F.J.J. Healthcare Limited

Ashville House

Inspection report

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23 June 2016

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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

The inspection took place on 21 and 23 June 2016 and was unannounced.

The home is registered to provide accommodation with person care for up to 51 people. During our visit there were 45 people living at the home. The home had double rooms; however they were used as single rooms.

There was a registered manager at the service, who was permanently based onsite. 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 told us that they felt safe living at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people to be at risk of harm. Staff knew what they had to do if they needed to report any suspicion of abuse.

There were sufficient staff on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place, which ensured only those staff suitable to the role were in post.

The home followed procedures to identify risks and protect people from harm. Risk assessments were in place and regularly reviewed. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to relevant health care professionals. Medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were knowledgeable about MCA and DoLS and had received training. Where appropriate referrals and applications had been submitted to the relevant body. Staff sought consent from people regarding their care.

People health care needs were assessed, monitored and recorded, and referrals for assessment and treatment were made. Where people had appointments within healthcare services, staff supported them to attend these.

Staff were caring and they knew people well, they supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and provided relevant support. Staff had positive working relationships with people. People living at the home told us that staff listened to their wishes and carried out care tasks they asked for, that may be additional to their planned care tasks.

The registered manager told us that whilst people were very independent when they arrived at Ashville, it was important to the staff to make sure people knew they could stay as long as they wanted. This included end of life care, which was carried out with care and compassion.

Care was based on people's individual needs and was person-centred. People and their relatives were fully involved in the assessment of their needs and in care planning around them.

Quality assurance systems were in place that reviewed the quality of the service that was provided. The views of people, relatives, health and social care professionals were gathered as part a quality assurance process.

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 received safeguarding training and knew how to recognise and report abuse.

There were sufficient staff to ensure that people were safe and their needs were met.

Risk was managed effectively and regularly reviewed to ensure people's safety was promoted.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and support to ensure that they were able to meet people's needs effectively.

People were supported to maintain good health and had regular contact with health care professionals. They had sufficient to eat and drink and were involved in menu planning.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards policies and procedures. Staff were provided with training.

Is the service caring?

Good

The service was caring.

Staff developed positive, kind, and compassionate relationships with people. People's rights and choices were promoted and respected.

Staff were very understanding of those living at the home. Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported. People were treated with dignity and staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

Activities were available for people and they had a variety of choices.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were systems for checking and auditing the safety and quality of the service.

Ashville House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 23 June 2016 and was unannounced. The inspection team consisted of one inspector and one 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the provider. This included notifications, which are events that happened in the service, that the registered provider is required to tell us about. We also contacted social care professionals within the county for their views.

We spoke with eight people living at the home, one visitor and two visiting health professionals. We also spoke with the registered manager, deputy manager, activities co-ordinator, trainer, four care staff and the chef. At the time of our visit, the provider representative was also present. We spent time observing care provided to people during the day.

We reviewed the care records of four people, training records and staff files, as well as a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

People living at the home told us that they felt safe and cared for by staff who understood their needs and preferences. One person told us, "I haven't thought about it, so I must feel safe, there is someone here day and night", and another person said, "I always feel safe here".

Staff told us what the processes were if they felt that someone was at risk of harm and how they should report such concerns. Staff told us they had received the training and support they needed to feel confident in these processes. We saw instances in care records where staff had reported concerns to senior staff where they felt a person was at risk of harm. We saw in these records that actions had been taken to maintain the person's safety. This meant that staff could see what support this person needed, and ensured they could remain independent in a safe environment. The training manager confirmed that staff undertook training for safeguarding people from harm.

People who were at risk of developing pressure areas were risk assessed appropriately. We saw evidence that one person required an airflow mattress and another required pressure boots and these were in place. This relieved pressure and helped to minimise the risk of deterioration to the person's skin. We saw risk assessments in place for pressure care in people's care records.
Staff were able to tell us about people's pressure needs and how they supported people to reposition throughout the day and night.

Some people living at the home sometimes showed behaviour that some people could view as challenging. Where this was the case we saw that risk assessments were in place and staff told us what these said. People's safety had been reviewed and staff said that they felt confident in supporting people who lived at the home.

We saw that people were supported to take risks to retain their independence whilst known hazards were assessed to minimise harm. For example one person told us, "I like to go for short walks" and the registered manager confirmed this to be the case. We saw that this person's care record contained a risk assessment and staff had worked with the person to identify the key routes they liked to take. The person was asked to let staff know which way they were going before they left, in case of emergency. We saw that additionally to this, care records had a detailed description of people which could also support staff in finding people if they became lost, when out in the community.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew how to access this information. We saw that care records reflected these plans. We observed at our visit that the registered manager had stored a number of wheelchairs that were specifically for use in an emergency. This ensured that staff had access to the equipment they needed in the event of evacuation and knew there were enough for the needs of the people at the home.

People who lived at the home told us that they were happy with the numbers of staff. People told us that staff were responsive and one person told us, "If you press the emergency alarm they come very quickly

here, usually three or four of them" and another person told us, "There are always plenty of staff around". A professional visiting the home corroborated this by saying there was, "Never a lack of staff". We observed staff throughout the day and they had time to spend with people living at the home that was not limited to providing support and call bells were responded to quickly.

The provider representative was present during our visit. The registered manager and staff told us that there were enough staff. The registered manager knew the needs of the people living at the home and staffing was dependent on people's needs. The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff carrying out administering medicines during lunch and they followed a methodical procedure and updated records as they went. We observed staff asking people discreetly before administering medicines and staff waited until the medicines had been taken.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were undertaken regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

We saw that on some occasions there were errors recorded in people's medicines records. The registered manager told us, and we saw, how these errors had been addressed. This involved an investigation as to how the error occurred, staff discussion and, where necessary, retraining. The registered manager told us that they were in the process of changing to another medicines provider. The registered manager told us that they felt a simpler system may support staff to minimise errors, ensuring people received their medicines correctly and on time. Therefore we saw that the management team had reviewed all the information they had, and were amending systems effectively to meet the needs of people at the home.

Good

Is the service effective?

Our findings

People living at the home spoke positively about the staff and their abilities, expressing confidence that staff were trained to meet their needs. One person during our visit told us, "The care I receive definitely meets my needs".

The home employed a dedicated training co-ordinator who was based at the home. The trainer showed us the records they had to show what training had been completed and what was outstanding. The relevant training, that the provider considered mandatory, had taken place and additional training based on individual needs was accessed by staff where needed. Staff confirmed to us that they received appropriate training and that they felt very well supported by the trainer and senior managers. This meant that staff had access to effective training that supported them to undertake their specific roles.

The training manager and staff confirmed to us that they received an induction period following recruitment. A staff member told us this included shadow shifts, where they worked alongside an experienced staff member. The staff member told us this could be for as long as they felt they needed it and told us that it gave them more confidence to learn their caring role. The registered manager confirmed that they contacted new staff after their first shift to make sure they had felt confident. Where people had still been nervous in role steps were put in place to support them further. The trainer told us that staff could also have learning in different formats that were specific to them, for example using different coloured paper to make comprehension easier.

The registered manager told us that they carried out supervisions with staff, and we saw evidence that this had been undertaken. The registered manager told us, and staff confirmed that these supervisions were to discuss their competency checks and determine if they required any further training. Staff also told us that they did not have to wait for their formal meeting, as if they wanted to approach managers before, they needed only to ask.

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. We found that some applications had been submitted for people living at the home. One was outstanding and one had been retracted as the person's needs had changed and an application was no longer needed. The remaining people living at the

home all had capacity to make decisions and this was recorded in their care records, all of those we reviewed were signed by the person.

Some people had family members who had a lasting power of attorney for health and welfare; these were documented to be evoked for when the person lacked capacity. This showed that staff understood that people could consent, but that at such time they could not there were clear plans in place to ensure their wishes were acted upon. One person had fluctuating capacity and there were plans in place for how staff gained consent from this person at these times. This included flash cards and staff also understood this person's needs and knew how best to support this person at this time. Staff were able to tell us about the training they received for MCA and DoLS and what that could mean to people.

People living at the home told us that the quality of the meals was good. One person told us, "The food is very good, there is plenty to eat and I am never hungry" and another person told us, "this food is absolutely excellent".

We saw at lunchtime that despite the choices most people had chosen the same dish, as this was a firm favourite that had been added to the menu following a resident's meeting. However we also observed that some people had sandwiches in their room. There was a choice of about nine desserts for after the main meal. The registered manager told us that menus were displayed on the notice boards, and the chef confirmed choices with the person at breakfast. People told us that they could ask for an alternative if they did not like the choices. One person confirmed this, and told us, "If you do not like what is offered, they'll find you something else". The food was presented well and we saw that food taken to rooms was covered. People living at the home were involved in planning the menus at the residents meetings. We saw notes that said one person wanted a cooked breakfast, and this was now an option. We noted that a specific meal was a favourite throughout the home and this was now on the menu once a week.

People told us that drinks were always available, with a person saying, "There is always water or lemonade, and they bring drinks round". We saw that drinks were available throughout the day and these were also offered to people in their preferred way. For example we saw in a care record that a person preferred their drinks in a beaker with a straw as they found this easier to use. We observed this person had their drinks offered in this way.

The kitchen staff informed us that they received information regarding people's likes and dislikes and their dietary needs. They told us that any person that required a pureed diet was catered for, and this was blended separately to ensure it was presented well. We saw this to be the case and observed staff supporting people to have their lunch, where needed.

The registered manager, care staff and kitchen staff were able to tell us about people that were at risk of weight loss or dehydration. Records showed us that people at the home were weighed regularly and had their weight loss and gain monitored. One person's records showed that their weight was low and cause for concern. We saw that there was a plan in place to encourage this person to have a higher calorie diet and supplementary drinks. There was evidence that the GP had been involved and as this person often refused supplementary drinks their weight was monitored more frequently. There were fluid and food charts in place and completed and we saw that one person had been referred to the hydration team. Whilst we were carrying out our visit the local GP called for an update of people's weights. The staff member who was responsible for updating care records formally, told us that the surgery called regularly to obtain weights of the people living at the home. This showed a positive relationship with professionals to support people at risk of weight loss.

People told us, "The staff will ring my doctor if I need him" and another told us, "We have the chiropodist every Tuesday". This showed us that staff were responsive to people if they needed support from an external professional. We saw that records included copies of referral letters, medical appointments and visits from healthcare professionals. During our visit a healthcare professional was on site and spoke very highly of the home. They told us that the staff were very good at providing the information they needed in order to support the person they were visiting.

Good

Is the service caring?

Our findings

People living at the home told us that they were happy with the care provided by the staff, and they told us that their visitors were welcome at any time. One person said, "They look after you well and they have a humorous way with them" and another told us, "I couldn't be in a better place". A visiting professional confirmed this by saying that if they had a relative that needed a home, it would need to be like Ashville House.

The statement of purpose for the home states, "The individuals care plan is designed to be regularly updated. This will be done monthly and more often if necessary. The plan will be updated by one of the management team in consultation with carers, the resident, relatives (if appropriate) and any other appropriate health professionals". People we spoke with at the home confirmed that this was the case. One person told us, "They do discuss my care plan with me and I know where it is" and another person said, "The care plan is hanging on the door, the staff discuss my care with my daughter, as that is my preference".

Additionally the statement of purpose stated that home will, 'Ensure that a detailed personal history is obtained from residents'. When reviewing care records we saw that the home did this and they were in different stages of development. For example one person had past their 100th birthday and their life history was significantly more detailed than a newer person who had just moved in. This told us that the home continued to build on these when they learnt more about a person. Staff told us that it was important to know about a person's past life as they could have meaningful conversations with people. This staff felt enhanced the quality of life for people at the home, by finding things to do that interested them.

The registered manager told us that they encouraged continual learning and development for staff in all aspects of good care delivery. The manager told us that they wanted staff to develop their caring roles and natures further, to ensure people received good care from caring staff.

Throughout our visit we saw examples of staff supporting people in a gentle and encouraging manner, which placed their wellbeing at the centre of their work. We observed staff sitting and interacting with people whilst holding their hands. The registered manager and the staff were able to tell us about each person as well as their care needs. This showed us that they took an interest in the person as well as their present needs. Staff told us that they would treat the person as they would want to be treated, and said they viewed the people at the home to be like family. Staff explained that they always used open questions when talking to people to stimulate conversation and encourage people to be more active and independent. This was because staff felt that they got more active conversation from people if they were not limited to yes and no questions, and helped them to make decisions.

The registered manager told us that they had wanted to create an environment that was comfortable and homely. One person told us, "It is a home from home" and we saw that people were encouraged to bring belongings and photographs from home. Staff supported people to make their rooms just as they liked them, and they told us that they felt it was important as it meant they could start conversations with people. A person living at the home confirmed this was the case and said, "They are very good, very helpful and they

chat to me while they are helping me".

We reviewed the care records of people living at the home and these were detailed for all elements of a person's life. For example we saw detailed information about the daily routines of people; staff were able to explain these to us. One person told us, "The amount of freedom means you can just do what you want", and this showed us that the staff were working with the people at the home and not in a task orientated manner. We saw that people were employed in different tasks of their choosing. For example one person had a keen interest in technology and supported the home to maintain the Wi-Fi. Another person had organised a dominoes match with others and staff had supported this to happen after lunch. People living at the home could access the community at any time, with staff or independently whichever was their preference.

The registered manager told us that some people had family members that supported with choices and this was their preference. If someone needed the support of an advocate this could be supported. The registered manager also told us that they encouraged people to use materials from Age UK, as they had a large amount of literature on care homes that supported people to make decisions.

People at the home told us that they had their privacy and dignity respected. One person said, "They have to dress me, wash me and bathe me, which can be very embarrassing, but they always treat me with dignity". Another person said that, "The staff begin as carers and end up as friends; they treat us as mates really, but with respect". A visiting professional told us, "I have seen it several times, how they treat people with dignity and respect".

We observed throughout the visit that the registered manager and the staff always knocked on doors before entering a room, and asked before carrying out a task. Staff told us how important it was to deliver care that was respectful of a person's wishes, and knew individual preferences. Staff told us it was important to speak with the person first, then gather all the things they needed before closing doors and curtains and then delivering care.

Staff told us that had specific training in dignity and respect and the home's ethos was to have this at the heart of all care that was delivered. To support with maintaining people's privacy and dignity all rooms were used for single occupancy, despite some being able to accommodate two people.

Good

Is the service responsive?

Our findings

People told us that they could make independent choices about their day to day needs, and that staff understood these. One person told us, "I choose what time to get up and go to bed, and I do need help". Another person said, "I eat in the dining room, but I could choose to eat in my room".

We reviewed the care records of people that lived at the home, both electronic and paper based records. The home had a dedicated member of staff who undertook the care planning with people, and they confirmed the process of updating records each month. All staff had access to the online and paper records and were responsible for updating daily records to support with care planning. Staff confirmed this was part of their role and confirmed that they knew where to find information about the people at the home. Staff felt that the care records provided them with the right guidance to provide the care people needed, and were able to explain individual care records. Staff also explained that they discussed people's needs at the handover between each shift, and did not rely on just the written information. This showed a proactive care approach that gave people personalised care.

The statement of purpose says, 'We aim to encourage residents to achieve their full emotional and physical potential, and are able to adapt readily to their changing needs'. Staff were able to fully explain to us the tasks that people would like to undertake, and when they made need assistance. Staff also promoted this aim outside of routine tasks. An example of this was that staff told us that a person had fallen and as a result become very nervous. Staff spent time with the person and supported with care in bed to start with and slowly built confidence levels back up, so they had a shower with less assistance. This showed that staff were adaptive to people's needs and flexible with their approach. This enables people to be as independent and as confident as they could be

The registered manager told us, and this was confirmed by the staff member who undertook care planning, that new people would have a pre-assessment. This enabled the home to understand the person's likes and dislikes and care need along with a brief life history. With this information the staff created an initial plan that they could build on over time. We saw evidence of these pre-assessments and how the staff had used them to get to know people better and develop a meaningful care record. Staff told us that they thought this was an important part of the care planning as it helped them create meaningful relationships with people living at the home.

Whilst on the visit we also noted that care records had a detailed section for end of life care planning as well as daily care needs. This not only included the person's wishes in terms of hospital admission but how they would like their care delivered, who should be involved and what arrangements they would like after they passed away. We noticed that not all care records had the full detail. The staff member responsible told us that they gave people the option to talk about it from admission. Sometimes people refused and then later at monthly review changed their minds. All the records we viewed were signed by the person and also showed evidence of being updated regularly. Where people had identified a lasting power of attorney there was information of how this should be enacted and when it should be followed.

People living at the home were independent and did access the community as and when they wanted. In addition to this there were activities at the home and people told us that they enjoyed them. One person told us, "There is painting once a month, it is led by the daughter of a previous resident, about a dozen of us go" and another person told us, "I play dominoes with other residents". We observed that puzzles and board games were always available and some people had adult colouring books in their rooms.

The home employed a permanent activities co-ordinator who confirmed that there were activities at least twice a week. We saw the activities plan which confirmed that this was the case. There was a plan of regular visiting entertainment and activities varied greatly. The home had recently celebrated the Queen's 90th birthday by doing a 'street party' at the home. This was additional to the normal programme. The home produced a newsletter each month called the 'Ashville Times' and this advertised all the activities and gave people an update on what was going on. We saw copies of this throughout the home and families could also access these. Recently the home had asked a local shoe shop to visit the home and show people the range of shoes so that people could be fitted and buy shoes if they wanted. People also told us that the church visited regularly and there was Holy Communion once a month. The registered manager confirmed that they would also support people to attend a church service outside the home, and would arrange for people to attend different places of worship, if this was their preference.

We saw that the home facilitated a regular 'residents meeting' and people told us that they did attend. One person told us, "I attend the residents meeting" and another said, "Resident meetings do achieve something". These meetings were used to discuss general home matters, activities and food menus. We saw minutes of these meetings, and the registered manager told us that they acted on anything people said, and fed back to them. For example one person had said at a meeting that when they asked for a cup of tea by the time they received it, it was lukewarm. As a result the registered manager arranged for that person to have their tea taken to them in a tea pot. This meant the tea was to their preference when they received it.

People told us that they knew how to complain if they needed to, with one person saying, "I have never had to complain but I would not hesitate if the need arose". This was confirmed by another person who said, "I have never had to make a complaint but I would feel quite comfortable in going to management".

The statement of purpose outlines how people can make a complaint and the process. This was confirmed by the registered manager and we saw the complaints procedure in the home. We saw that where complaints had been raised these were recorded and the detail of what the home did was recorded.

We saw that complaints had been dealt with in a timely manner and included any changes to care needs and any risk assessment changes that were needed. This showed us that the manager acted upon complaints raised and what they had done to improve, and ensure that staff were aware of changes needed.

Good

Is the service well-led?

Our findings

People living at the home told us that they could talk to the registered manager at any time. People told us, "You can see the manager whenever you want to and they are very approachable", with another saying, "I see the manager around regularly". A visiting professional also told us that they found the manager very helpful and felt they ran an organised home.

People were able to make comments about the home and they felt listened to. This was achieved through talking to the manager, surveys, the 'resident's meeting' or at care reviews. People told us that positive change had come from surveys and 'residents meetings'. This meant people felt they could say to the management team what they felt needed changing and saw that things were changed for the better.

The statement of purpose states that the vision of the home is, 'To ensure that residents maintain their privacy, dignity, independence and control over their lives'. Staff were able to reiterate this to us, and told us how they encouraged people to be as independent as possible and how to deliver good care. Staff were able to tell us that they knew how to raise concerns outside of the management team and there was information on whistleblowing helplines around the building. This meant that people were cared for by staff who knew how to manage their safety and within the parameters of the homes visions and values.

The registered manager confirmed to us the processes they had undertaken when they had found concerns around a staff member's performance, and the steps they followed in order to find a solution that would be appropriate. We reviewed records that confirmed these processes. This showed us that people received care form staff that were managed effectively maintaining their safety whilst living at the home.

Staff told us that they had regular supervision and team meetings and that they felt confident to raise issues with the manager. They confirmed that they did not have to wait for a formal meeting to speak with the manager. Staff told us that they felt able to contribute to people's care planning as they were responsible for keeping daily notes up-to-date and this supported the monthly reviews. Staff told us that they felt much supported by the manager and that they enjoyed coming to work.

Equally the registered manager and a care staff member told us that they were well supported by the owner, and felt listened to. If they took areas that needed changing to him, these were acted upon quickly. There was a clear line of accountability for all staff at all times in terms of management support, and staff were able to confirm this to us.

It was evident when we reviewed audits that focused on managing risk, that they kept the core values of the home paramount, which included maintaining independence. This meant the registered manager had in place effective governance to keep people safe but whilst maintaining their independence.

We saw that the registered manager had information that logged accidents and incidents around the home, including falls. We saw that these records looked for trends and we saw relevant referrals where made as a result. Risk assessments were also noted as a result of these audits to minimise risk going forward. The

registered manager told us this was important as it meant staff had the right resources to carry out their roles and the registered manager had oversight of all issues or concerns. To ensure continuity of care and quality care for those living at the home.

The registered manager undertook internal medicines audits as well as the external one carried out by the pharmacy. Through these audits the registered manager was able to address any medicines errors that may have occurred due to human error. As a result of these audits the registered manager was in the process of changing to another provider for medicines which would be easier for staff to use, and therefore should reduce errors. Additionally the registered manager had business continuity plans in place, these included risk assessments for fire or significant issues in place.

The registered manager confirmed to us that they carried out regular competency assessments of staff, and this was in line with auditing. This meant that they had knowledge of care delivery and could support staff on a daily basis. They told us that they would discuss with staff any areas for improvement. Staff would also be supported by an experienced carer to shadow them in the areas that they needed to improve. This was to give staff support daily and to achieve better results at their next competency assessment. Staff confirmed this was the case and told us that the registered manager was firm but fair. This meant that people received care from staff that were appropriately trained and could therefore meet the needs of the people living at the home.

We saw that the registered manager used their internal computer system to generate reports and audits; this gave an accurate and up-to-date picture. Audits included checking to see how often people were repositioned at night, as staff had to record the information upon completion of the task. This enabled the registered manager to identify trends and know when to undertake a spot check.

The home was recently approached by the Clinical Commissioning Group (CCG), who pays for some care provided within in a care setting. This was to learn how the home had managed to reduce hospital admissions. They were impressed with the drop in numbers and wanted to share good practice with other homes in the area. The manager told us that they used daily records and audits to identify people they had minor concerns with on a Thursday. They used this information to secure a GP appointment before the weekend and put in place any extra care needs or medicines. Each Monday the registered manager then reviewed how the change in care need was delivered and what impact it had. The result of this was that people had access to medical support before they became very unwell and this in turn meant they were more likely to avoid a hospital admission.

We saw that the manager reported all relevant incidents to the Care Quality Commission (CQC) and other relevant agencies.