

Ashcroft House Care Services Limited

Ashcroft House - Leeds

Inspection report

18 Leeds Road
Bramhope
Leeds
West Yorkshire
LS16 9BQ

Tel: 01132842822

Website: www.ashcroft-house.co.uk






Date of inspection visit:
18 April 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

This was an unannounced inspection carried out on 18 April 2016. Our last inspection took place on 19 August 2015 when we gave an overall rating of 'Inadequate' for this service. We found, at that inspection, five breaches of the legal requirements in relation to need for consent, safe care and treatment, staffing, person-centred care and good governance. We took enforcement action and met with the registered provider and registered manager in October 2015 to discuss our concerns. They told us they were keen to improve their service and would make the required changes. They sent us a plan of action and told us how they were going to do this.

At this inspection we found the provider had taken most of the necessary action, although we found one regulation regarding consent to care was still in breach. We have rated the overall service as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Ashcroft House is a large detached property set in its own gardens in the village of Bramhope. The care home provides personal care for up to 32 older people and people living with dementia. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. We found one incident which had not been reported to the CQC and the local safeguarding authority.

People lived in a safe, clean and homely environment. Medicines were managed consistently and safely. We saw risks were appropriately assessed and reviewed.

Recruitment processes in place were safe, although we found further detail could have been captured at interview stage. Staff were satisfied with the support they received during their induction which included attending training and shadowing experienced staff. Staff received supervisions and appraisals were scheduled to be carried out during April 2016 inspection. We found some gaps in the training programme, however the registered manager had already identified this and staff were booked to attend courses.

Although the service had carried out some mental capacity assessments, we found the process followed was not appropriate. We also saw some care plans which indicated people did not have capacity in specific areas, although this had not been formally assessed. The service had not submitted any DoLS applications, although the registered provider told us they would prioritise this piece of work.

Staff were familiar with people and their care needs. We observed staff provided kind and compassionate care to people who spoke positively about them. Staff were able to describe how they protected peoples' privacy and dignity and people confirmed this happened.

Healthcare needs were met by regular contact with health professionals and people's nutritional needs were met. Care plans were completed with the involvement of people and their families, who were also part of reviews.

The service made people aware of how to complain and people told us they knew who to contact if they were not satisfied.

The service had introduced a number of effective audits which were completed on a regular basis. We saw the registered provider had a visible presence in the home and they had taken on some of the responsibility for these checks. Staff spoke positively about the registered manager and we found there was a positive culture within the service.

We found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe

Staffing levels were provided as planned by the home. Staff were deployed efficiently to fully meet the needs of people who used the service.

Staff were able to recognise and respond to signs of abuse. They had received safeguarding training and knew about the whistleblowing policy. However, we found one incident which should have been referred as a safeguarding concern.

Systems were in place to manage medicines safely. Risks to people were appropriately assessed and reviewed. Recruitment processes were overall effective.

Is the service effective?

Requires Improvement 

The service was not always effective

The service had Mental Capacity Act (2005) assessments; although the process for completing them had not been followed correctly. Some care plans indicated people did not have capacity in some areas, although this had not been assessed.

Staff received support through a programme of training. This was not fully up-to-date, however courses were booked for staff to attend. Staff had supervisions and appraisals were due in April 2016.

Healthcare needs were met by regular contact with health professionals and people's nutritional needs were met.

Is the service caring?

Good 

The service was caring

Staff demonstrated knowledge of the people and their care needs. We saw positive interaction between people and staff. There was a happy and relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and people confirmed this happened.

Is the service responsive?

Good ●

The service was responsive

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

We saw a range of activities taking place and people confirmed they were satisfied with this.

The service had a system for dealing with complaints. People were given information on how to complain and people knew who to contact if they were unhappy with the service.

Is the service well-led?

Requires Improvement ●

The service was well-led

Staff spoke positively about the registered manager and told us the registered provider visited the home regularly.

There was a positive culture in the service. We found staff worked well together and acted as a team.

The service had suitable quality management systems in place through a series of audits which were effective.

Ashcroft House - Leeds

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 18 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector, two specialist advisors with nursing and governance backgrounds respectively and an expert-by-experience with a background in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 27 people living in the home. During our visit we spoke with the nominated individual, the registered manager and a further four members of staff. We also spoke with 12 people who used the service, two visitors and two health professionals. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at eight people's care plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

Is the service safe?

Our findings

At the last inspection we rated this key question as inadequate because there were insufficient staff. Recruitment practices did not protect people from staff who were unsuitable. Risks to people were not always appropriately managed and people were not protected against the risks associated with the unsafe management of medicines. At this inspection we found the provider had taken appropriate action and was no longer in breach as they were providing a safe service. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People we spoke with told us they felt safe living in the home. One person said, "I'm very happy here so far. I haven't been here long, but they look after you very well. I love my room; it's really comfortable and nice. I feel safe and happy. Relatives said they felt confident their family member was well looked after and safe. One relative said, "I feel confident that he's well cared for and safe. They would always ring me if anything happened." A family feedback form we saw stated, 'Staff are very caring. [Name of person] is extremely settled in a safe and comfortable environment.'

We found the safeguarding policy had been reviewed in October 2015. We were made aware by the registered manager of a person who had previously left the home without staff noticing. We found this incident had not been referred to the appropriate agencies. The person was found shortly afterwards and the home demonstrated they had engaged with the 'Herbert Protocol' as a learning outcome. The Herbert Protocol is a national scheme introduced by West Yorkshire Police and other agencies which encourages care workers to compile useful information which could be used in the event of a vulnerable person going missing. We discussed the need to ensure safeguarding referrals are made to the local authority and CQC in response to such events. The registered manager and the registered provider agreed they would do this.

Staff we spoke with were able to confidently describe signs of abuse and told us they would report any concerns about people's safety to the registered manager. They were confident the registered manager would take appropriate action. Staff were also able to identify external agencies they would contact to report concerns about abuse. The training records we looked at showed staff had received up-to-date safeguarding training. They also told us about the whistleblowing procedure. Whistleblowing is when a worker reports suspected wrongdoing at work. The provider's PIR stated; 'Our Whistleblowing policy gives clear guidelines to staff to ensure they feel able to report issues within the home that they do not feel are safe. When concerns are raised action is taken swiftly to rectify any issues in line with the policy'.

We looked at staffing levels in the service and found there were sufficient numbers of staff. Peoples' comments included; "They always come when you need something." "I think there are plenty of staff. They usually come straight away if I call. Most of the time anyway. Even at night. I only have to wait if they're busy with someone else, but not long." Staff we spoke with commented they were also satisfied with staffing levels. We asked one staff member if they thought there was enough staff. They said, "Most of the time, nine times out of ten."

We found the staffing levels policy had been reviewed in October 2015. We were shown the tool used by the registered manager to calculate staffing levels and found this was based on peoples' assessed needs. The registered manager told us they were not using agency staff. They said there was an arrangement in place for staff to select additional shifts to cover staff absences. We looked at the staff rotas for a three week period and found the majority of shifts were fully staffed.

This meant the service was considering a range of factors to determine sufficient numbers of suitable staff, to keep people safe and meet their needs.

We looked at the management of medicines and found this was well managed. However, during lunch, we found a tablet on the seat of one of the chairs in the lounge. We brought this to the attention of the registered manager.

We observed a staff member administering medicines and found this process was appropriate. We observed the staff member reassuring people when they asked what their medicine was for. The staff member said to one person, "It's your calcium tablet. It's for your bones." We saw evidence of staff medication competency assessments to identify who was approved to administer medicines. We looked at people's medication administration record (MAR's) and found these were fully completed. This meant we were confident people received their prescribed medicines.

We spoke with a staff member who was able to describe the process for the recording of medication into the home, how this was transferred onto a MAR chart and reconciled on a weekly basis. They also described the process used to return unused medication to the pharmacy. The service carried out weekly stock checks which we found all balanced. We looked at the process for storing and administering controlled drugs. This was recorded in a separate log which showed us the pain patches for one person had been appropriately managed. Body maps were evident in both the care plans and with the MAR charts which directed staff regarding where to apply topical creams and pain patches. Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols existed to help nursing staff consistently decide when and under what conditions the medicine should be administered. We saw evidence of monthly and annual medication audits which included actions to be taken where necessary.

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The risk assessments we looked at gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example; mobility, pressure care, risk of falls and medication had all been assessed. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We saw evidence that independent safety checks had been carried out annually for gas and electrical safety, water hygiene and passenger lifts. We looked around the premises and saw people lived in a comfortable and clean environment. The premises were well maintained, safe and secure. Communal areas smelled clean and fresh.

We found the fire alarm was tested on a weekly basis from different points in the home to ensure they were functioning. We saw evidence of a fire evacuation file which contained floor plans, emergency contact numbers and disaster planning procedures. The service had individual personal emergency evacuation plans (PEEPS), although the registered manager told us they would ensure a one page record to give an overview of PEEPS for staff to use in an emergency would be available by the end of May 2016. Staff were

able to describe the procedure they would follow in the event of a fire. Windows on upper floors were restricted to ensure they did not open beyond 100mm. This meant the legal requirements were being met.

During the morning we found some of the chairs in the conservatory did not have cushions on them as the covers were being washed. We discussed this with the registered provider who asked a staff member to find cushions.

At our last inspection we found the service did not regularly carry out DBS refresher checks for its existing staff base. At this inspection we saw three DBS applications had been returned and a further six applications had been sent off. The registered provider told us they had a policy to refresh staff DBS checks every five years.

We looked at the recruitment processes for three members of staff. We saw this was mostly well managed, although we found the interview questions were limited in assessing candidates' skills and understanding. Candidates were asked about their experience of working in care, although we saw no competency based questions were asked on the interview form. We saw references were taken, identity had been confirmed and checks were made with the Disclosure and Barring Service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Is the service effective?

Our findings

At the last inspection we rated this key question as inadequate. The service was not meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff did not receive appropriate training, supervision and appraisal. The recording of healthcare appointments was not evident. At this inspection we found some areas had improved and some of those breaches were met.

We found the provider had followed the action plan they had written to meet some of the shortfalls in relation to the requirements of the breach of Regulation 11 Need for consent of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, further improvements were still needed.

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 so that they can 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).

Care plans we looked at contained MCA assessments regarding peoples' decision to live at the home. In all cases, people were deemed to have capacity to make this decision, although there was no evidence to show how this conclusion had been reached.

In some of the care plans we saw there was evidence to suggest people may not have had mental capacity in other areas. One person's care plan contained a do not attempt cardiopulmonary resuscitation (DNACPR) form which clearly stated the decision had not been discussed with the person by the GP as they 'lacked capacity'. The decision had been discussed with a relative who it was recorded had Lasting power of attorney. Both of which indicated the person did not have capacity to consent to live at the home. We discussed this with the registered manager who explained they established whether the person was happy to stay by asking them. This would not meet the four stage test for formally assessing capacity.

Another care plan we looked at stated the person had capacity to consent to living in the home. They had also been assessed as having capacity regarding consent to medication administration. Within the 'Resident Risk Assessment' document it stated "[Name of person] feels that she is not needing medication, as she is fit and well'. Further evidence we reviewed showed the same person attempting to, and on occasions being successful in leaving the property. The care records we saw and through our observations we found the person lacked capacity to consent to residing in the home and medicine administration. We found a Deprivation of Liberty Safeguard (DoLS) application had not been made to the local authority for this person. The registered manager told us they had planned to make a DoLS application for this person on the same day of our inspection. Following our inspection, the registered manager confirmed this DoLS application had been made.

We asked the registered manager how many DoLS applications had been made for people living in the home and were told none had been submitted. The registered provider told us they had previously discussed a DoLS application for one person with the local authority which they were told was not needed. We asked the registered provider what action they would take following our inspection. They told us they would prioritise urgent DoLS applications and send them to the local authority. The registered manager told us they would develop an appropriate tool to assess people's mental capacity and prioritise urgent cases.

This was a breach of Regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were able to demonstrate an understanding of the MCA and how this applied to their role. We also saw MCA and DoLS had been discussed at a staff meeting and staff had received a handout with guidance. We looked at training records which showed 23% of staff had received MCA and DoLS training. We saw staff had been booked on to MCA and DoLS training which was scheduled to take place in May 2016. Following our inspection, we received confirmation from the registered manager that all staff had received this training.

During our inspection we saw staff giving people choices and allowing them sufficient time to make decisions. One staff member said, "We can't presume they like a certain food just because they've had it for the last two years." Staff told us they supported people to make day to day decisions, for example, concerning what they wanted to wear.

We looked at the registered manager's staff training and development plan for March to August 2016. This showed staff received supervision every two to three months. The records we looked at and our conversations with staff demonstrated this schedule was being maintained. The registered manager told us the policy for staff supervision would be every three months from June 2016 onwards. The registered manager had not completed staff appraisals, although prior to our inspection these had been scheduled to be completed by the end of April 2016. This meant plans were in place for staff to have support in their role as well as identifying their individual training needs.

The provider's PIR stated; 'We are going to introduce a clear distinction between staff appraisals and supervision as previously these were done at the same time. These will be introduced in the next three months'.

Staff told us they were satisfied with the support they received through their induction which included completing a series of training courses and shadowing experienced staff over two weeks. The registered manager told us new staff would complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the training matrix which showed staff had completed a number of training courses. For example, all staff had received training in safeguarding, safe moving and handling, infection prevention and control, first aid, medication and dementia awareness. We saw other topics such as health and safety; where 23% of staff had completed this training. We saw training in this subject was scheduled to be completed by August 2016. 14% of staff had food safety training. We saw plans were in place for staff to receive this training by June 2016.

Records showed arrangements were in place that made sure people's health needs were met and prompt responses were made when a change in health needs was identified. We saw evidence of involvement from a range of health professionals including, GP's district nurses, mental health workers and opticians. We saw

evidence of monthly visits from the chiropodist. We also found evidence of input from speech and language therapists in care plans. People we spoke with told us they were weighed on a regular basis.

Staff told us they took immediate action when a person was unwell and would request support from the GP if needed. One health professional who spoke positively about the service said, "They're quite receptive. They certainly speak to us on a daily basis." Another health professional told us they received appropriate referrals from the home.

People we spoke with gave us positive feedback about the food on offer. Comments included; "The food's excellent and you get plenty", "The food is very good and I get plenty. I get everything I need" and "I enjoy my food and I get plenty to eat." One person told us staff supported their dietary needs. They told us, "They make me special puddings." One staff member who commented on the food said, "It's amazing. Everything's homemade. Everything's great."

We saw a menu for the week ahead was on display. The menu stated people could ask for an alternative to the main meal option if they wished. The menu showed where meals contained products such as milk, egg and gluten. We observed the lunchtime experience. Tables were laid with tablecloths, place mats, cutlery, water glasses, tea cups and saucers and condiments. Food was well presented, hot, and looked appetising. The pureed meals also looked appetising. People were offered second helpings when they had finished. People were chatting to each other through the meal, and with the staff. One person required assistance from a staff member who stayed with them throughout their meal. There was a pleasant, relaxed atmosphere in the dining room. We saw staff were circulating throughout the day, chatting and offering drinks and snacks to people. We observed staff encouraging people to keep well hydrated.

Is the service caring?

Our findings

The provider's PIR stated; 'We ensure that our staff have the training and support to provide residents with care that is kind and compassionate. Staff also understand that protecting residents' dignity is of paramount importance and is considered in every aspect of the care they provide. The majority of our staff have been at Ashcroft House a number of years and therefore know our residents very well, this allows them to provide care in a more personalised way'.

People we spoke with told us they were happy living at the home and staff were kind and caring. People were very comfortable in their home and decided where to spend their time.

One person we spoke with said, "It's lovely here. I love them. They look after me." Another person told us, "They're lovely. I like it here, I'm quite happy. I like people and I've made lots of friends. My room is good and they look after you well." A relative we spoke with said, "It's reassuring to know that mum's well cared for. They listen to me and respond to any concerns." Another relative told us, "I think they're very good. I'm quite happy with the care." A third relative commented, "The staff are very good and caring. They even picked me up and took me home on Christmas day so I could have Christmas lunch with him. That meant a lot to him, and to me." One health professional said, "I can say they are genuinely caring about their residents."

Throughout the day, we observed very friendly, pleasant and respectful interactions between staff and people. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate. People seemed at ease with the staff and there were shared jokes and friendly chat. People told us staff knew their likes and dislikes. We observed staff seemed to know people well.

We found staff were able to describe peoples' likes and dislikes, interests, life history and whether they had any special dietary requirements.

Relatives we spoke with confirmed they were able to visit their family member at any time without restrictions.

Staff were able to describe the actions they took to protect peoples' privacy and dignity. One staff member said they knocked on peoples' doors, used a towel to cover people whilst they provided personal care. Another staff member said, "I wouldn't go into the lounge and blurt out, 'do you need the toilet'? It's just common sense."

One person told us, "They let me know when I'm going to have a bath. I've never had to ask for one. They help me, it's not always the same person, but they're all nice and they never make me feel embarrassed or uncomfortable." We observed a member of staff asking for permission to go into a person's room and having a pleasant chat with them whilst they were there.

People looked well cared for. They were tidy and clean in their appearance which was achieved through

good standards of care. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Is the service responsive?

Our findings

The provider's PIR stated; 'Our keyworking allows staff to get to know residents better by asking questions about their personal history and background to get a more rounded picture of the resident as an individual. Our care plans are drawn up in collaboration with the resident and/or their representative, they therefore provide details of the care the resident wishes to receive. Residents and/or their representatives are also involved in the regular updates of the care plans'.

In each of the care plans we looked at there was evidence of discussions around care needs with people and relatives, We found evidence in care plans which showed, where possible, people had signed to say they agreed with the plan.

We saw pre-assessments had been completed before people moved in to the home. This meant the service was confident they were able to meet the person's care needs. People and their relatives were involved in the planning of the care when they first moved to the home. We found care plans provided staff with a sufficiently detailed overview of the person which included information such as their personal preferences, life history, healthcare needs and religious beliefs.

We found evidence of advanced care planning using 'thinking ahead' forms which gave people an opportunity to discuss what was important to them as part of their end of life care.

Care plans contained information relating to peoples' voting choices and how they wanted to be able to cast their vote and the support they needed to be able to do this.

Relatives told us they were involved in discussions about their family member's care and confirmed staff gave them updates when they visited. One staff member commented, "They can read the care plans whenever they like." We found evidence in care plans which showed they were being regularly reviewed and we saw people and their relatives were involved in these discussions.

People spoke positively about the activities on offer which we saw contained plenty of variety. One person said, "I like it when the Church comes in and gives us a service. Then we have people come in and sing with us. I like that and I enjoy when they do movements to music. There's usually something going off."

The service had a part time activities coordinator. The registered manager told us staff were responsible for providing stimulation at other times. On the day of our inspection we saw staff using reminiscence cards with people and using these to encourage people to talk about memories of the places pictured. Some people had newspapers delivered and were engaged in reading them. In the afternoon there was a visit from a 'Nature Safari', which brought animals such as guinea pigs, a chinchilla, a tarantula and a snake. This was well attended and people were very enthusiastic. We saw people were able to handle the animals and several people who had been quite withdrawn in mood earlier in the day showed their enjoyment.

We saw details of upcoming trips were on display along with details of other events such as music and sing along sessions.

The service had a system in place for handling complaints and concerns and we saw that the complaints policy was referred to in the booklet made available to each person when they came to live in the home. However, the complaints procedure was not displayed in the home, the registered manager told us they would action this immediately.

One person said, "If I have any concerns I raise them, and I feel confident that they act on any concerns raised." We saw resident action plans following meetings with people. The registered manager told us they had no formal complaints since the last inspection and they responded to concerns and complaints on an ongoing basis.

One of the care files we looked at contained a 'how are we doing form'. The feedback from the person was positive, although one section asked 'What do you think of the food?' The person commented, 'I eat it but doesn't always taste nice'. We were unable to find evidence of how this had been followed up with the person, although the registered provider told us they responded on a feedback form.

Is the service well-led?

Our findings

At the last inspection we rated this key question as inadequate. The provider did not have effective systems in place to monitor and assess quality and safety of the service. At this inspection we found they had taken appropriate action and were no longer breaching regulations in this area. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

At the time of our inspection the manager was registered with the CQC. The registered manager had a visible presence in all parts of the home. We observed people clearly knew the registered manager well and people felt comfortable with them. The registered provider frequently visited the home and on the day of our inspection we saw they were talking with people who they clearly knew well.

One of the family feedback forms we saw noted, 'The loving and enthusiastic nature of [name of registered manager] is a wonderful asset, well backed up by [name of deputy manager]. The caring atmosphere of Ashcroft House stems from their leadership, [name of registered manager] staff seem welcoming and hardworking under their leadership, they make the place tick'.

The registered manager told us they felt supported by the registered provider. They said, "If I go to him, he's there." Staff told us they were able to raise concerns with both the registered manager and the registered provider and felt they would be taken seriously and issues addressed. Staff spoke positively about the registered manager. One staff member who described their relationship with the registered manager said, "I get on with her great."

Staff we spoke with told us there was a positive culture within the service. One staff member said, "We all get along, we are lucky." Another staff member told us, "I literally don't want to leave. Everyone's like family."

The service had a range of policies which we looked at and found had all been recently reviewed to ensure their effectiveness.

The registered provider had a quality assurance programme which included monthly audits of service to assess levels of quality. We saw reports including action plans and timescales for any areas for improvements. These covered areas such as; action taken since previous audit, home presentation, medication, complaints, care plans, staffing levels, food, meetings, activities and outings, personnel files, training, safeguarding. The infection prevention and control audit was carried out in December 2015 and was due to be carried out again in June 2016. Monthly care home audits were in place to look at the cleanliness of individual rooms, the way complaints were handled and activities which took place in the home.

The service carried out monthly accident form audits which reviewed accidents to ensure the forms were completed correctly, contained enough details and body maps were completed when necessary. Checks were carried out to identify any emerging patterns which indicated people required additional support

through equipment such as falls sensors.

The registered manager also maintained a monthly falls log which recorded the name of the person, the number of falls which had occurred in the period analysed and the reason for the falls. They analysed trends and patterns on an ongoing basis and sought the input of the GP where needed. This showed that a system was in place to monitor incident systems and that the service did learn from incidents to protect people from harm.

We looked at what the registered manager did to seek people's views about the service. The registered manager told us they had 'resident' meetings which we saw were listed on display in the home. We looked at the minutes for these meetings and found they covered topics including, meals and menu planning, activities, cleanliness of the home, opinions about staff and ideas to make Ashcroft House a better place to live in. We saw detailed records of these meetings which recorded the views and opinions of those attending.

We also found the service sent out 'family feedback forms' to capture people's experience of the service. We saw action plans were created and followed up where needed. We looked at a sample of these forms and found positive feedback from families regarding the service. We saw the registered provider had responded to one relative who expressed concerns about laundry. Staff who were key workers for people helped them to complete, 'How are we doing?' forms every month. Key workers are staff members nominated to work with specific people to provide person-centred care. This meant there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

We looked at records of staff meetings and found the last meeting took place in October 2015. We saw the minutes covered the last CQC report, MCA, infection control, support at mealtimes and activities. The registered manager told us staff meeting would commence again from June 2016 and would take place on a quarterly basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with the consent of the relevant persons. |