HC-One Limited

# Ashton Grange Residential Home

## Inspection report

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15 January 2016
20 January 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The inspection took place on 12 January 2016 and was unannounced. Two half day inspections took place on 15 and 20 January 2016 and were announced.

Ashton Grange is a two storey home that provides personal care and support for up to 39 people, some of who are living with dementia. At the time of our inspection there were 39 people using the service.

There was a registered manager in post. 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.

Staff had a good understanding of safeguarding and were confident in their role in safeguarding people.

Risk assessments were in place for people when required and there were clear links to associated care plans. There were also general risk assessments regarding the premises and environment.

Medicines where managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. New care staffing levels had recently been increased, and plans were in place to introduce a more robust system to analyse staffing requirements in line with people's needs. From staffing rotas we saw that staffing levels were consistent and alternative arrangements were available to cover shortages of staff.

All staff training was up to date including all mandatory subjects as well as other additional training. There was a system in place to flag up when refresher training was due and staff felt encouraged to develop their skills further.

The registered manager and staff we spoke to had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interest assessments were evident within care files and DoLS authorisations were in place for those who required them.

Staff received regular supervision and told us they felt supported in their roles. Appraisals were completed annually and were up to date for all staff members.

We observed people and staff during mealtimes. People were enjoying their meals, some independently and others with support from staff. There were choices available for people and support provided by staff was caring, compassionate and at an appropriate pace for each individual.

Care plans were personalised, detailed and contained people's personal preferences, likes and dislikes. Care plans were up to date and reflective of each person's individual needs. People were empowered to embrace favourite past times and to live the life they wanted to.

The provider had a robust quality assurance and audit schedule in place which was carried out in practice. This ensured the quality of the service provided was assessed and monitored from every aspect and appropriate action was taken to improve and develop the service where possible.

The home had a major focus on activities and ensured there was a vast range available for people in the service. Activities ranged from a church service every month, walking football, singers, animal therapy, baking, cards, arts and crafts to outings in the community to a local pub, café, football stadium, museums and garden centres. Staff had a very good understanding of activities each individual enjoyed doing. People who used the service discussed activities at residents' meetings and with the activities co-ordinator individually.

## 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 told us they felt safe living at Ashton Grange.

The service was safe.

People told us they felt safe living at Ashton Grange.

The registered manager and staff had a good understanding of safeguarding.

Medicines were managed safely.

People had appropriate risk assessments in place when required.

Accidents and incidents were investigated and actions taken where necessary. A regular analysis of trends was also completed.

### Is the service effective?

Good

The service was effective.

Staff had up to date training in mandatory subjects as well as a large number of additional subjects.

Staff supervisions were carried out regularly. Staff received annual appraisals.

People told us they felt supported and cared for by staff who were skilled and experienced to do so.

Staff had a clear understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguard. We saw there were Mental Capacity Act Assessments in place and Deprivation of Liberty Safeguard applications that had been authorised.

People had access to healthcare professionals as they needed them.

### Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care they received at Ashton Grange.

Throughout the inspection we observed staff treated people with dignity and respect.

Staff interacted with people in a respectful, warm and gentle manner with patience and genuine compassion.

People had access to advocacy support and information.

## Is the service responsive?

Good

The service was responsive.

Care plans were personalised, up to date and reflected the individual needs of each person.

A wide variety of activities were available for people both in the home and community. People were encouraged to take part in meaningful activities that promoted their health and wellbeing but were also fun. The home worked closely with a registered charity who deliver sports and health programmes for people in Ashton Grange.

The registered manager had clear procedures for dealing with complaints. People we spoke to told us they felt comfortable raising any issues or concerns.

## Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager. They attended regular staff meetings and felt they contributed to the improvement of the service.

The registered manager operated an open door policy. Staff told us they felt that the registered manager was very approachable, supportive and motivational.

The home had a robust quality assurance system that saw audits completed by staff, the registered manager and assistant operations director and other teams within the organisation.

The home operated a 'Resident of the day' programme which focussed entirely on an individual and every aspect of their care.

| | |
|---|---|
| The person was involved in a full review as well as a relative if required. | |

# Ashton Grange 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.

This comprehensive inspection took place on 12 January 2016 and was unannounced. Two half day inspections took place on 15 and 20 January 2016 and were announced.

The inspection team consisted of an adult social care inspector and a specialist advisor whose specialist area covered dementia, medicine management and clinical governance.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care. The local authority social care governance team had completed a joint quality assurance visit with Sunderland CCG in March 2015 and found, "The service performed well and there were no particular areas of concern identified."

We used a number of different methods to help us understand the experiences of people who lived at Ashton Grange. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could

not talk with us.

During the inspection we spoke with eight people and four relatives. We also spoke with nine members of staff, including the assistant operations director, registered manager, a senior care worker, four care workers, one activities coordinator and the assistant cook. We looked at four people's care records and 39 people's medicine records. We reviewed four staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Ashton Grange. People's family members confirmed they felt their relative was safe and well cared for. One person said, "I feel very safe." Another person said, "This is a lovely place." One relative we spoke to said, "We believe [Resident] is kept safe." Another relative said, "[Relative] is happy here and well looked after"

During our inspection we spent time with a senior care worker during a medicines round. We noted medicine administration was managed appropriately, in line with good practice and policy and people were treated with respect and patience. All medicines administration records (MAR) were fully completed and corresponding records and medicines stored confirmed medicines had been administered appropriately, in line with GP instructions. Records showed regular audits of medicine practice were conducted by the service as well as annual audits by a local Pharmacy. The service acted upon findings of the audits where necessary.

The registered manager and staff had a good understanding of safeguarding. Staff we spoke to named several forms of abuse and gave examples of what they may entail. Staff also described potential signs people may show if they were being subjected to abuse such as changes in peoples' usual behaviour and used individual people as examples. For example, one person was usually outgoing and chatty so if they became quiet and subdued staff would become concerned. This demonstrated they knew people using the service and what to look out for. Staff could describe the process they would follow if they suspected abuse. One member of staff said, "I would report it to the senior on duty, deputy manager or manager." Another staff member said they, "Would report to my line manager," any concerns they had. Staff explained how they would monitor potential signs and one staff member said, "We always document changes in behaviour."

We saw the home had a safeguarding file in place which included policies and procedures for reporting concerns. A log was also available which included details of safeguarding concerns and alerts raised, a summary of findings, action taken and any changes made to practice as a result. Investigations of safeguarding concerns were recorded on the electronic system and sent to head office for review. The system also collated the safeguarding alerts and the registered manager analysed and monitored these to identify any trends. At the time of inspection there were no specific trends identified.

The home had a whistle blowing policy in place and staff told us they were aware of it and knew how to use it. One member of staff told us, "I feel comfortable going to them with any issues and feel like they listen." The whistle blowing policy was readily available and accessible to staff. Information about the policy was displayed on notice boards to raise and maintain staff awareness of it and encouraged to use it if they felt necessary.

Accidents and incidents were recorded and logged. Appropriate records were kept which included details of events that had happened, people involved and any action taken. Staff were able to explain the process they followed if an accident or incident occurred in the home. One staff member said "If someone has a fall we have to fill in an incident form, the daily record and any body maps, senior carers will review care plans and

risk assessments." Accidents and incidents were recorded on the electronic system and reviewed by the standards and compliance team who would then ask the registered manager any related questions. For example, if foot plates had been checked on a person's wheelchair to ensure they were correctly fitted and secure. Trend analysis' of incidents were also sent to the registered manager from the standards and compliance team. These were to be looked through and any identified trends investigated with findings and actions fed back to the central team.

Risk assessments were completed for each person living at Ashton Grange. Risk assessments were stored within care files and were updated and reviewed in a timely manner. We saw all areas which were assessed were clearly linked to care plans and clearly documented how the risk should be avoided. For example, where people were at risk of pressure damage, the care plans covered regular observations of people, completion of body maps and regular positional changes as required.

The provider also had generic risk assessments in place for the premises and environment. These included legionella, moving and handling, fire, cleaning and use of hot trolley, electric blankets, laundry and first aid. All risk assessments were reviewed regularly and were up to date. Other risk assessments included barbecues, animals in the home and heatwaves.

Maintenance records showed that all checks were completed and up to date in the home and included gas safety, electrical safety, controlled waste, emergency lighting and lifting equipment. This meant the premises and equipment used within the premises were safe.

The home had a maintenance worker in post who worked at the service five days a week. We saw the maintenance worker carrying out repairs during our inspection. We also observed external contractors installing a new bathroom suite on the first floor complete with a new sink, non slip flooring and a new adapted bath complete with shower head and fixed bath seat. Upon completion of the works the contractor gave staff a demonstration of how to operate the new bath and provided an operation manual to the registered manager. This meant staff were able to operate the new equipment when assisting people with personal care.

Fire evacuation procedures were on display throughout the home and fire exits were clear from obstruction. An emergency evacuation folder was in place which included information around fire zones, fire exits and external assembly points. Personal emergency evacuation plans (PEEPs) were in place for every person and contained detailed information. For example, horizontal and vertical evacuation needs, equipment required and any communication needs. The home also had an overall chart of people's PEEPs which included brief descriptions and key words from the individual records but were also colour coded depending on if they were high, medium or low risk.

Records showed the registered provider's recruitment process was followed to ensure staff who were recruited were skilled and experienced. All staff had completed an application form and had an interview. Each staff member had necessary checks prior to them being appointed which included reference checks, gaps in employment and disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people. During our inspection we met a newly appointed member of staff who had been invited to meet with the registered manager to discuss their application and to seek clarity on employment history.

The home had a system in place which helped the registered manager analyse required staffing levels and ensure sufficient staffing cover was available. We saw calculations took people's needs into consideration including those who required one to one care. We reviewed staffing rotas for a four week period and found

staffing levels to be consistent and in line with assessed levels.

People told us there were enough staff in the home to support them. Throughout the inspection we observed people being supported by staff in a timely manner and at a pace comfortable to each person. People were not left unassisted for long periods of time.

Staff told us there were enough staff to meet people's needs and people were safe. One member of staff said, "During the day we manage great, when there's emergency hospital appointments and staff need to escort people [deputy manager] would come on the floor to support." Another staff member said they, "Have time to sit and talk to people." Staff told us that extra staff would be put on shift if needed, for example, if there was a couple of new people admitted to the home. Staff also told us that if additional staff couldn't be sought, they knew the registered manager would go on the floor herself to cover.

Good

# Is the service effective?

## Our findings

People told us they felt supported and cared for by staff who were skilled and experienced to do so. One person said, "They do help me with a shower." Another person said, "The staff are perfect."

Staff had up to date training including those deemed mandatory by the provider. Mandatory training for all staff included safeguarding adults, moving and handling first aid, fire safety and equality and diversity. Additional training was available to staff members for completion depending on their roles which included Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act 2005 (MCA), nutrition and hydration, administering of medicines, dementia awareness and person centred care. The registered manager was the Dementia Champion for the service and a number of care staff were designated Dementia Friends. There was a system in place the registered manager used to monitor staff training and ensure they completed refresher training when it was due.

Any refresher training due flagged up on the electronic system when staff clocked in to begin work. Staff used this system to request refresher and new training courses and told us they felt encouraged to develop their skills and knowledge further. One staff member said, "I've had loads of training since I've been here."

Staff we spoke with said they received an induction when they started and had to work with a mentor as part of the process. Records showed new staff had completed a comprehensive induction programme and workbook and completed them within the first 12 week of employment. The induction covered areas such as care provision, safety of the home and moving and handling.

Staff told us they received supervisions every two months, where they discussed their performance at work, any issues or concerns either they or the management had and any areas for further development. Records showed staff supervisions were being carried out regularly and contained details of discussions as well as actions agreed. Actions were followed up in following supervision meetings.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Appraisal discussions covered their role, training received, objectives, any performance issues and future learning and development. Staff told us and records showed that appraisals were up to date for all staff and were completed annually.

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 registered manager understood when to complete MCA assessments and explained when they would use best interest decision forms. They talked us through when they made DoLS applications to the local authority and how people were restricted in the least possible way. People's care records contained best interest decisions and care plans which corresponded to the information contained in the DoLS authorisations. There was a DoLS file in place which showed a log of all authorisations and a clear audit trail to show when these had been applied for, when authorisations were granted and received and when new applications were made.

Staff understood what MCA assessments were and when they should be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that a number of people living at Ashton Grange had a DoLS in place. Staff gave examples of how people's liberties were deprived in the least restrictive way. One staff member said "With those who want to go out the activities [Co-ordinators] take them out even if it's for a walk or an ice cream," to ensure people were enabled to leave the home and access the community when they wanted to.

The assistant cook told us they knew people's dietary requirements as well as their preferences, likes and dislikes and gave examples relating to specific people. Records were kept in the kitchen about everyone's dietary requirements such as those who were diabetic or required a soft diet. The assistant cook explained that fortified hot and cold drinks were available as well as fruit smoothies for people who had lost weight.

We observed people being asked what they would like to eat for lunch and dinner by the senior care worker on duty. Meal options were described to people if people didn't want either of the options available alternatives were offered such as jacket potato or sandwiches. The assistant cook told us people were given two options for each mealtime and were asked by care staff what they would like. Their choices were then recorded and given to kitchen staff. The assistant cook told us they always made extra portions of both options and made sure alternatives were available if people no longer wanted what they had chosen. They also told us people's choices were confirmed with them at each meal time to ensure they still wanted what they had chosen. We also observed this in practice where one person had changed their mind and were offered the second choice on the menu as well as other alternatives.

People told us they enjoyed the food at Ashton Grange and there was always enough to eat. One person said, "The food is good, very homely." Another person said, "Food is lovely, if I don't fancy something and I ask for something else, they'll make it for me, which is good." During our inspection we observed a meal time experience in both dining rooms. The atmosphere was relaxed and people were served their food in a polite, respectful manner by kitchen staff. We saw care staff then supported and encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported and at a pace comfortable to each individual.

People responded positively to staff and we saw everyone was satisfied with their meals. Most people finished all of their meal, with some having extra helpings as well as desserts.

During our inspection we observed a refreshments trolley being taken around the home to people in between meal times. People were offered hot and cold beverages as well as a variety of savoury and sweet snacks such as pastries, sandwiches, scones, biscuits, yoghurt, fruit and cakes. There were juice dispensers in the dining rooms and small lounges that were refilled regularly and bowls of fruit and other snacks such as crisps available in the home. This meant there was always a variety of food and drinks available for

people throughout the day.

We observed tables in the dining rooms were nicely set with table cloths, place mats, napkins, cutlery, condiments, cups and artificial plants. The dining rooms were decorated in a homely way with curtains, pictures and appropriate furniture. Table cloths were replaced after every meal which meant that they were clean and prepared ready for the next sitting.

People had access to district nurses, speech and language therapists, doctors, occupational therapists, psychiatrists and community mental health teams and chiropodists. Care files contained clear records of contact with all professionals. For example, one person's behaviour had changed from normal so the home contacted the GP who visited to examine the person. Samples were taken and staff followed the GP's directions whilst awaiting the results. Before the results were received the person took a turn for the worse and staff responded quickly by telephoning for an ambulance.

Communal areas were clean and tidy with the décor giving a homely feel. There were lots of pictures, ornaments, flowers and photographs around the home. There were clearly identifiable signs around the home containing pictures as well as words to help people locate areas in the home such as the lounges, dining rooms and bathrooms. The dementia unit was upstairs on the first floor and had lots of objects and pictures to stimulate people's memories. For example, an old telephone box, an old post box, a railway clock, old signs and old pictures of surrounding areas.

Good

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the care they received at Ashton Grange. One person said, "Oh they are lovely, they really look after you." Another person said, "The girls are very good, very kind and if you want anything they'll see to it." One family member we spoke to said, "Our relative has only recently arrived at the service but the staff have been very approachable and have answered all our queries."

The atmosphere in Ashton Grange was warm and welcoming and was busy with visiting family members and professionals. People told us there was a nice atmosphere in the home. One person we spoke to said, "I like it here, it's warm and the staff are friendly." During our inspection we saw people smiling, laughing and responding positively to staff and each other which confirmed what people had told us.

Throughout the inspection we observed staff treated people with dignity and respect. Staff spoke to people in a respectful and polite manner, and referred to them by their preferred name. Staff explained support they were offering to people and gained permission before providing it, for example, supporting a person in their wheelchair to the bathroom. We observed staff knocking on people's doors and waiting for a response before entering. Staff helped people maintain their own dignity where required. For example, one person was eating a piece of cake and had spilled crumbs on their clothes. Staff immediately supported the person and with permission, brushed the crumbs away and tidied the floor. The person was happy and chatting to staff throughout the support.

We observed positive interactions between people and staff members, such as encouraging people to join in activities or supporting them with daily tasks. We saw people received verbal support of encouragement and prompts from staff in relation to their care, which promoted their independence in doing things for themselves. For example, encouraging and verbally supporting people to mobilise using their walking frames.

People also received physical support from staff with eating and drinking as well as when moving around the home. We observed physical support being provided in line with individual care plans and in a caring and compassionate way. Support was gentle, patient and at a pace comfortable to each individual.

During the inspection we observed staff interacting with people in a respectful, warm and gentle manner with patience and genuine compassion. Staff used appropriate touching as reassurance which people responded to positively. For example, members of staff approached people whilst a singer was entertaining, spoke to them, held their hands and danced with them. People were smiling, laughing and in some cases singing along whilst dancing with staff.

At the time of our inspection no one required support from an advocacy service but clear information was displayed and promoted around the home should people require or wish to consider using these services. We noted information related to independent mental capacity advocate (IMCA) and 'Total Voice Sunderland' advocacy service. The registered manager told us that should anyone require the use of an advocate this would be arranged for them as soon as possible.

During our inspection a new bathroom had been installed on the first floor. The registered manager had informed us that due to their only being two colour choices for the non slip flooring out of green and blue, she had chosen blue and had the idea to create a seaside theme in the bathroom to brighten it up against the blue. The new bathroom was completed whilst we were present in the home and we observed the bathroom had been accessorised with seaside pictures, a bright nautical roller blind with pictures of boats on it and ornamental objects such as a lighthouse, yacht and sandcastle. The registered manager told us that people had already used the new bath and all feedback had been positive. Staff had reported back that the décor had aroused peoples' memories of their childhood visits to the seaside and they chatted to staff about those memories.

People's bedrooms were decorated to each individual's preferences and were personalised with photographs, pictures, ornaments, furniture from their previous homes and other personal belongings. There was an enclosed, communal garden to the rear of the home which the registered manager informed us that people enjoyed in the summer months as there had activities in the garden, for example, a barbecue and a garden party. We observed garden and patio furniture neatly stacked under a waterproof shelter to protect them from ruin during the bad weather.

Good

# Is the service responsive?

## Our findings

People told us they enjoyed a wide variety of activities in the home. One person said, "There is plenty to do." Another person said, "The girls are very good, very kind and if you want anything they'll see to it." When speaking with staff about encouraging people to join in activities, one member of staff said, "We always ask and give [People] the option."

The home employed three activity co-ordinators who organised daily and weekly activities for people to do either on their own or as part of a group. The activity co-ordinators also arranged a number of fund raising events such as raffles, annual sponsored walks and bingo in the church hall to raise money for activities within the home and external events.

People told us they were able to make decisions and the home acted upon those. One person said, "When I came to look at my room I asked for a change of bed, I don't know what it was, but I didn't like the bed that was there. When I came again, there was a new bed." During our visit we observed people making decisions in relation to activities as well as food and drinks. It was clear people were in control of their care and moved freely around the home, to and from their rooms, the lounges and dining rooms. Staff responded appropriately to decisions made by people. For example, some people chose not to go up to the first floor to watch the female singer perform. Instead they stayed in the lounges watching television, in their rooms or sat in the main entrance area. Staff were respectful of people's choices and continued to revisit the areas people were and ask if they needed anything or to have a chat.

People had individual activity plans that the activity co-ordinator completed with them around their hobbies, interests, social needs, things they liked to do and things they wanted to do. Records also included what activities people had taken part in and if they had enjoyed them or not, stating reasons if they hadn't enjoy them. Community activities included trips to pubs for lunch, cafes for coffee, walks in the park, garden centres to feed reindeers and bingo in the church hall.

One activity co-ordinator said, "If people don't want to be involved [in group activities] then we will do one to one activities with them, for example, games, having a chat or reading to them."

During our inspection there was a singer entertaining people in the upstairs lounge. We observed people dancing and enjoying themselves with smiles and laughter. There was also a visiting hairdresser washing and cutting people's hair. Other activities available included cards, dominos, film days, knit and natter, baking, shopping and walking football.

We found the service aimed to transform the quality of life of people through fun, inclusive health and wellness programmes built around exercise and meaningful activities. Ashton Grange worked closely with the Foundation of Light, a local registered charity, to provide meaningful activities around health and wellbeing. The Foundation of Light visited the home and did walking football and exercises with people. Activities care plans and minutes of monthly meetings with activity co-ordinators told us people enjoyed the activities with the Foundation of Light and wished for them to continue. People with an interest in football

had also been to the local football club and got to go onto the football pitch at half time to score goals. The registered manager said, "They loved it, [Person] scored, it was great."

In the small lounge on the ground floor of the home there was a shop that sold drinks, sweets, snacks and toiletries to people living in Ashton Grange. People were able to use the shop from both floors and clear information was available in the admin office to inform staff if consent for people who lacked capacity had been granted by an appropriate person for them to spend money at the shop. The registered manager told us they thought the shop was another way to empower and encourage people to be independent. The home had considered this to be a good shopping activity for those who didn't like to leave the home often.

At Christmas time the activity coordinators organised a Christmas party in the local church hall located next to the home. They had food, entertainment and raffle prizes. Every person from the home attended as well as a large number of relatives and staff. The registered manager and staff told us about the Christmas party and how much everyone enjoyed it. On Christmas day people's spouses were invited to Ashton Grange to join their partners for Christmas lunch.

The registered manager told us they were beginning to plan the national care home open day which would take place in June 2016. The activity co-ordinators would be working with the people living in the service as well as relatives during monthly meetings to come up with ideas for what they wanted to do. The registered manager and staff told us about the open day that had taken place in June 2015 which included an ice cream van, a burger van, a singer, coffee morning, tombola and a visit from the local football club's mascots.

Throughout our inspection we observed a large number of relatives visiting people in the home and in some cases, taking them out to visit family or places of interest. We also noted a couple of spouses visited and stayed with their partners all day. The registered manager and staff told us that they come and spend quality time with the partners and join in the activities with them.

Records showed thorough pre-admission assessments were completed in relation to people's needs. For example, medicines, medical history, sleep pattern, skin assessment, dietary needs, personal care and wellbeing. Pre-admission assessments showed people's needs were identified and the impact on other people using the service was also assessed. This meant the service were able to put care plans in place that were reflective of peoples support needs as well as anticipate any potential issues and put in preventative measures.

People had a range of care plans in place to meet their needs including routine on waking, personal hygiene, continence, eating and drinking, mobilising, sleeping, medication and capacity as well as more specific care plans for things such as end of life and self harm. We reviewed people's care records and noted they were personalised, regularly reviewed and reflected the needs of the person. We saw personal preferences and choices included in care plans. For example, one person's personal hygiene care plan specifically stated they enjoyed a shower. Another person's nutrition care plan stated they liked a cup of tea with milk and two sugars.

From speaking with the registered manager and looking at records it was clear that the service was exploring new innovative ways to empower people to live their lives the way they choose and to continue with favourite past times. For example, dressing up in costumes and putting on a show. The impact on other people as well as the individual was always taken into consideration when planning peoples' care.

Staff we spoke with were able to tell us about people's individual needs and how best to support them. They

were also able to explain people's routines, preferences, likes and dislikes in relation to daily routines. For example, what time people tend to get up, how they like their tea and what their day usually entailed. This meant staff had a good level of knowledge about people.

The registered manager explained the current practice for transferring information with people when they are admitted to hospital was to provide a copy of people's admission forms. They identified that this process provided some information but was not as detailed or personalised as could be. The registered manager showed us a 'This is Me' form they had ordered from the Alzheimer's society. The forms prompted for information such as personal information, allergies, any conditions and mobility needs but also prompted for more personalised information including things that were important to the person, life history, likes, dislikes and preferences. There was a clear plan in place to have these forms completed for every person by the end of January 2016.

People told us they knew how to complain and felt comfortable approaching the registered manager and staff with any issues they had. One person said, "If I wasn't happy I would speak to the person involved first but if I didn't get satisfaction I would go to [Registered manager]." Another person said, "I'm not afraid to tell them off" when asked if they felt comfortable to complain.

The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. The complaints procedure was displayed on noticeboards around the home including the entrance foyer and was discussed with people and relatives during resident and relative meetings. People and relatives we spoke to told us they knew who to complain to and would feel comfortable complaining if they had any issues.

Staff told us people and their relatives knew how to complain and would be supported to make a complaint if they required it. One staff member said, "Relatives approach staff with any issues" which are then dealt with directly or passed onto the registered manager if necessary. They also said, "Residents can make complaints and have complained to [Registered manager] in the past. [Registered manager] sorts them". This meant staff were aware of things going on in the home, when people were not happy and what action was required by them.

A complaints file held a copy of the complaints policy and procedure, a log of all complaints received, findings and any action taken. Detailed investigations were held electronically and shared with head office. Outcomes of investigations were communicated to complainants and others concerned including staff during staff meetings.

Regular resident and relative meetings were held in the home and various topics were discussed regarding the premises and the service. For example, past and future activities, new staff and redecoration plans for the home. This meant that people and their relatives were involved in the future planning of the service.

Good

# Is the service well-led?

## Our findings

Staff told us they felt the service was well-led. They spoke highly of the registered manager and told us they felt comfortable raising any concerns with her or going to her for support. One staff member said, "I love it, I volunteer and help [Activities co-ordinator] to take people out," when they were not scheduled to work. Another staff member said, "The management is one of the best I've worked for" and another member of staff said, "I feel supported by [Registered manager], she's absolutely fantastic. She reassures you and gives you that little boost." We received similar feedback from people using the service and relatives we spoke to.

The home had a well-established registered manager who had been in post since March 2013. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC and kept copies of all notifications sent.

The registered manager operated an open door policy to encourage and empower staff to raise any issues or concerns. One staff member said, "[Registered manager] is great, you can come and speak to her anytime." During our inspection we observed this in practice as a number of staff entered the registered manager's office to ask for information or clarification as well as to obtain different files of paper records.

Throughout the inspection visits there was a management presence in the home with the registered manager and deputy manager readily available for staff, people who use the service, relatives and other professionals to speak to. The assistant operations director also visited during the inspection.

The provider had a robust quality assurance system in place that promoted best practice and identified improvement opportunities within the home that were then acted upon. The home based quality assurance system tool kit was named Cornerstone it provided a structured approach to quality audits and when they needed to be completed. Audits regularly carried out related to areas such as health and safety, falls, medicines, infection control, dignity in dining and care plans which were effective in identifying issues and required improvements. For example, a dignity in dining audit had recorded that there was no background music playing. This was fed back to staff to be mindful of creating a good atmosphere and ensuring that music is playing at a comfortable background volume.

Regular flash meetings, falls team meetings and quality governance meetings took place in the home. Flash meetings were daily briefing meetings attended by the registered manager, deputy manager, and the heads of departments such as activities, domestic, maintenance and administration. Discussions took place regarding the resident of the day, housekeeping, catering, any maintenance work being carried out that day, activities, care support and any clinical issues such as anyone with tissue damage or infections. Flash meetings were in place to prepare staff for their shift with the information they required.

Falls team meetings took place on a monthly basis and discussed a variety of topics around falls prevention including training, sensor mats and other assistive technology in use, bedrail checks and assessments and environmental factors, for example, lighting. Staff also discussed the total number of falls that month and details including times and locations to establish any patterns or trends and to explore any further measures

that could be put in place to prevent reoccurrences.

The registered manager completed two daily walk arounds around the home on a morning and afternoon. The morning walk around identified any issues in the home and actions required to resolve the matter this was communicated to staff. The afternoon walk around was to review whether action had been taken. This was then also communicated to staff and reasons were explored if something had not been completed as instructed.

The registered manager collated, analysed and acted upon information related to areas where trends had been identified. Areas included pressure ulcers, weight loss, hospital admissions and deaths. At the time of the inspection, there were no trends identified that required action.

As well as completing all other regular audits, the home completed a system called 'resident of the day'. On that day senior care staff carried out care file checks, had a monthly update meeting with the person and their relative if required and checked medicines to ensure they were correct, up to date and being administered appropriately. Domestic staff completed a deep clean of the person's room, unless they refused which records showed did happen on occasion. Activities co-ordinators met with the person and reviewed their activities programme, the maintenance person completed all maintenance checks in the person's room and the cook or assistant cook met with the person to discuss their choices and preferences in relation to meals, snacks and drinks. This meant the person was involved in planning every aspect of their care to ensure it was personalised to them, up to date and in line with peoples' changing needs, tastes and preferences.

The assistant operations director for the service also visited the home and completed a monthly audit which assessed the environment, staff files, care records, medicine administration and management audits. The registered manager had completed a self assessment form and sent this to senior management regarding the home's compliance and performance of the service against quality themes. The assistant operations director's audit was to assess the service performance against the self assessment and either mark each area as compliant or issue an action plan. An action point identified that one person's care file needed more detail in a couple of care plans to ensure if there were any new staff in future they would be aware of how to support the person effectively in all areas of need. This was acted upon quickly by the registered manager and the key worker updated the care plans in question. Action plans had agreed timescales and were followed up in the following audit.

Another part of the quality assurance policy was for the registered manager to complete an audit visit to another service under the registered provider and complete an audit in place of the assistant operations director. Registered managers could only do this if their service was graded at a green or blue level within the organisation's quality system with blue being the highest. Ashton Grange was graded at a green level. The registered manager told us they were able to share best practice with other services when carrying out audits and had the opportunity to adopt approaches used in other services.

One of the activity co-ordinators met with activity co-ordinators from other services on a monthly basis to discuss activities both within the homes and in the community. The meetings were used as a forum to share ideas of activities that had worked well and had a positive impact on people. They were also used to plan events and trips to each other's services for things such as coffee mornings. We saw ideas that had been discussed were then brought back to the home and suggested to people during monthly resident meetings for their views and decisions whether to introduce new activities.

The registered manager attended meetings every one to two months with other home managers under the

registered provider. These meetings were used as another mechanism for sharing good practice methods and information. Discussions that took place included the mystery shop exercise, marketing plans, train for trainers and alerts raised via the electronic system.

During our inspection we noted there were feedback forms for relatives and visiting professionals. The forms were available in the main reception for relatives and professionals to complete at any time. There was also a 'Have Your Say' tablet system on the wall in the main entrance area with a questionnaire for people, relatives and professionals to complete at any time. This meant the views of people, family members and professionals visiting the service were actively encouraged by the home. This information was accessible to the registered manager at any point as well as regional management and head office. The registered manager told us that they reviewed this information every couple of months to analyse and identify any trends and areas for improvement as well as areas of praise that could be fed back in staff meetings. The registered manager told us, "If [any issues were] reported an email would be sent from head office to notify me and ask me to investigate. The operations director or assistant operations director would then be in contact to discuss what was happening and request updates from me."

From July 2015 to the date of inspection, the home had received 27 feedback forms from visitors of people using the service and professionals, using the electronic feedback system. All feedback was positive in relation to the welcome, care home facilities and environment, mealtimes, activities, kindness of staff towards people and happiness of people using the service.

Other feedback received in paper format was collated by the registered manager and displayed on the main noticeboard in the home. These were also positive about the service.

During our inspection a letter was received by the home from a family member of a person who had lived in the home before recently passing away. The family member praised the service and staff and stated '[Relative's] dignity was always maintained; we saw [Relative] flourish and regain capacity and happiness. [Relative] gained weight and an interest for life'. The family member listed their relative's passions and hobbies such as supporting the local football team and dancing, and how the home ensured they continued to enjoy these. The letter also stated any issues raised or questions family members had were answered and dealt with.

There was also a monthly newsletter which highlighted forthcoming events and gave information about local events as well as updates and articles from the organisation.

The registered manager completed regular unannounced evening and night visits to ensure the security of the building and of peoples' needs being appropriately met. The registered manager also carried out management surgeries whereby they stayed late certain evenings and would book appointments for relatives to meet with them if they are unable to meet or speak to the registered manager during week days. Notices were displayed in the main entrance to raise awareness with relatives about these arrangements. This meant all relatives had the opportunity to speak with the registered manager face to face.

Staff told us they had regular meetings where they discuss various topics such as any issues in the home and any planned developments. Staff told us they were able raise any issues and share ideas during staff meetings. The meetings were also used to provide updates in relation to new people coming into the home, accidents that had occurred including any lessons learnt and praise for successes.

Staff meetings took place on a monthly basis were advertised on noticeboards and alternated between morning and afternoon meetings to suit all staff. Minutes of staff meetings were stored in a file, were

accessible to staff and included actions or decisions agreed. Additional meetings took place when required. One staff member said, "If [Registered manager] is not happy with something she'll let us know and there'll be a meeting."

The home had a system in place for the daily handover of information. Detailed written handovers were completed twice per day to correspond with the end of each day and night shift. Handovers included information relating to staff on duty, appointed first aid person, appointed fire person and medicines keys handover. They also included information relating to each person's day, their mood, visitors, incidents, appointments and social outings.