Hinckley Care Limited

The Ashton Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 6 and 7 September 2016. The first day of our inspection was unannounced.

The Ashton Care Home provides accommodation for up to 72 people who require nursing or personal care. Accommodation is provided on three floors. Residential care on the ground floor, dementia care on the first floor and nursing care on the second floor. There were 61 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The Ashton Care Home. Relatives we spoke with agreed. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the management team.

People's needs had been considered prior to them moving into the service and the risks associated with their care and support had been assessed and managed.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting.

People had received their medicines as prescribed. Systems were in place to regularly audit the medicines held at the service and the appropriate records were being kept.

Checks had been carried out when new members of staff had started working at the service. This was to make sure that they were suitable and safe to work there.

The staff team had received an induction into the service and training on a variety of topics had been provided to enable them to meet people's needs.

The majority of people we spoke with felt that there were enough staff on duty to meet people's needs; some however thought there were not. The registered manager told us that they would monitor the staffing levels so that appropriate numbers of staff were deployed on each shift.

People told us the meals served at The Ashton Care Home were good. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided.

For people who had been assessed to be at risk of not getting the food and fluids they needed to keep them well, records were kept showing their food and fluid intake.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

People told us that the staff team were kind and caring and they treated them with respect. The relatives we spoke with agreed. Throughout our visit we observed the staff team treating people in a kind and friendly manner.

The staff team supported people to make decisions about their day to day care and support. Where people lacked the capacity to make their own decisions, we saw that decisions had been made for them in their best interest.

There was a formal complaints process which was displayed for people's information and people we spoke with knew what to do and who to speak with, if they had a concern of any kind.

Relatives and friends were encouraged to visit and were made welcome by the staff team.

Meetings were held and surveys were used to gather people's views on the service provided.

There were systems in place to regularly check and monitor the quality and safety of the service being provided.

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.

People felt safe living at The Ashton Care Home and the staff team knew what to do if they were concerned about anyone's safety .

Staffing numbers were being monitored so that the registered manager could satisfy themselves that people's health and welfare needs were being met.

An appropriate recruitment process was being followed.

People were receiving their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The staff team had received training and had the knowledge they needed to be able to meet the needs of those in their care.

Where people lacked the capacity to make decisions, their plans of care showed that decisions had been made for them in their best interest. Staff members understood the principles of the Mental Capacity Act 2005.

A balanced and nutritious diet was provided and meal choices were always offered.

People had access to all the necessary healthcare professionals.

Is the service caring?

Good

The service was caring.

The staff team were caring and kind and treated people with respect.

The staff team ensured that people were offered choices on a daily basis and involved them in making decisions about their care and support.

People's privacy and dignity was maintained.

The staff team understood the needs of the people they were supporting.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they moved into The Ashton Care Home and they and their relatives had been able to contribute to the planning of their care.

People had plans of care in place that reflected their personal care and support needs.

People were supported to take part in social activities.

There was a formal complaints process in place and people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good

The service was well led.

The majority of people we spoke with felt that the service was well managed.

The majority of staff members we spoke with felt supported by the registered manager and the management team. The staff team were aware of the provider's aims and objectives.

People had been given the opportunity to share their thoughts on how the service was run.

A monitoring system was in place to check the quality of the service being provided.

The Ashton Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 6 and 7 September 2016. The first day of our inspection was unannounced.

The inspection team consisted of two inspectors, a specialist advisor, a pharmacy 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.

Before our visit we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 61 people using the service. We were able to speak with 16 people living at The Ashton Care Home and eight relatives of people living there. We also spoke with the registered manager, the clinical lead, the head of care and 13 other members of the staff team.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included nine

people's plans of care. We also looked at associated documents including risk assessments and medicine records. We looked at four staff recruitment and training files and the quality assurance audits that the registered manager and the management team had completed.

We also contacted a relative of a person using the service after our visit to gather their views of the service their relative received.

Good

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe living at The Ashton Care Home. One person told us, "Yes I feel very safe here." Another explained, "Yes I feel safe but frightened when being lifted in the hoist." We asked them if they felt the staff team knew what they were doing and did they reassure them when being lifted. They told us, "Yes they are very good [the staff team] but I don't like it." [Being supported with the hoist].

Relatives we spoke with felt that their loved ones were safe. One relative told us, "Yes I do, very much so, [feel their relative is safe] any issues they would phone me. I have found staff to be very sympathetic towards [their relative] they are wonderful and we can relax and have our lives back." Another explained, "Yes [their relative] is very safe here, her call bell is always accessible."

The staff members we spoke with knew their responsibilities for keeping people safe from avoidable harm. They knew the signs to look out for to keep people safe and they knew the procedure they needed to follow when concerns about people's health and safety had been identified. This included reporting concerns to a member of the management team. One staff member explained, "I would go and report it to [registered manager] and I would go higher if she didn't listen. I have been to the office when I've not been comfortable with something and it was dealt with."

The members of the management team we spoke with were also aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern had been raised. This included referring it to the relevant safeguarding authorities and the Care Quality Commission (CQC).

Risks associated with people's care and support had been assessed when they had first moved into the service. These had then been reviewed on a regular basis. Risks assessed included those associated with people's mobility and their nutrition and hydration. This was so that the risks presented to the people using the service could be, wherever possible, minimised and properly managed by the staff team.

We checked the statutory notifications we had received from the registered manager prior to our inspection visit. We noted that there had been a large number of falls recorded and the local authority safeguarding team had been involved. The local authority quality team had been brought in to assist the registered manager and the staff team and with their support the number of falls that people had suffered had greatly reduced. The staff team had been provided with falls prevention training and assistive technology such as sensors had been introduced.

We looked at the maintenance records kept. We found that regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. An up to date fire risk assessment was in place, regular fire drills had taken place and the staff members we spoke with knew what was required of them in the event of a fire.

Personal emergency evacuation plans had been completed. These showed the staff team how each person

using the service were to be assisted in the event of an emergency. A business continuity plan was also in place for emergencies and untoward events such as loss of power, flood or fire. This provided the management team with a plan to follow should these instances ever occur.

The provider's recruitment procedures had been followed. This included obtaining references and completing a check with the Disclosure and Barring Scheme (DBS) prior to a new member of staff commencing work. A DBS check provides information as to whether someone is suitable to work at this type of service. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the Nursing and Midwifery Council (NMC). Nurses can only practice as nurses if they are registered with the NMC.

People we spoke with felt that generally, there were enough staff on each shift to meet their needs. One person told us, "If I press my call bell I don't have to wait long at all." Another explained, "They [staff team] all seem so busy but are very good at responding to the buzzer."

The majority or relatives we spoke with agreed and felt that there were enough staff members on duty to meet people's care and support needs. One relative told us, "We always see staff, every corner you turn you see staff." Another explained, "The times I visit there appears to be enough staff, but it depends on the demands of other residents who may require two or three staff members, but I have never seen the lounge unattended". However one relative told us, "I don't think there is enough staff." A relative who contacted us after our visit told us, "On two occasions in the last few weeks myself and my brother have had to assist [their relative] to the toilet as there were no carers available at that time to do it."

The majority of the staff members we spoke with told us that there were normally enough staff members on duty to meet the current care and support needs of the people using the service. One told us, "When we have six up here [nursing floor] it works, at weekends we now seem to have six so it is working really well." Another explained, "I think the staffing at weekends is questionable." A third staff member told us, "We can cope with four [staff members on the dementia floor] if there's three it can be a struggle, today we have had four and that's fine."

We observed the staff team. They went about their work in an unhurried manner. We observed them supporting people at a pace that suited them. The staff team simply were 'with' people and gave people the space and time they needed. Although staff were busy they had enough time to sit and chat to people. This we observed throughout our visit.

We discussed staffing levels with the registered manager. They explained that staffing levels were based on people's dependencies. They calculated how many staff members were required both day and night, to meet the needs of the people using the service and to keep them safe. This was being monitored on a regular basis. A new more comprehensive dependency tool was due for implementation in October 2016. This would assist in making sure there were enough staff member's rotared on duty to meet people's current care and support needs.

People using the service told us that they received their medicines when they should. One person told us, "They [staff team] are excellent with my medication always on time no problem." Another told us, "Staff never forget my medication."

We looked at the way people's medicines had been managed. We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were stored securely and monitored regularly. We saw that staff recorded the

medicines fridge temperature regularly but they didn't record the maximum and minimum temperatures and reset the thermometer every day, to ensure that a suitable storage temperature was maintained. The staff member we discussed this with confirmed that they would put this in place.

There was an electronic medicines administration record system which helped staff to administer medicines as prescribed. The records included a photograph of the person using the service and allergy information, and were clearly completed to show that medicines were administered regularly.

Staff had recorded detailed information on how each person liked to take their medicines to make sure they were given consistently, for example one person liked a piece of toast after their medicine to take the taste away, and another person became anxious if they were offered all their tablets at one time so they were given them one by one. Protocols were used to manage the use of medicines to be taken when needed, for example for pain or anxiety. Staff on the dementia floor told us that they would try to spend time with people when they were upset and only offer medicines for anxiety if they could not calm the person down.

We spoke with a new member of the nursing team. They told us that they had been supported to understand the electronic system. A member of the nursing team had worked alongside them on their first day and the night nurse had stayed on to support them with the morning's medicine round on the day of our visit. This showed us that as a new member of the staff team, they were appropriately supported to handle people's medicines.

The provider carried out regular audits on medicines management and recorded actions which needed to be taken, however we didn't see records to show who was responsible for following up the actions and whether they had been completed. We discussed this with the registered manager who told us that it was their responsibility to follow up and ensure that actions had been completed.

We observed one of the staff members supporting a person using the service with their medicines. They knocked on the person's bedroom door and informed them that they had brought their medicines. The staff member asked the person would they like to take the tablets themselves and when the answer was 'yes', the staff member placed them on the table top and encouraged the person to pick them up one at a time and place them in their mouth. The staff member encouraged the person to take their tablets independently and offered them a drink after each tablet. The encouragement from the staff member was effective and promoted the person's independence.

Good

Is the service effective?

Our findings

People who were able to speak with us told us that they were looked after well and they felt that the staff team had the skills and knowledge to meet their individual care and support needs. One person told us, "Yes [they know my needs], but some are new and learning." Another person told us, "I can do so little for myself, but the staff do understand my needs."

Their relatives on the whole agreed. A relative explained, "Oh yes I do think the staff have the skills and knowledge to look after my [relative]." Another told us, "Three staff on the top floor are fantastic. [Relative] likes them. They do the job properly. There are a lot of young kids though, I'm not sure their hearts are in it." A third relative told us, "Yes I think the staff have the skills, I have no complaints at all."

The registered manager explained that staff members had been provided with an induction into the service when they had first started working there and training suitable to their roles had been completed. Staff members we spoke with and the training records we looked at confirmed this. One staff member told us, "The first couple of days I was shown around and advised what to do. We talked through people's needs and I had training on 1st aid and manual handling. I also had information in an induction pack." Another explained, "I had an induction, I was shown around and it was explained to me who the residents were, I shadowed another member of staff and read through people's records. It helped to understand what help they needed."

The training records showed us that appropriate training had been provided. This included safeguarding training, health and safety training and moving and handling training. Other training also provided included, dementia awareness training, catheter care and falls prevention training. These sessions provided the staff team with the knowledge and understanding they needed to support the people in their care.

All but one of the staff members we spoke with felt supported by the management team. They all explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and there was always someone available for support and advice should they need it. A member of the management team was identified as on call each day and night. This provided staff with a contact 24 hours a day should they need it. One staff member told us, "I feel supported, any concerns or worries, there's always someone available, the manager or a senior." Another told us, "I enjoy my job, I don't feel supported, but we work well as a team and I feel respected by my colleagues." Another explained, "I feel supported, If I have a problem I just say something. This is the place I want to work; we have a most supportive manager."

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. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit there were 16 authorised DoLS in place.

Whilst checking people's medicine records we noted that some people were given medicines covertly, hidden in food or drink, to make sure they had them regularly. We saw that staff were acting on written instructions from the person's GP, but in most cases had not carried out their own assessment and consulted with a range of people to make sure that it was in the person's best interest for their medicine to be given in this way. We saw one example of a more recent decision however which had been fully documented in line with the requirements. The registered manager told us that this was the process they now used to ensure they were working in line with people's best interests.

We also noted in one person's file that they had been mainly assessed as having capacity to consent to their care. However in their personal care, plan of care they had been assessed as not having capacity to make decisions relating to their personal care. There was no mental capacity assessment for this and the senior staff member said one was not within their care records. This was rectified following our visit.

From the training records we looked at we could see that members of the staff team had completed training on the MCA and DoLS and the staff members we spoke with during our visit understood the principles of this legislation. One staff member told us, "DoLS are put in place for people who can't make decisions for themselves, it's like safeguarding them." Another explained, "If people have capacity they can make decisions for themselves, if they have not, then decisions are made for them in their best interest."

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. We observed the staff team offering choices and supporting people to make decisions about their care throughout the day. One of the people using the service told us, "We speak about having choices when care is being delivered." A staff member explained, "We give people choices like what clothes to wear in the morning, whether to wear trousers or a dress, we hold them up and they will decide what to wear."

People using the service told us the meals served at The Ashton Care Home were good. Their relatives agreed. One person told us, "Food is very good it's a pleasurable experience I sit at a very nice table and have made some good friends." Another explained, "The food, oh it's marvellous and there is plenty of it, we have plenty of drinks and snacks." Comments from relatives included, "Yes I think the food is beautiful, really good, we came here for Christmas lunch and it was lovely and the staff dressed up."

There were four weekly menus in place and these provided a variety of meals and choices. For people who did not want what was on the day's menu, other alternatives were offered. The chef, had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. A relative told us, "I think the food is good but mum doesn't eat, she has mainly supplement drinks, but staff still try and encourage her. I have no worries as I know they check her weight". Another relative told us, "My [relative] has been here for about a year. She is much happier than she was at the last place and the team are fabulous. [Relative] has put on weight as they ensure she is now eating."

Before the lunchtime meal was served the staff members put on aprons and gloves. Staff provided the people using the service with an apron where required to protect their clothing. People were supported to sit at the tables and a choice of meal was offered. One of the people using the service refused to eat; a staff member informed us that this was their usual response. The staff member put soup in a mug and offered it to them and after some encouragement they accepted the food. Staff members supported people who required assistance to eat their food. They offered food at a pace, consistency and portion size that was acceptable to them. The staff team interacted well with the people using the service explaining what the food was and offering encouragement. Throughout the meal time we observed good effective communication between the staff team and the people they were supporting. It was clear that the staff members had a good knowledge and understanding of people's individual likes and dislikes.

It was evident that people had access to the relevant health professionals such as GP's, chiropodists and community nurses. One person told us, "Health services are available but I have my own chiropodist and I don't seem to need a doctor." Another explained, "Yes you can get to see all the health facilities, you only have to ask." A relative told us, "The G.P and other services are good." Visits were recorded in people's records and they confirmed to us that they were able to see a healthcare professional when they wanted.

Good

Is the service caring?

Our findings

People who were able to speak with us told us the staff team at The Ashton Care Home were kind and caring and they looked after them well. One person told us, "Oh I don't know about other people but they [staff team] are [kind and caring] to me. They are nice young girls they respect my privacy and dignity and don't make you feel embarrassed." Another explained, "Yes, some of the staff are very caring the new ones as I said before are still learning." A third told us, "I find them very caring."

Relatives we spoke with agreed. One relative told us, "The staff are always lovely, very approachable and caring." Another explained, "We never thought we would get to the stage where mum was settled and happy."

We observed the staff team interacting with the people using the service. Staff members were kind, courteous and respectful. They demonstrated a good knowledge and understanding of people's individual's needs. They showed effective communication skills and compassion especially when some of the people appeared sad and tearful. Staff members spoke with people in a cheerful manner, they treated them kindly and support was provided in a caring and considerate manner.

During our visit we noticed that one person was confused and regularly said, "Please help me." Staff members intervened quickly each time to offer reassurances which helped the person to relax. The staff members got down to the person's eye level to aid communication. The person responded well to this.

We noted that one person was sleepy and was leaving their drink to go cold despite staff members prompting them. One of the staff members changed the CD in the room and the person immediately became alert and was smiling. The staff member knew that the song was important to them and one they liked. They started to drink their hot drink and were then engaged.

We observed two moving and handling procedures. Both from wheelchair to regular lounge chair. Staff members were professional, dignified and supportive of people. They explained what they were doing and maintained people's dignity by arranging their clothing.

We saw the staff team respecting people's privacy. We observed them knocking on people's bedroom doors and only providing personal care behind closed doors. The staff team gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I close the curtains and shut the doors, If I'm drying someone's top half [when providing personal care] I cover their bottom half." Another explained, "I always make sure the door is shut and I cover them with a towel. I also make sure that they are happy for me to help them and explain what I am doing in a way they understand."

People using the service confirmed to us that they were treated with dignity and their privacy was respected. One person told us, "Privacy and dignity is fine they close the door and curtains it's all very respectful." Another told us, "Privacy and dignity, oh yes I can't fault them with that." A relative explained, "Yes I do think privacy and dignity is upheld, I have never had a reason to think otherwise."

During our visit we noted that when some people were in their bedrooms, their bedroom doors were left open. When we checked their plans of care, their wishes as to whether they wanted their bedroom door left open or closed was recorded. People had been asked their preference, it was recorded in their plan of care and the staff team observed people's wishes.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes. We found that they did. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink. One staff member explained, "We look at the care plans but we also talk to them [people using the service] it's about communication, for instance I know that [person using the service] likes fish finger sandwiches."

Advocacy services were available for people who could not easily make decisions for themselves or who did not have the support of a family member or a friend. This meant, if needed, there was someone available to speak up on their behalf.

Friends and relatives were encouraged to visit and they told us they could visit at any time. One relative told us, "We can come and go as we please." Another explained, "Yes I can visit any time."

Good

Is the service responsive?

Our findings

People who were able to speak with us told us that they had been involved in the planning of their care. Relatives we spoke with confirmed this and told us that they had also been involved. This was to make sure that the person using the service had their care and support needs met. One relative told us, "Yes I have been fully involved in [relative] care." Another explained, "We were invited in when the computer system was installed and we were involved in planning [relative's] care."

People's care and support needs had been assessed prior to them moving into the service. A member of the management team had visited each prospective user of the service. This was to satisfy themselves that their care and support needs could be met by the staff team working there. One relative we spoke with told us, "They [member of the management team] went to do an assessment where [relative] was living." Following the assessment process, a plan of care had been devised.

People's plans of care were held electronically and accessed by the staff team via laptops. We discussed with the staff team the risk of contemporaneous records such as position charts, fluid balance charts and diet charts being missed or recorded many hours after the event. This was because we saw that laptops were not always readily available for the staff members to complete their records when needed. The staff members we spoke with were aware of this risk and routinely completed the care records using the laptops available as soon as possible after the event. If there was any delay, due to other urgent tasks or unavailability of a laptop, then staff routinely recorded this in their own notebooks by hand as an aide memoir, until a laptop became available.

We reviewed people's fluid balance and diet charts which demonstrated that records were generally completed within a reasonable time period. This was aided by a warning system within the electronic system known as 'Actions'. These were flagged to remind staff to attend to the relevant charts if they had not been completed on the system within a predetermined time window.

For people at risk of malnutrition or dehydration the amount of food and fluids they had taken was recorded accurately including the amount offered (or refused if relevant) and the quantity taken. We did note that the electronic system did not have the ability to record the target volume of fluid for each person at risk of dehydration however; a system update due in October 2016 would address this.

We looked at nine people's plans of care. This was to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that the majority of those checked did. We did note that one person's plan for skin integrity showed that the district nurse was attending regularly to dress a wound on their right knee. When we met the person in question, we saw that they had a dressing on their left shin which the district nurse was also treating. This treatment had not been recorded in their skin integrity plan and the staff member we spoke with was not aware of why the person's left shin was being dressed. The Head of Care assured us that this omission within the plan of care would be immediately addressed. We also noted in the important contacts section of this person's plan of care that an important contact was their chiropodist however; Input from a chiropodist was not included in their foot plan.

The remaining plans of care we looked at were detailed and had personalised information about the people in them. This included information about their history, their likes and dislikes and their preferences in daily living. We found that they included the needs of the person and how the person wanted their needs to be met. The plans of care we looked at covered areas such as maintaining a safe environment, nutrition and hydration, communication, repositioning, mobility and personal care. The plans of care instructed the staff team as to what they needed to do to meet that person's needs. They had been reviewed on a regular basis and where changes in a person's health and welfare had been identified, such as loss of weight or increase in falls; Input had been sought from relevant healthcare professionals. The plans of care had then been reviewed and updated to reflect this. This showed us that people's care and welfare was monitored and the necessary action taken. One of the staff members we spoke with told us, "I always read the care plans they are useful."

Each person had a document entitled 'At a glance' held in their bedroom. This provided the staff team with a summary of the person's care needs and reminded them of the actions they needed to take to meet those needs.

A relative of one of the people using the service raised concerns regarding their relatives care and support. They explained that their relative liked their routine and got anxious when this wasn't followed. They told us that a meeting had been held but improvements were not evident. We discussed this with the registered manager who said they would look in to this. We were informed after our visit that a further meeting with the person using the service had been held. Their wishes for their care routine had been obtained and this information had been passed to the staff team for action.

People were supported to follow their interests and take part in social activities. There was an activities leader in post who worked three days a week. They provided both group activities and one to one sessions. They explained to us that when they were on duty they provided an activity on one of the floors at the service and the staff team then supported the people on the other two floors. Each floor had a time table highlighting the activities the staff were to carry out in the activity leader's absence so that there was some sort of activity going on daily. On the days of our visit we saw the activity leader asking people what activity they would like to do. Some people choose to do arts and crafts and others chose to join in a physical activity. One person using the service told us, "Yes I go to the activities they are good, but I also like to read and knit." We saw activities occurring on each floor of the service. People on the dementia floor were engaged in gentle exercise by throwing soft play items with the activities leader. Some people expressed that they really enjoyed this. Others were asked if they wanted to do the activity, some declined and this was respected.

A relative of one of the people using the service shared their thoughts on the service their relative received. They told us that whilst their relative was getting good physical care, they had concerns regarding the support they received to meet their mental health needs. They explained that their relative lacked the stimulation they needed to keep them motivated. We discussed these concerns with them and they explained that they would raise these formally with the registered manager.

Outside entertainers including singers, one of which visited during our inspection, regularly attended the service. Other entertainers included the local community choir, an aroma therapist and a local author who held discussion groups. Trips out had also been arranged. These included trips to Bradgate park, the local garden centre and Morrison's dementia café. A number of themed afternoons/evenings had also been arranged. A cheese and wine evening had been enjoyed and a work and leisure party was planned for 27 September 2016.

There was a formal complaints process for people to follow and this was displayed throughout the service for their information. When complaints had been received by the registered manager, these had been investigated and acted upon.

People we spoke with were aware of who to talk to if they were unhappy about something or had a concern of any kind. One person told us, "If I was unhappy about anything I would go to the office." Another person explained, "If I was unhappy about anything I would tell my daughter and she would sort it out."

Relatives we spoke with knew who to speak to if they were worried about their loved ones care. One told us, "[Registered manager's] door is always open; if I were to be unhappy about anything I would go and see her." Another explained, "Staff do listen when you have concerns."

Good

Is the service well-led?

Our findings

People using the service who were able to speak with us told us that they thought The Ashton Care Home was well led. One person told us, "Yes, yes I do think the home is well run but I don't know who the manager is but the office is just down the corridor. I have no complaint about anything." Another explained, "Definitely, [well led] I was involved in a staff interview today, it's the second time I have been involved." A third person told us, "Well I would say yes pretty well [led], it's a bit of a rush in the mornings and evenings but apart from that it runs pretty smoothly."

The majority or relatives we spoke with felt that the service was well led. One relative told us, "Yes I believe the home is well led, I have completed a quality assurance questionnaire." Another explained, "It is well led, the manager is approachable and helpful, they call us and keep us informed, they always let us know if there are any issues."

One relative told us that they didn't feel that the service was always well led. They told us, "I wasn't happy about an incident that took place in April of this year which resulted in [their relative] having a fall. I feel the manager should have been more active in dealing with it. I felt I had to keep pushing to get it resolved." We discussed this with the registered manager who explained that the delay in resolving the issue was due to the involvement of the local safeguarding team. This had been relayed to the relative.

The majority of the staff members we spoke with told us they felt supported by the management team and the nurses who worked at The Ashton Care Home. They explained to us that they felt able to speak to any of them if they had any concerns and there was always someone to talk to should the need arise. One staff member told us, "It is a good team and I feel supported, this is the happiest I have been and I have worked in care for six years." Another explained, "The management is approachable and they are open to ideas and suggestions."

We saw that staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "Yes we have meetings; we had one a month ago." We saw minutes from the day staff meeting held on the 16 July 2016 and night staff meeting held on the 20 July 2016. Issues discussed included training to be offered to the staff team and the results of a visit recently carried out by the local authority. This showed us that the management team shared information in order for the staff team to understand where improvements to the service were needed.

Meetings had been held for the people using the service and their relatives. These again provided people with the opportunity to share their thoughts of the service. One relative explained, "The home has residents meetings once a month, I am quite vocal and the action points are acted upon." Another told us, "Not seen any minutes relating to residents meetings, I suppose I should attend." A third relative told us. "Yes the home holds meetings and there are minutes. I have not attended any, but I can look on the homes web site or ask for a copy."

The management team had also used surveys to gather people's views of the service provided. These had

been sent out on three monthly cycles and involved the people using the service, relatives, staff and health professionals. One relative told us, "We have been asked to fill out a survey which we did, it was all positive." Surveys had recently been sent out to health professionals involved in people's care. Three had been returned by the time our visit had been carried out. Two from visiting GP's and one from a visiting optician. All three had either agreed or strongly agreed that the provider was providing a good service.

There were monitoring systems in place to check the quality and safety of the service being provided. Both monthly and weekly checks had been carried out. These included checks on people's medicines and the corresponding records that were in place, people's plans of care, accidents and incidents and health and safety. We did note that the follow up of audits was not always as robust as they could be. We brought this to the registered manager's attention so that this could be addressed. Call bells and sensors were also being monitored on a daily basis to identify the length of time it was taking for the staff team to answer calls for assistance. Where these were found to be over five minutes, the reason for the delay was discussed with the staff team in order that any issues could be identified and rectified.

The management team was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

A copy of the provider's aims and objectives were displayed at the service for people to view and a copy was included in the information given to everyone using the service. The members of the staff team we spoke with were aware of the provider's aims and objectives. One staff member told us, "Our aims and objectives are to make daily living easier for people and promote their independence. To encourage people to do the things they can do and assist with the things they can't do."