South West Care Homes Limited

Ashfield

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 5 and 10 January 2017. The first day of our visit was unannounced. Our second visit was announced so that arrangements could be made for us to spend time with the responsible person and registered manager.

Ashfield provides accommodation and 24 hour care for up to 25 older people. There were 20 people living at the home on the first day of our inspection. One of these people was in hospital and one was staying at the home for a short period of respite.

We had previously carried out a comprehensive inspection of this service in June 2015. Four breaches of legal requirements had been found at that inspection. These were regarding medicine management, notifying required events to the Care Quality Commission (CQC) that had taken place in the home, complaints management and reviewing people's care needs. We returned and undertook a focused inspection in December 2015 to look at the actions taken to improve the medicine management at the home. We found improvements had been made and the service was no longer in breach of Regulation 12 which relates to medicine management. We did however make a recommendation to the provider about the management of medicines at the home.

At this inspection we found they had taken action and medicines were safely managed. We also looked at this inspection at the other three breaches found in June 2015. We found action had been taken regarding these concerns and the requirements had been met.

There was a registered manager at the service who registered with the Care Quality Commission (CQC) in January 2016. A registered manager is a person who has registered with 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. The registered manager was very visible at the service and undertook an active role. They were committed to providing a good service for people in their care and demonstrated a strong supportive approach to people, their relatives and staff. They were supported by the responsible person and the provider's operational team who visited regularly.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager had increased the staff levels at the service since our last visit. They continued to monitor people's needs and adjusted the staff levels as required. Staff undertook additional shifts when necessary to ensure these were maintained.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They understood where people lacked capacity, a mental capacity assessment needed to be completed with best interest decisions made in line with the MCA. They had submitted applications where required to the local authority Deprivation of Liberties Safeguarding team (DoLS) to deprive some people of

their liberties. Staff had a good understanding about giving people choice on a day to day basis. The registered manager and senior staff had received MCA training to help them understand their responsibilities. Plans were in place for other staff to undertake MCA training.

People were supported by staff who had the required recruitment checks in place. Staff had received an induction. Staff had completed the provider's mandatory training. They were also supporting staff to undertake higher qualifications in health and social care.

Staff had completed safeguarding training and were knowledgeable about signs of abuse and how to report concerns. Staff felt confident any concerns they raised would be investigated and actions taken to keep people safe.

People were supported to eat and drink sufficient amounts and receive a balanced diet. The provider's new computerised recording system enabled an accurate recording and monitoring of people's diet and fluid intake. People were positive about the food at the service.

Staff treated people with dignity and respect at all times and in a caring and compassionate way.

People received their medicines in a safe way because staff who administered medicines had received training and had their competency regularly monitored.

People had access to activities at the service. People were encouraged and supported to be independent and to avoid social isolation.

People's needs and risks were assessed before and on admission to the home. Risk assessments were undertaken for people to ensure their care needs were identified. Care plans reflected people's routines and wishes. They gave staff guidance about how to support people safely.

People were involved in making decisions and planning their own care on a day to day basis. People were referred to health care services when required and received on-going healthcare support.

There had been significant improvements made to the exterior and some internal areas of the home. The provider and registered manager had recognised where further improvements were needed in areas of the home, some which were worn and tired. These would be addressed as part of the refurbishment program at the home. The premises were well managed to keep people safe.

The provider had a quality assurance and monitoring system in place which included regular audits with annual surveys. Where concerns were identified actions were put into place.

The registered manager actively sought the views of people and staff through regular meetings. There was a complaints procedure in place. There had been numerous complaints at the home in the earlier part of 2016 which had significantly reduced for the later part of the year. The registered manager had a clear understanding of how to respond to concerns and tried to deal with grumbles before they became complaints.

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 said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

Improvements had been made to ensure people's medicines were being managed safely.

The registered manager ensured staff levels were adequate to meet people's individual needs.

There were effective recruitment and selection processes in place.

The premises and equipment were managed to keep people safe.

Is the service effective?

Good

The service was effective.

The registered manager had ensured all staff had received the provider's mandatory training.

Staff were seen to be confident in meeting people's needs.

Staff had received an induction. They had regular supervisions and appraisals had been scheduled.

People's health needs were managed well through contact with community health professionals.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support.

Visit to people were encouraged and visitors always given a warm welcome.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person centred about people's wishes and social needs. They guided staff how to appropriately meet those needs.

A program of activities was available for people to take part in.

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the improvements at the service and how the registered manager had worked well with them.
The responsible person and registered manager at the service had recognised there were areas that had required improvement. They were taking action to address these concerns.

People's views and suggestions were taken into account to improve the service.

There were audits and surveys in place to assess the quality and safety of the service people received.

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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 was 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 5 and 10 January 2017. The first day of our visit was unannounced. Our second visit was announced so that arrangements could be made for us to spend time with the provider and registered manager. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR) which we received in August 2016. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

We met and observed most of the people who lived at the service and received feedback from six people who were able to tell us about their experiences. We spent time in communal areas and observed staff interactions with people, along with the care and support delivered to them.

We spoke and sought feedback from eight staff, including the registered manager, senior care workers (referred to at the service as team leaders), care staff, the cook, and housekeeper. We also spoke with the responsible person who came and met with us on the second day of the inspection.

We reviewed information about people's care and looked at three people's care records and five people's medicine records. We also looked at records relating to the management of the service. These included staff training records, support and employment records, quality assurance audits, and minutes of team meetings.

The local authority Quality Assurance and Improvement Team (QAIT) had been working with the registered manager during 2016. This had now concluded. Their work had included support with quality

documentation such as care plans, daily recording, daily charts and risk assessments.

We contacted health and social care professionals and the local authority quality assurance team for their views. We received a response from four of them.

Good

Is the service safe?

Our findings

People said they felt safe and were happy at the home. Comments included, "Always looked after very well here"; "absolutely, we don't want to be anywhere else"; "no one has ever been unkind to me, always lovely"; "nobody has been nasty to me here, I am very happy. They genuinely care for you here" and "oh yes." A health care professional said they were happy a person they supported was safe while at Ashfield. Their comments included, "The last patient I had there was very tricky, and unwell, she still did remain safe whilst at Ashfield."

Our observations and discussions with people showed there were sufficient numbers of staff on duty to keep people safe. Staff were seen to be busy but had time to meet people's individual needs. During our visits call bells were answered in a timely way. People said staff responded quickly to call bells and the registered manager undertook bell audits to check staff response times to ensure bells were responded to promptly. One person said, "They come quite quickly … very good." Another said, "Always enough, always someone you can ask anything from." Staff said they felt there were adequate staff to meet people's needs the majority of the time, but said there were times when more would be helpful. One care worker said, "It can be difficult some days." Another said "There are enough; it depends on people and moods each day is different."

Since our last inspection the staff level had been increased at the home. The registered manager assessed people's dependency needs to ensure there was adequate staff to meet those needs. They said they started with a base line of one member of staff to five people. They said they then analysed people's needs and staff hours allocated across the home. They confirmed they had a level of autonomy to add additional staff when required within their staff allocation. The staff schedule showed the majority of the time during the day there was a team leader and three care staff. At night there were two care workers. They were supported by housekeeping staff, a maintenance person and cook, who also interacted with people while undertaking their roles. The registered manager said they had one care worker vacancy and a vacancy for a weekend cook. Staff undertook additional duties when necessary to cover gaps. If required the provider had staff working in their other services which could be called upon to cover shifts. As a last resort the provider would use the services of local care agencies to cover staffing gaps.

People were protected because risks for people were identified and managed. Records on the provider's computerised system contained risk assessments about each person which identified measures in place to reduce risks as much as possible. These included risk assessments for falls, skin damage, nutrition and manual handling. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. For example, people assessed as being at risk of weight loss were given fortified milkshakes to increase their calorie intake. The people whose records we looked at had all gained weight at the service. The cook explained that each month, and more often if people's needs changed, they were given updated information about people's nutritional needs. For example diabetes, medication, food allergies, likes and dislikes, weight loss and weight gain. This enabled them to be aware of who there were concerns about.

Where one person wanted to be able to smoke at the home a risk assessment had been undertaken and it had been decided with the person that they would be accompanied by a staff member. This person confirmed to us that they felt safer having someone with them.

People received their medicines safely and on time. All medicines were administered by staff who had received training and had their competency checked and regularly reviewed. A team leader was responsible for the management of medicines at the home. They had a good understanding of the medicines they were giving out and were seen administering medicines in a safe way. They were very patient and did not rush people. People said they were happy with how their medicines were managed. Comments included, "They don't mess about"; "good" and "three times a day, like clockwork, they are ever so good."

There was a system in place to monitor the receipt and disposal of people's medicines. Medicines were stored at the recommended temperature. Medicines at the service were locked away in accordance with the relevant legislation. Where people had medicines prescribed as needed, (known as PRN), protocols had been put into place about when and how they should be used. Staff were reminded about topical creams people required on the provider's computer system. They had to indicate when they had carried out the task on the system and if it was missed this would show up as an alert.

The provider had put in place a new more comprehensive medicine policy in June 2016. This gave staff clear guidance to ensure the safe management of medicines at the home. The local pharmacy who supplied medicines to the home had undertaken an audit in November 2016. They had not identified any significant concerns and where they had made suggestions action had been taken. For example, they had suggested that there was more detail on PRN's, which had been actioned.

The recruitment and selection processes in place ensured fit and proper staff were employed. Staff had completed application forms and interviews had been undertaken. It was not always documented that employment gaps had been explored. However the registered manager was aware of people's employment histories. In addition, pre-employment checks were done, which included references and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. These were stored in the fire folder and easily accessible in the event of a fire. The folder also contained a fire risk assessment and emergency plan which were reviewed monthly.

Staff were aware of their responsibilities with regard to protecting people from possible abuse or harm. They had received training about safeguarding people and were able to describe the types of abuse people may be exposed to. They were able to explain the reporting process for safeguarding concerns. They were confident action would be taken by the registered manager about any concerns raised. They also knew they could report concerns to other organisations outside the service if necessary. The registered manager had contacted the safeguarding team when they had concerns and had followed their guidance.

The environment was safe and secure for people who used the service and staff. There had been a major refurbishment undertaken on the outside of the home and some internal areas with further refurbishment planned. The registered manager said the external part of the building had been prioritised. This included new roofing, external rendering, fire escapes had been upgraded and areas of concern made good. Internal

redecoration had also been started with the second lounge, dining area being redecorated with plans to have other communal areas upgraded. They also said the windows had all been audited and repaired and made good with a program of replacements in place.

A designated maintenance person over saw the maintenance at the service. They undertook regular checks of the service which included checking water temperatures, fire checks, lifting equipment, window restrictors were in place and carbon monoxide monitor checks. External contractors undertook regular servicing and testing of moving and handling equipment, electrical and stair lift maintenance. Fire checks and drills were carried out and regular testing of fire and electrical equipment. A fire protection officer had undertaken a visit to the home in March 2016. Where they had suggested action this was being considered as part of the development plan. They had identified that there was no detection in the quiet lounge at the home which had since been put into place. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

Risk assessment had been undertaken regarding the environment and graded, for example, unacceptable, tolerable or acceptable. The assessment looked at areas which included; the front gate entrance, garden, side paths, hallways, corridors, lounges, stairs, stair lift, equipment, substances and work activities. Actions had been taken where concerns had been identified. For example brighter lighting outside and an uneven path had been repaired. Areas of concern which had been identified at the previous inspection as being accessible to vulnerable people had been fitted with keypads to prevent access. This included the sluice, kitchen, maintenance room and office.

The home was clean throughout, with a few pockets of odour specific to individuals which was being managed by the staff. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff had access to hand washing facilities and were seen using gloves and aprons appropriately. The registered manager had produced and infection control folder with clear guidance for staff regarding good infection control practices. The folder also contained a cleaning schedule for commodes, hygiene monitoring to provide evidence it was being done effectively. Commode cleaning had also been added to the computerised system so staff had to indicate when they had carried out the task.

Soiled laundry was segregated and laundered separately at high temperatures. This was in accordance with the Department of Health guidance. The laundry was very small and due to a lack of space clean clothes were placed in baskets outside the laundry and some laundry was hanging on an airer in the bathroom next to the laundry. This had not changed since the previous inspection. The responsible person and registered manager said they were looking at ways to make the laundry facilities more suitable and had a couple of options they were considering.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right competencies, knowledge and qualifications. Staff were able to tell us how they cared for people to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well. One health care professional had recorded to a survey carried out by the provider, "Good grasp of dementia and mental health."

Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. The registered manager had identified training as an area for improvement when they started at the service at the end of 2015. They had ensured staff had completed the provider's mandatory training. This included Fire safety, equality and diversity, food hygiene, infection control, safeguarding vulnerable adults, dementia, record keeping and first aid. Most of these trainings were through staff watching training DVD's. The registered manager said they had not requested staff complete the test sheets associated with the DVD's but had spoken with staff at supervisions and staff meetings to ensure their understanding. The registered manager was a manual handler training and undertook manual handling training with staff and were able to observe their practice on an on going basis.

People were supported by staff who were knowledgeable about their health needs and gave appropriate support. When staff first came to work at the home, they undertook a period of induction which had given them the skills to carry out their roles and responsibilities effectively. This included working alongside team leaders to get to know people and their individual care and support needs. The registered manager used the new Care Certificate which had been introduced in April 2015 as national training in best practice.

Staff had received regular supervisions every six weeks so they could have an opportunity to discuss their performance, attendance, development and any concerns. The registered manager had scheduled staff appraisals using the provider's new process. Staff said they felt supported by the registered manager. One staff member commented, "We get them (supervisions) quite often …are good because I have the opportunity to discuss anything."

The 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. Best interest decisions had been made at the service. The staff had included relevant health professionals and families as appropriate in the decision making process.

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).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. DoLS

provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. People's liberty was restricted as little as possible for their safety and well-being. These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. The registered manager had submitted an application to the local authority DoLS to deprive three people of their liberties. Staff were aware of MCA and DoLS but there was a little confusion regarding who was under a DoLS authorisation. The responsible person said they had already requested the computer software company add this to the computer system to make it clear for staff. Records showed that the majority of staff had undertaken training on the MCA, with other staff scheduled to undertake externally provided training.

People confirmed they were always asked for their consent before care and support was provided. Staff involved people in decisions about the care they received. Staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were made in people's best interests. Professionals and relatives had been involved in the decision making process where appropriate. One member of staff said, "It is important to respect (people's) choices in accordance with their capacity. I respect their decisions."

People had access to healthcare services for on going healthcare support. They were seen regularly by their local GP and had regular health appointments such as with the visiting optician, and chiropodist. Records showed when health concerns were identified, people were visited by health care professionals, and staff took action and followed their advice. One health professional said, "They do call for support promptly on most occasions." Another said, "The home do contact us with any concerns promptly." One person said the staff got them medical help if required. Their comments included, "They get a doctor if needed, and they will get him quickly."

People were supported to eat and drink enough and maintain a balanced diet. We observed a lunchtime meal in the dining areas during our visit. There were 13 people using the dining areas with others choosing to have theirs in their rooms or sat in the lounge. There was a pleasant atmosphere and people were interacting sociably with other people using the service. People had developed friendship groups and liked to eat together. Staff were attentive to people's needs and went around offering a choice of alcoholic and non-alcoholic drinks as appropriate. People had been asked during the morning for their meal choices and were having meals as they had chosen. They were positive about the food. There was a white board in the corridor with the day's menu to advise people of the meal choices. However people could not see this while sat at the dining tables and had forgotten the menu. One person said, "It would be lovely to know." The majority of people were using red plastic beakers while a few had china cups. We discussed this with the registered manager who confirmed this was people's choice because they were lighter and it was easier for people to grip. People said they preferred the red plastic beakers to china cups.

There was a four week menu with a single choice of main meal with alternatives available if required. The kitchen staff were given a nutritional profile when people came into the service. The cook said they would also meet with new people to ask them their food preferences. People were complimentary about the meals at the home. Their comments included, "We can have whatever we want…a cooked breakfast and more if wanted"; "good, more than you can eat sometimes, If you don't like something, they will give you soup or sandwich or something like that. The food is good here"; "food is very good, excellent, they must be mad if they complain about the food here" and "food is excellent, they bring drinks, cakes and biscuits, morning and afternoons and I always have a jug of juice."

Where staff identified concerns regarding people losing weight or not taking adequate fluids. They had put in place regular monitoring. Everyone at the service had access to drinks at all times. The provider's new

computerised recording system enabled an accurate recording and monitoring of people's diet and fluid intake.

Good

Is the service caring?

Our findings

People said staff were kind and friendly towards them. Comments included, "Very good team here, very good anything you ask is done right away"; "they are very nice, super they are. All of the carers are good"; "everything is very good here" and "I like it here, it is always good, I can't fault them." One person said "Put your name down now quickly it is that good here."

Staff were seen positively interacting with people chatting, laughing and joking. They talked with us about individuals in the home in a compassionate and caring way. They had spent time getting to know people and demonstrated a good knowledge of their needs likes and dislikes. Care plans were focused on the person and their individual choices and preferences. Staff had a good knowledge of people's past and people and events special to them.

Staff were considerate and caring in their manner with people and knew people's needs well. They were friendly and supportive when assisting people. Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. Comments included, "I ask the person the type of care they want and always keep their confidentiality. When giving personal care I always draw the curtains and make the person as private as possible" and "I ensure the door is shut and towels are placed over them to maintain their dignity. If I need to apply some cream I always ask their permission, it is important to respect their dignity."

Staff said they felt the care was good at the service and would be happy for a relative to stay at the home. Comments included, "It is friendly, and if they are happy we are happy. They have freedom here"; "The relationship between the staff and residents and families are great. All the staff genuinely care about the people they look after"; "Yes I know how the residents are looked after. I trust the staff to give good care" and "yes it is homely, we work in their home they don't live in our work environment."

People's formal consent for care and treatment at the home and consent for day to day care and treatment was sought. Staff gained people's consent before they assisted people to move and they explained what they were doing and involved the person. They listened to people's opinions and acted upon them. People were offered choices and staff asked people their preferred preference. For example, if they wanted to go to the lounge, stay in their room, would like to watch television or listen to the radio.

Staff supported people to be as independent as they wanted to be. People were walking around the communal areas independently and with support. One person said they went out each day to the local shop and ran errands for people. Another person said how they had choice to do what they wanted. Their comments included, "We can have breakfast at whatever time they want." Another said, "If you are well enough you can go out when you want."

People's rooms were personalised with photographs, items of furniture and ornaments. There were photographs on some people's doors with others having items of interest relevant to their wishes. For

example one person had a flower and a feather on their door which was something relevant to them and helped them recognise their room. People's relatives and friends were able to visit when they liked. People said their visitors were made to feel welcome when they visited the home. One person said, "If we have pets they can come in, no special visiting hours, they can come when they want. The thing about this place is the freedom."

Good

Is the service responsive?

Our findings

People received personalised care that aimed to meet their individual needs. People confirmed the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in.

The service was responsive to people's needs because people's care and support was delivered in a way the person wished. Wherever possible a pre admission assessment of needs was completed prior to the person coming to the service. People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. This enabled staff to complete comprehensive care plans about people's wishes. These gave staff clear guidance about how to meet people's needs. People's care plans included detailed information about people's life history and gave an idea of the person before they came to live at Ashfield.

The provider had a new computerised care record system which had been put in place since our last visit. People's care plans and risk assessments were on the computerised system and had been regularly reviewed. Staff carried handheld devices (iPod) which looked like mobile phones which were linked to the computerised system while on duty. They input tasks on the iPod they had undertaken and had a clear schedule of checks and jobs they had to undertake. The system enabled them to see changes in people's care when they started a shift. Staff also had guidance in a 'carer's folder's' in people's rooms which contained the person's medical history, social information and support needs. For example one person needed assistance for one care worker for all transfers and personal care, required a two handled cup and special utensils to eat. We discussed with the registered manager that one person's folder had not been updated with their new needs. The registered manager apologised for this omission and took action to address this.

Where concerns were identified regarding people's changing needed staff took action. For example where a person did not recognise other people's personal boundaries or risks to themselves. It had been decided to put in place additional monitoring of their whereabouts. Staff could set up prompts on the computerised system to undertake these checks. If these checks were not undertaken at the time scheduled an alert would flag up on the system making staff aware. There were also examples where people were at risk of weight loss. Prompts had been put into place to advise staff to give extra fluids and snacks and to record people's diet and fluid intake. This system could be viewed by the registered manager and the provider's higher management team even if they were not at the service. This meant that if checks were not being undertaken the management team would be aware and action could be taken quickly. The responsible person made us aware they planned to put barcodes in people's rooms when the redecoration program was completed. This was so staff could scan the barcode when they undertook checks and this would demonstrate they had undertaken the checks.

People's care plans and risk assessments were reviewed and if people had a change in their needs their care plans the majority were updated. People had been involved in reviews and efforts had been made to invite relatives where appropriate to also be involved.

People said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager. One person said, "You can't complain about anything here." Another said, "Never tried, there has been no need to complain. Any of the girls would put it right but I haven't needed to say anything." A third person said, "If I say anything to the staff, they say they will put it right and they do."

The registered manager said that the complaints they had received had significantly reduced in the last twelve months. They felt this was due to the better communication, improvements made at the home and a more open approach. They had also taken action to ensure grumbles were resolved before they became a complaint. People were advised by a complaints procedure in the main entrance where there was also a notice advising people and visitors they could speak with the management team at any time if they had concerns. Where the registered manager had dealt with complaint these were all logged.

The registered manager and staff recognised the importance of social interaction for people. A weekly activity programme was on display on the notice board in the main entrance and given to everybody at the home to make them aware of the activities on offer. This included, an arts and crafts session and exercise sessions provided by external providers and a monthly communion. Staff were seen throughout our visits spending time with people either doing a craft or having their lunch at the dining table and socialising with people. There was also friendship groups which had developed amongst people who enjoyed getting together throughout the day to have a chat.

The registered manager said staff accompanied people to the local library and went on outings. They said there had recently been a trip to a local garden centre which had been enjoyed. Staff recorded the activities people joined in with on the computerised system this enable the registered manager to monitor that everyone in the home were having their social needs met and no one was missing out. People said they were happy with the activities on offer but did not always choose to join in. One person said, "Activities, not really my thing, sometimes I go down to the sea front." Another said, "If I say I am fed up they have a chat with me."

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and said they had made significant changes and improvements at the home since their arrival at the end of 2015. The registered manager was in day to day control at the service and said their priority had been to ensure that people were safe and well cared for. They were supported by team leaders, some of whom had extended responsibilities.

People were positive about the registered manager. One person commented, "Very good, excellent, I say I don't like that and she sorts it out." A health professional said, "Ashfield currently has a knowledgeable and experienced manager."

Staff were complimentary about the registered manager and the changes they were making at the home. Comments included, "A lot better. Before even the atmosphere was very tense everyone was on edge, now much more relaxed, friendly and homely"; "(registered manager) has made changes happen, decorating inside and outside, staff are more organised, more routine and structure to the home and we have job roles"; "brilliant as a manager and a person, can go to her about anything"; "a lot better now, so happy with all of the changes done" and (registered manager) is very good, I have support, she is the best manager I have had."

The registered manager was supported by the responsible person and two senior managers (referred to as operations managers) who visited the home at least once a month to ascertain how things were going and undertake audits. There was also a formal review with the responsible person every three months to meet discuss the management at the home and issues arising. The registered manager said they felt very well supported and said they spoke on the telephone to the responsible person about twice a week.

People's views and suggestions were taken into account to improve the service. The provider recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. Meetings were scheduled to be held every month. The last meeting, in November 2016, was recorded in large print for people to be able to read more easily. They had discussed the recent survey and the feedback received, laundry issues and Christmas plans. The provider had also sent questionnaires to people, relatives, staff and stake holders in the service to ascertain their views. The most recent survey was sent out in December 2016 and responses were still being received. The provider and registered manager said they would collate the results and produce an analysis sheet and an action plan. They would feedback the findings through residents meetings and displaying the results in the home. We looked at the responses received so far which were mainly positive. Comments included, "Very pleased to see the appearance of Ashfield much improved." A professional satisfaction survey had been sent out in August 2016 with four responses which were all average and above.

Staff were consulted and involved in decision making about the service through regular staff meetings. Staff said they felt informed and listened to. Comments included, "Meetings are very good, we can put forward ideas" and "I feel lucky to work here, you hear stories about other places, I feel there is a good team here and good communication." Staff had also been sent a survey to ask their views in December 2016. The registered

manager confirmed the responses from this survey would be analysed and results feedback to staff.

Staff had access to a range of policies and procedures to guide their practice which the registered manager and operations managers were working through to review and update.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident and accidents recorded. The information was added to the provider's computerised system throughout the month. At the end of the month information was added to the manager's spreadsheet, which was then sent to the provider's higher management team. The registered manager looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways further issues could be avoided.

The provider had a number of quality monitoring systems in use which were used to continually review and improve the service. The registered manager had a schedule of required audits and reviews to be carried out each month. These included weekly audits regarding assessing people's dependency needs and the required staff hour's needed, observations and spot checks and recording and addressing complaints and compliments. Audits were also carried out weekly by the team leaders regarding medicines, and the maintenance person undertook checks. There was also a schedule for monthly, three monthly, six monthly and annual checks. These included, medicines, staffing, infection control, record audits, maintenance and health and safety. The registered manager had also developed a service improvement plan which they had identified areas which required improvement, the level of risk and the action required by whom and by when. They had reviewed their plan the day before our visit and were making progress in undertaking the actions identified.

The registered manager was able to produce analysis reports from the computerised system to see how much time was spent with people on personal care, medicines and activities. The registered manager said staff were doing very well recording their actions on the handheld devices they carried. However they said they were still working with staff to further their skills about inputting all information to ensure there was a concise clear audit trail.

Improvement was under regular review. For example, the responsible person had identified that they needed improved information so they could schedule redecoration and replacement at the home. To this end they had arranged an improvement for their computer system.

The provider was meeting their legal obligations, such as submitting statutory notifications when required. For example, when a death or injury to a person occurred. They notified the Care Quality Commission (CQC) as required and provided additional information promptly when requested and working in line with their registration. We were made aware at the inspection that there had been a few water leaks at the service which had been dealt with promptly. We agreed that the registered manager would submit a notification to make us aware of the leaks and the actions taken.

The previous rating of the last inspection by CQC was displayed in the main entrance of the home and on the provider's website as required.

In August 2016 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five with the highest rating being five. This showed the provider was working to ensure good standards and record keeping in relation to food hygiene.