

Mrs Kathleen Mary Rhodes

Ashmeade Residential 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 

Overall summary

We carried out an unannounced inspection of Ashmeade Residential Home on 20 and 21 January 2016.

Ashmeade Residential Home provides accommodation and personal care for up to 18 older people, including people living with dementia. At the time of the inspection there were 17 people living at the service.

Bedrooms at the home are located over two floors and a lift is available. Twelve rooms are single occupancy and three rooms are shared. Nine rooms have ensuite

facilities. There are two lounges and a dining room on the ground floor and all rooms have wheelchair access. There are also suitably equipped toilet and bathroom facilities on each floor.

At the time of our inspection there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

At our last inspection on 8 August 2013, we found that all legal requirements were being met.

The people we spoke with at the home told us they felt safe. One person told us, "I always feel safe. The staff always come quickly if you need them".

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People were happy with the staffing levels at the service and during our inspection we found that staffing levels were appropriate to meet people's needs.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they should.

People were happy with the care provided at the home. One person told us, "It's wonderful here. I've no complaints at all. The care couldn't be better".

We found that staff received appropriate support from the registered manager. They received an appropriate induction, regular supervision and could access training when they needed it.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care.

People told us they were involved in decisions about their care. We saw evidence that where people lacked the mental capacity to make such decisions, their relatives were consulted.

The people we spoke with were happy with the food at the home and we saw that people were supported appropriately with their nutrition and hydration needs.

People were supported with their healthcare needs and were referred appropriately to a variety of health care services. Four healthcare professionals we spoke with, who visited the home regularly, were happy with the care being provided at the service.

The people we spoke with told us the staff at the service were caring and we saw staff treating people with kindness, affection and respect.

People told us staff respected their privacy and dignity and encouraged them to be independent.

People's needs were responded to in a timely manner and we saw evidence that their needs were reviewed regularly.

A variety of activities were provided and people were encouraged to take part.

We saw evidence that the registered manager requested feedback about the service from the people living there, their relatives and from staff and used the feedback to make improvements to the service.

People living at the home and their relatives told us they felt the service was well managed and they felt able to raise any concerns with the registered manager.

We saw that the service had a clear mission statement which focused on providing people with high quality care and accommodation.

The staff and the registered manager communicated with people, their visitors and each other in a polite and professional manner.

We saw evidence that a variety of audits were completed regularly by the registered manager and were effective in ensuring that appropriate levels of care and safety at the home were achieved and maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered manager followed safe recruitment practices.

Staffing levels at the service were appropriate to meet people's needs.

Medicines were managed safely and people received their medicines when they needed them.

Good



Is the service effective?

The service was effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions.

People were supported with nutrition and hydration and their healthcare needs were met.

Good



Is the service caring?

The service was caring.

Staff treated people with care, compassion and respect.

Staff respected people's privacy and dignity.

People were encouraged to be independent.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and their needs were reviewed regularly.

People were supported to take part in a variety of activities.

The registered manager sought feedback from people living at the home and their relatives and used the feedback received to develop the service.

Good



Is the service well-led?

The service was well-led.

The service had a mission statement that was promoted by the registered manager and the staff and focussed on providing people with high quality care and accommodation.

Staff understood their responsibilities and were well supported by the registered manager.

The registered manager regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained.

Good



Ashmeade Residential 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.

The inspection took place on 20 and 21 January 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports.

We contacted four healthcare staff who were involved with the service for their comments including a community nurses and a local pharmacist. We also contacted Lancashire County Council contracts team for information.

During the inspection we spoke with three people who lived at the service, three visitors, three care staff and the registered manager. We also spoke with the owner of the service, who was present at the home during the first day of our inspection. We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the home. They said, “I always feel safe. The staff always come quickly if you need them” and “I’m never worried, there are always enough staff around”. One relative told us, “The staff make sure everyone at the home is kept safe”.

We looked at staff training and found that 95% of the 22 care staff working at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults team were included.

We looked at how risks were managed in relation to people living at the service. We found that there were detailed risk assessments in place including those relating to falls, moving and handling and nutrition. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the registered manager and the team leaders and were reviewed monthly or sooner if there was a change in the level of risk.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident and any future actions necessary, for example encouraging people to seek support when moving around the home. We saw evidence that accidents and incidents were reviewed and analysed monthly by the registered manager and follow up action, such as a referral to the falls assessment team or the person’s GP for review, were documented.

We noted that 91% of staff had completed up to date moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service for a three week period, including the week of the inspection and found there were adequate staff in place to meet the needs of the people living at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. She told us that if she needed more staff due to an increase in people’s needs, increased occupancy or levels of dependency, the owner always agreed to this. The registered manager told us agency staff were not used at the home as she did not want people being cared for by staff who were not familiar with their needs. She informed us that any periods of annual leave or sickness were covered by the existing staff or by her.

We spoke with people living at the home, their visitors and staff members about the staffing levels at the service. Everyone we spoke with felt there were always enough staff on duty to meet people’s needs.

We looked at whether people’s medicines were managed safely. We observed staff administering medicines and saw that people were given time to take their medicines without being rushed. Where people struggled to swallow tablets, arrangements had been made for medicines to be prescribed in liquid form. Staff explained what each medicine was as it was being administered and sought people’s consent before giving them their medicines. The staff member we observed wore gloves and a tabard which identified that she was administering medication and should not be disturbed.

Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. No-one was receiving controlled drugs at the time of our inspection.

Is the service safe?

However, anticipatory controlled drugs for one person who was receiving end of life care were stored in the controlled drugs cupboard. The service used a blister pack system for most medicines. This is where the medicines for different times of the day are received from the pharmacy in dated and colour coded packs, which helps to avoid error. Non blister pack medicines were kept on a shelf in the medicines cupboard, with the person's name and room number clearly marked.

We found that MAR (Medication Administration Record) sheets provided clear information for staff, including pictures and descriptions of medicines. A photograph of the person, their room number and details of their GP were also recorded. Medicines were clearly labelled and on most occasions staff had signed the MAR sheets to demonstrate that medication had been administered. Where controlled drugs had been administered two signatures were present. This reduces the risk of errors in the administration of these medicines. We noted that on some occasions staff had not signed or recorded the appropriate code when medication had been withheld, for example if a person had been sick, or not administered because the person was in hospital. However, the reason for not administering the medication had been documented on the back of the MAR sheet. We discussed this with the registered manager who advised that she would ensure that the correct codes were documented by staff in future. We noted that external creams were included on MAR sheets and clear directions were provided about how they should be applied.

A protocol for medication was available and provided guidance for staff, which included safe administration, disposal, record keeping, consent and refusal of medication. Information was also available for staff in respect of PRN (as required) medicines and over the counter remedies.

We noted that all staff who administered medicines had completed up to date medicines management training. We saw evidence that staff members' competence to administer medicines safely was assessed three times each year and any necessary improvements were identified. The assessments reviewed staff knowledge and practice, including the completion of medicines documentation. Records showed that a medicines audit was completed annually and compliance levels were high. An action plan was created where improvements were identified.

The people we spoke with told us they received their medicines when they should. One person told us, "I always get my medication when I need it. I'm never left in pain". Relatives also told us they were happy with how people's medicines were managed at the home. During our inspection we observed staff asking people if they were in pain and if they needed pain relief.

We looked at the arrangements for keeping the service clean. The domestic staff member was on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place and 'as required' tasks were documented when completed. We found the standard of hygiene in the home during our inspection to be high and this was confirmed by the people we spoke with, their relatives and staff.

Infection control policies and procedures were available, including those related to personal protective equipment, hand washing and laundry. Records showed that 95% of staff had completed up to date infection control training. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons, was available and was used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

Records showed that all staff had received training in food safety and we noted that the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We found that environmental risk assessments, including fire risk assessments had been completed and there were personal emergency evacuation plans in place for each person living at the home. We noted that 100% of staff had completed health and safety training and first aid training in the previous 12 months. This would help to ensure that the people living at the service were living in a safe environment.

We saw evidence that all staff had received fire safety training in the previous 12 months. There was evidence that the fire alarm and emergency lighting, which would come on if the normal service failed, were tested regularly. We noted that a fire safety audit had been completed by

Is the service safe?

Lancashire Fire and Rescue service in March 2015 and the service had been found to be compliant with safety requirements. These checks would help to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service, including hoists and the lift, was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This would help to ensure that people received care in a safe environment.

Is the service effective?

Our findings

The people we spoke with were happy with the care they received at Ashmeade Residential Home. They told us, “It’s wonderful here. I’ve no complaints at all. The care couldn’t be better” and “The care here is wonderful. The staff are very skilled. They know how to look after people”. The relatives we spoke with were also happy with the care being provided. One relative told us, “The manager and the staff are great. They’re passionate about what they do”.

Records showed that all staff had completed an eight week induction programme which included safeguarding vulnerable adults, moving and handling, infection control and fire safety. An appraisal was completed by the registered manager at the end of the eight week period. The staff we spoke with told us they had received a thorough induction and had been given the opportunity to become familiar with people’s needs before becoming responsible for providing their care. This helped to ensure staff provided safe care and were able to meet people’s needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, 95% of staff had completed training in dementia awareness, 86% in diet and nutrition, 82% in equality, diversity and inclusion and 73% in customer care. Palliative care training had been completed by 68% of staff, swallowing and nutrition training by 18% of staff and 14% of staff had completed training in continence management. Records showed that the majority of staff were trained to NVQ (National Vocational Qualification) level 3.

The registered manager showed us an information pack that was given to all staff when they started working at the service. We noted that the pack included information about health and safety, fire safety, safeguarding vulnerable adults and whistle blowing. This helped to ensure staff knew how to provide safe care and how to report poor practice.

A staff supervision and appraisal policy was available which stated that supervision should take place at least six times each year and staff should receive an annual appraisal. It stated that the aim of supervision was to discuss the staff

member’s performance, training and development and any issues relating to people living at the home. We saw evidence that staff received regular supervision and the staff we spoke with confirmed this to be the case.

Staff told us that information was handed over between staff prior to the shift changes at 7am, 2pm and 9pm. We reviewed handover records and noted they included information about people’s personal care, how much they had eaten, any visits from relatives or professionals and any referrals made to healthcare professionals. In addition, any concerns were clearly recorded. This helped to ensure all staff were aware of any changes in people’s risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good. The relatives we spoke with told us staff always updated them regarding any changes in people’s needs.

We looked at how the service addressed people’s mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We looked at whether the service was working within the principles of the MCA and found that people’s mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. At the time of our inspection, the registered manager had submitted seven applications to the local authority and one authorisation had been received. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with had a good understanding of the main principles of the legislation, including the

Is the service effective?

importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about their care when they could. Staff told us that restraint was not used at the home. They told us they used a variety of methods to help people to settle when they were upset or agitated, including distraction techniques. During our inspection we observed staff supporting people sensitively when they were unsettled or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. They also recorded whether the decision had been discussed with the person and/or their relative. Where a DNACPR decision was in place, staff could identify this quickly and easily in the front of the person's care file. This helped to ensure any medical treatment was provided in line with the decision.

We looked at how people living at the service were supported with eating and drinking. We reviewed the home's menus and noted there was a choice of two meals at lunch time and in the evening. Menus were displayed in the dining room daily. Staff told us they asked people every day what they wanted for each meal and if they did not want what was planned they could have something else. We observed staff doing this on both days of our inspection. People told us they were happy with the food and the support provided by the staff. They told us, "I like the food, it's smashing. There's always plenty of choice" and "The food is very good. There's always something I like". Relatives were also happy with the meals provided at the home.

We observed lunch and saw that dining tables were set with linen table cloths and condiments. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed and music was playing in the background. Staff asked people what they would like to eat and informed them what their meal was as it was being served. Sometimes this information needed

to be repeated and staff were patient and helpful. Staff interacted with people throughout the meal and we saw them supporting people sensitively. We noted that some staff members ate their lunch with people and chatted with them during the meal. People were given the time they needed to eat their meal and we noted that they were able to have their meal in other areas of the home if they preferred, including the lounge or their room. Where people were reluctant to eat, staff provided gentle encouragement and asked if they would prefer something different.

A record of people's meal time choices was kept and any dietary requirements were documented, including when people needed soft or pureed meals or finger food. Any change in people's nutrition or hydration needs was communicated to staff prior to the shift change and was written on the board in the kitchen. This ensured that the staff preparing meals were kept up to date with people's needs and any risks. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks during mealtimes and throughout the day.

Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. Daily records and handover information included details of how much people had eaten during the day and any concerns.

A MUST (Malnutrition Universal Screening Tool) assessment had been completed for each person living at the home and people's weight was recorded monthly. Records showed that appropriate professional advice and support, such as referral to a dietician, was sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service and their relatives felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs.

We noted that nurse practitioners from the Burnley care homes specialist nurse practitioner team visited the home regularly to provide support with people's healthcare needs. We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented and visitors

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told us they were kept up to date with information about their relative's health needs and appointments. This helped to ensure people were supported appropriately with their health.

The four healthcare professionals we spoke with who visited the service regularly told us that people living at the

home were well cared for and were treated with dignity and respect. They told us that staff were professional and followed any instructions they were given about people's care. Two of the healthcare professionals we spoke with told us they would recommend the home to anyone looking for residential care.

Is the service caring?

Our findings

The people we spoke with told us that the staff at the home were caring. They said, “The staff are caring and very patient” and “The staff are lovely”. The relatives we spoke with also felt that staff were caring. One relative told us, “The staff are very caring. My relative’s not the easiest person to care for”.

During the inspection we observed staff supporting people at various times and in various places around the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

People told us they could make choices about their everyday lives. They told us they could get up in the morning and go to bed at night at a time that suited them and could choose what they wore every day. People told us they had plenty of choice at mealtimes.

We noted that people had signed their care plans and the monthly care plan reviews to demonstrate they had been involved in planning their care and the people we spoke with confirmed that their care needs were discussed with them regularly. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted. This was confirmed by the relatives we spoke with.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence. We saw that adapted crockery was available to support people to eat their meals independently. Staff were patient when people needed to time to move from one area of the home to another. One person told us, “The staff help me but I’m left to do the things I can do for myself”.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home.

An advocacy policy was in place which included contact details for local advocacy services and leaflets were on display in the office. A poster advertising Lancashire County Council’s advocacy service was displayed on a notice board in the entrance area. The registered manager told us that none of the people living at the home were using an advocacy service as they all had family or friends to represent them if they needed support. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

The registered manager told us friends and relatives could visit at any time and staff, residents and visitors confirmed this to be the case.

Is the service responsive?

Our findings

People told us their needs were being met at the home. They said, “The staff here know me well. They know what I like” and “The staff support me when I need help and come quickly when I need them.” Relatives also felt the people’s needs were being met. They told us, “The staff know my relative very well and how to support her when she’s unsettled” and “The staff look after my relative better than I possibly could”.

We saw evidence that people’s needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. People told us their care was discussed with them, which helped to ensure staff were aware of how people liked to be supported. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and this was confirmed by the relatives we spoke with. Each person living at the home was allocated a key worker, which helped to ensure the care provided was consistent and staff remained up to date with people’s needs.

Care plans and risk assessments were completed by the registered manager and the team leaders and were reviewed monthly. The care plans and risk assessments we reviewed were individual to the person and explained people’s likes and dislikes as well as their needs and how they should be met. Information about people’s interests and hobbies was included. People told us they were involved in planning their care and said their care needs were reviewed with them monthly. We saw that people had signed their care plans to demonstrate this. We noted that relatives had been consulted where people lacked the capacity to make decisions about their care.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make

decisions and answer questions. Staff spoke slowly and clearly and repeated information when necessary. When people were confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and affectionate.

A list of activities for January was on display in one of the lounges and included keep fit, reflexology, aromatherapy, board games, crafts, bingo, painting, cake making and film, wine and nibbles sessions. The home had a dedicated activities co-ordinator, who supported people with activities each afternoon. The people we spoke with were happy with the activities available. One person told us, “There’s something on every day”. Relatives told us they were happy with the activities on offer to people at the home. One relative told us, “The activities are good and family are always invited”.

During our inspection, a hairdresser attended the home and the registered manager told us she visited every Wednesday. People told us they could have their hair styled every week if they wanted to. We noted that after having their hair styled, some people had their nails painted by a member of staff.

A complaints policy was available and included timescales for investigation and providing a response. The policy was displayed in the entrance area of the home. Contact details for the local authority and the Commission were included. We noted that no complaints had been recorded and the registered manager informed us that no formal complaints had been received. She told us that any concerns were addressed as quickly as possible. The registered manager showed us a collection of compliments received about the care provided at the service, which included thank you cards and letters.

The people we spoke with told us they felt able to raise concerns and they would speak to the staff or the registered manager if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern. Two of the relatives we spoke with told us they had raised minor concerns, which had been dealt with very quickly and to their satisfaction.

We looked at how the service sought feedback about the care being provided, from the people living there and their relatives. We noted that residents meetings took place quarterly. We reviewed the notes of the meeting in

Is the service responsive?

November 2015 and noted that 17 residents had attended. Some people's relatives had also attended. We saw that the issues addressed included activities, events, changes to

staffing and any complaints or suggestions for improvement. The people we spoke with confirmed that residents meetings took place regularly and they felt able to raise any concerns.

Is the service well-led?

Our findings

People felt Ashmeade Residential Home was well managed and the staff and registered manager were approachable. People told us, “I’ve no complaints but I’d speak to the manager if anything was wrong” and “The home is very well managed by the manager and the owner”. Relatives were also happy with how the home was being managed. They told us, “The staff and the manager are always available if you need to speak to them” and “The manager makes sure the staff know what they should be doing and they do it”.

We noted that the service’s mission statement was ‘To be the most prestigious home in Burnley, by the provision of excellence in care, the continued investment in people and the provision of high quality accommodation’. The registered manager informed us she felt well supported by the service provider and felt the necessary resources were made available to achieve and maintain appropriate standards of care and safety at the home.

We looked at how people were involved in the development of the service. The registered manager told us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people living at the service and their relatives in April 2015 and saw that 17 people had responded. We noted that a high level of satisfaction was expressed about issues including the quality of the environment, the standard of care provided, the management of the home, the activities available, support to access medical appointments and the level of choice available at the home. We noted that one relative had requested that their family member’s room be decorated and this was completed in October 2015. Records showed that the person was involved in choosing the curtains and bedding for the room.

We saw evidence that staff meetings took place quarterly. We reviewed the notes of the staff meeting in November 2015 and noted that all but three staff had attended. The issues addressed included staff rotas, activities, the Mental Capacity Act 2005, staff changes, care issues and any concerns. Separate meetings took place fortnightly

between the registered manager and the four team leaders at the service. The staff we spoke with confirmed that regular staff meetings took place and they were able to raise any concerns.

A supervision policy was in place and we saw evidence that supervision sessions and appraisals had been completed in line with the policy. The staff members we spoke with confirmed they received regular supervision and an annual appraisal, both of which addressed their performance, training needs and any concerns. Staff told us they felt well supported by the registered manager.

The registered manager told us about planned improvements to the service. She told us that all staff would be to completing further dementia training through the local college, to ensure that they were able to meet the specialist needs of people living with dementia and additional medicines management training for staff was also planned. She told us that some areas of the home were due to be redecorated and we noted that the downstairs bathroom was being refurbished at the time of our inspection.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager’s commitment to ensuring the standard of care provided at the service remained high. The contact details for the local authority were included in the policy.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly, affectionate and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and professional towards them.

We noted that the registered manager audited different aspects of the service regularly. In addition to the medicines audits, we saw evidence that infection control, accidents, health and safety and care plan documentation were audited regularly. All audits included action plans where improvements were required and actions were

Is the service well-led?

updated when completed. We saw evidence that the audits completed were effective in ensuring appropriate standards of care and safety were achieved and maintained at the home.

A crisis continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

Our records showed the registered manager had submitted statutory notifications to the Commission about people

living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law. The registered manager was also aware that she is required to notify us of the outcomes of DoLS applications when these are received from the local authority.

We noted that the service had received the Investors in People award in 2013. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.