedded.
● The registered manager used all the audits, feedback and walking around the home to quality monitoring the care being provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives had been consulted about their care needs. There were regular meetings. One relative said, "We had a meeting before Christmas. But you don't have to wait and can approach staff anyway to give your opinions." There were also quality questionnaires which were positive, these were shared on notice board.
● The recent meeting had highlighted the need to improve the meals. A relative said, "Meetings are held once a month. I went to one about the food and hope it gets improved." We saw the meeting had also requested a shopping trolley, which had been introduced and received positive feedback.
● Staff felt supported and involved in the running of the home. Meetings were held, and staff's views were incorporated in driving improvements. One staff said, "The manager is wonderful and so caring." Another staff said, "Everyone here is supportive, you can ask, and you are listened too."

Working in partnership with others; Continuous learning and improving care
● There was a positive relationship with health and social care professionals. One said, "It's a lovely home, there is a warm, caring feeling here."
● Staff work with professionals and any guidance was incorporated into the care plans.
One professional said, "I am confident with a good handover the support would result in good care here."
● Other partnerships had been developed with the local community and groups.
● Staff worked in partnership with families to hold events to celebrate calendar events along with fund raising occasions to support other charities or activities within the home.