

Mrs Manny Wragg

Ashlands Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 16 November 2016.

We carried out a comprehensive inspection of this service on 21 April 2016 and two breaches of legal requirements were found. These included; insufficient systems in place to maintain cleanliness and hygiene at the service and quality assurance systems in place to monitor quality and safety had not been completed consistently. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this inspection to check that they had followed their action plan and to confirm that they now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashlands Care Home on our website at www.cqc.org.uk.

Ashlands Care Home provides accommodation and personal care for up to 30 older people including people living with dementia. At the time of our inspection there were 21 people living at the service.

During our last inspection there was no registered manager in place. However, a registered manager had been recently recruited and was in post during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff were aware of the safeguarding adult procedures to protect people from avoidable harm and had received appropriate training. Risks to people's health were known by staff but these were not always documented or reviewed regularly. Therefore risks were not always managed safely.

Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly. However, medicines given as and when required did not have the appropriate guidance or protocols that staff needed to follow. The internal and external environment was monitored and improvements had been identified and planned for.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support. There were not always sufficient experienced, skilled and trained staff available to meet people's needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for, but their weight was not regularly recorded where needed. People received a choice of meals. People's healthcare needs had been assessed and were regularly monitored.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Best interest decision were not always

recorded.

Staff were kind, caring and respectful towards the people they supported. Staff were task centred in their support. The registered manager confirmed they were looking at changing records so that support is offered in a more person centred way. The provider asked relatives and visiting professionals to share their experience about the service provided. Communication between relatives and external professionals had improved since our last inspection.

People or relatives were not always involved as fully as possible in their care and support. There was a complaints policy and procedure available. Information was available to inform people of independent advocacy services. There were no restrictions on people visiting the service.

Some people were supported to participate in activities of their interest, but these were not always run consistently. An activities coordinator had been recently recruited who was looking at improving this area of support. Staff did not always support people with their goals and aspirations that promoted independence.

The provider had improved in monitoring the quality and safety of the service. However, audits were not always reviewed regularly. The recently appointed registered manager had begun to implement daily, weekly and monthly quality audits. These needed to be sustained over a period of time to confirm their effectiveness.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Staff had received safeguarding training.

People received their medicines as prescribed and were managed safely. However, medicines given as and when required did not have the appropriate guidance or protocols that staff needed to follow.

Risks to people and the environment had not always been regularly assessed and planned for.

Staffing levels were not always sufficient to meet people's needs. The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service.

The provider had implemented systems that had improved the cleanliness and hygiene at the service.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received an induction and on-going training that was relevant to people's needs. Staff received appropriate and regular opportunities to review their work, training and development needs.

People's rights were protected under the Mental Capacity Act (MCA) 2005, but assessments were variable and not all had a best interest decisions recorded in them.

The provider ensured people maintained a healthy and nutritious diet. Monitoring of people's food and fluid was not always effectively managed.

People were supported to access external healthcare professionals when needed.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff were given the information they needed to understand and support the people who used the service.

The provider had ensured people had helpful and important information available to them such as independent advocacy and support services.

Staff asked people about their preferences and respected people's choices. There were no restrictions on friends and relatives visiting people.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care and support were not always personalised to their needs, preferences and routines. Staff did not always support people to pursue their hobbies, interests, goals and aspirations.

People and their relatives were not always supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

A complaints policy and procedure was in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

A registered manager had been recently appointed who had made improvements at the service since our last inspection, but this needed to be sustained.

The provider had recently improved their systems and processes that monitored the quality and safety of the service. However, this needed to be sustained.

People, relatives and staff were given opportunities to contribute to decisions to improve and develop the service.

The provider was aware of their regulatory responsibilities.

Ashlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2016 and was unannounced.

Before the inspection we reviewed information we held about the service including the last inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided by the service. Prior to the inspection we received some information of concern about the care provided to people and we used this information to assist our planning.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we spoke with five people who used the service. We also spoke with three relatives who were visiting. Some of the people who used the service had difficulty communicating with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider, the registered manager, a cook, a domestic, two senior care staff and two care staff. We looked at all or parts of the care records of five people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted two relatives for their feedback about the care and support their family

member received.

Is the service safe?

Our findings

During our previous inspection In April 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns about how people were protected from the risk of infection due to insufficient systems in place to maintain cleanliness and hygiene in the home. The provider sent us an action of plan describing the actions they were going to take to address the concerns.

However, prior to this inspection further concerns had been raised about cleanliness and hygiene. The local clinical commissioning group were contacted and they visited the service in September 2016 and completed an infection control audit. The audit highlighted areas that still required improvement. The provider had submitted an action plan to show how they were going to improve.

At this inspection we found that improvements had been made. Cleaning records were up to date and an additional domestic cleaner had also been recruited. Deep cleaning was taking place in all areas of the home. We checked the furniture and equipment in communal areas which confirmed this. Bathrooms were checked and hot water was an appropriate temperature, liquid soap, paper towels and hand hygiene posters were present. In bedrooms furniture had been pulled away and cleaned appropriately. A staff member told us, "If someone has an accident then staff come and tell us [domestic staff] straight away." They went on to say, "Before [our last inspection] staff were not telling us in time and things were left, now spills and accidents are cleaned up straight away."

People felt safe at the service. A relative said, "In my opinion my [relative] is well looked after; safe and secure and I can sleep at nights knowing this. When I visit, I go in [relative's] room and [their room] is always clean and tidy, bed changed often, usually clean clothes in drawers and wardrobes." Another relative we spoke with said they felt their loved one was safe. "Yes I do think she is safe." A third relative told us they had concern some time ago about their relations safety, but now they feel they are fine.

Staff demonstrated they were aware of the signs of abuse and what their role and responsibility was in protecting people from avoidable harm. This included recording and reporting any concerns to the senior on shift or registered manager. A staff member confirmed, "If I had any concerns in addition to going to the manager, I know I can contact the safeguarding team and CQC."

The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from avoidable harm. However, this needed updating to reflect the recent additions of the types of harm people can experience. Information was available to staff about the local multi-agency safeguarding procedure for reporting safeguarding concerns. Staff had attended safeguarding adults training and records we saw confirmed this.

We were aware of the action taken by the registered manager in response to concerns, allegations and potential safeguarding risks. This included informing external agencies and CQC, and working with the relevant organisations responsible for investigating safeguarding allegations. Whilst we were aware of the

high number of safeguarding incidents reported and acted upon in the last 12 months, these were now being managed well with the involvement of health and social care professionals.

One person was supported by two staff to use a rotunda. A rotunda is used to safely assist people from a seated position, on a bed, sofa or wheelchair into a standing position, and to another seated position. Staff used clear communication and explanation, providing reassurance throughout the move. Good assisting and enabling techniques were observed. We observed another person being assisted by two members of staff safely and appropriately.

Risk assessments had been completed and risk plans developed to advise staff of the required action to manage these risks. For example, we saw a catheter risk plan for one person and a diabetes risk plan for another person. These provided details and information and gave staff clear instruction of the risks and action required if concerns were identified. Staff were knowledgeable about people's needs and were able to confidently tell us about catheter care, diabetes, pressure care management and the possible causes and systems of infections.

However, a person had risks associated to their skin and required a pressure relieving bed mattress and cushion that they should use at all times. We found this person sitting in the lounge without their pressure cushion. A staff member showed us the person's mattress, but could not advise if the setting for the pressure mattress was correct or not. This staff member told us the registered manager set the pressure by calculating people's weight. However, this information was not recorded to enable staff to check that the mattress was continually set at the correct setting to avoid damage to people's skin. This meant that there was a risk that staff may assist people to bed with the mattress being on the wrong setting.

Some risk assessments were not always completed correctly and had not been reviewed regularly. The registered manager was aware of this and was in the process of updating these with their team. The registered manager told us and staff confirmed that new daily recording charts to record people's needs such as re-positioning had been introduced. At our previous inspection the kitchen door was left open and posed a risk to people. During this inspection we found that this risk had been assessed and the kitchen door was kept locked. We concluded that some improvements had been made since our last inspection with people's care records and documentation. However, further improvements were required to show sustainability.

At our last inspection Personal Emergency Evacuation Plans (PEEP's) were not present. PEEPs contain information that support staff and emergency services in knowing what support a person will need to be safely evacuated from their home. At this inspection we found that PEEP's were now in place for responding to emergencies and untoward events. This meant the service was able to support people safely in the event of an emergency.

Accidents and incidents were recorded and body maps used to record any injuries. The registered manager reviewed these records to check staff had responded appropriately. They also looked for any patterns or trends to reduce further risks. Where some people were at risk of falls assistive technology, such as, sensor mats were used to alert staff if a person was mobile in their room.

The internal areas and external grounds of the building were maintained to ensure people were safe. For example, fire and legionella risk assessments were in place and in date. One staff member said, "We have regular fire drills. Equipment is serviced and we check it every shift to make sure it's ok." Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. The internal and external environment was clean

and tidy and well maintained.

Prior to our inspection some concerns had been raised about staffing levels. We found agency staff were now being used when required. A staff member said, "Staffing levels are okay when we're fully staffed but hard when staff call in sick giving short notice." And another said, "Staffing is better than it used to be. At least we can use agency staff if needed, which we couldn't before." At the time of inspection there were sufficient staff deployed appropriately to meet people's individual needs and keep them safe.

Staff were skilled and experienced. We found staff were competent and knowledgeable about people's individual needs. Staff were also observed to be well organised and communicated effectively with each other.

We saw safe staff recruitment practices were in place such as checking people's identity, criminal records and employment history. We identified that when a staff member had a previous conviction on their criminal record check, the registered manager had not completed a risk assessment to consider whether with this they were suitable for the role. The registered manager said this was because they did not deem it necessary. However, they agreed they should have recorded in the staff file that the risk assessment had been considered but was not required in this instance.

People received their medicines as prescribed. We checked five Medicine Administration Records (MAR) and these all had the name of the person who the medicine was prescribed for, the name of the medicine, dosage, frequency and preferred method of taking medicines. We saw one person's record that had not been updated; a person now took their medicines without water, but their MAR sheet stated they did. We spoke with a member of staff who confirmed they would correct this immediately. The MAR sheets had all been signed appropriately. We observed a staff member administer medicines to people, they did this competently and followed the providers medicine policy and procedure.

Protocols were not in place for medicines which had been prescribed to be given only as required (PRN). Protocols would provide information for staff on the reasons PRN medicines should be administered. The registered manager agreed to do this immediately. We received evidence after our inspection that confirmed this was now in place.

Staff medicines training and competency checks were completed yearly and records we checked confirmed this. Our checks on the ordering, management and storage of medicines including the medicine policy reflected current professional guidance.

Is the service effective?

Our findings

We asked a relative if they felt staff knew how to support their relative. They replied, "Yes, very well." Another relative said, "Yes - I have been involved recently with it [care plan]." However, a third relative said: "I think the calibre of staff could be improved and they [the service] need more money, and staff."

New staff received an induction and were required to complete work books within 12 weeks. One staff member said, "I had a good induction and the training is good too." The Care Certificate had not been introduced but the registered manager told us that they were booked on training and then would introduce the Care Certificate to new staff. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff confirmed they had completed or were working towards diploma qualifications in health and social care. New staff had a 6 month probationary period and during this time had a named staff mentor to support them and had meetings to review their work. Records confirmed what we were told.

Staff were positive about the training opportunities they received. Another staff member told us, "I've done my level 3 NVQ. We can put forward any training we would like to do and the manager arranges it." Staff said that they received training provided by an external training provider in a range of areas. This included, first aid, dementia awareness safeguarding, MCA and DoLS and moving and handling. Training certificates and the staff training matrix confirmed staff received appropriate training opportunities.

Staff were positive about the support they received from the management team and said they received regular opportunities to review their work, training and development needs. One staff member told us, "We have regular one to one meetings with the manager. They are beneficial, we talk about loads of things, and they are really good." We saw records that confirmed staff received regular supervision and appraisal meetings to discuss their work as described to us.

Another staff member said, "The staff team work well together and have good communication. [Name of a senior member of staff] is very knowledgeable, really good,"

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 are called the Deprivation of Liberty Safeguards (DoLS). DoLS evidence showed these had been made where required.

Staff had improved their understanding of the MCA since our last inspection. They said that they had

received training and knew what action to take if they had concerns about a person's ability to consent.

MCA assessments and best interest decisions had been made where appropriate. However, the quality of these were variable. Not all MCA assessments that showed a person lacked mental capacity to consent to a specific decision had a best interest decision recorded.

Some people were living with dementia and had periods of high anxiety that affected their behaviour at times. Whilst a behavioural care plan was in place for some people, information did not sufficiently inform staff of triggers or coping strategies. This could mean staff were not always aware of how best to support people when they experienced periods of high anxiety. The registered manager confirmed these would be reviewed and updated.

A relative told us, "The food is good - yes [relative] gets a choice; [relative] will not remember making the choice though. They eat with the other residents." We saw a four week menu was in place that provided people with a balanced diet based on their nutritional needs and preferences. During lunchtime 14 people were sat in the dining room. Three staff provided support and another staff member served the meals. Staff offered people a choice of two different flavoured drinks; this was done by showing people what the choices were. Six people were in wheelchairs of which two were seen to be sitting on slings. We spoke with the registered manager about this who said that the slings should have been removed and that they would speak to staff. If people remain seated in a sling there could be a risk of developing pressure sores. From people's care files it was unclear if people had a choice of sitting in their wheelchair or dining chair.

It was noted that a second choice of main meal was not available but the registered manager gave an explanation for this and the menu usually showed a second choice was offered. We confirmed this by checking previous menus. Staff were seen to ask people if they were enjoying their meal. "Are you enjoying your meal, is it nice?" Staff were seen to wear protective aprons. Some people required assistance to eat their meal. Staff provided good support, they sat next to the person and gave an explanation of what they were eating, were warm and friendly, providing encouragement and reassurance. On the whole staff noticed when other people required assistance and responded well at these times. However, we found one person struggling to eat independently and required assistance to have their food cut up. An inspector had to request this support.

We saw plate guards were used by some people, but not by others who may have benefited from using them. This meant people were not always supported appropriately. We saw some fresh fruit on the bottom of the lunch trolley, but this was not visible to people. We did not hear staff offer or shown people the fruit, so that they could make a choice to have some.

The lunchtime experience was seen to be calm; staff were unhurried, patient and caring. The lunchtime experience had improved since our last inspection. We observed most people were regularly given choices of hot and cold drinks. However, on one occasion we observed soft drinks were put out in one corner of the lounge on a side table. We could not be sure all people were able to access these drinks which meant some people who could not mobilise independently were not able to access the drinks and were not asked if they would like a drink.

We found some confusion with the frequency some people were weighed. Care records did not always match weight charts. Where people's weight had fluctuated, it was not clear from viewing records what action was taken. Some people required their food and fluid intake to be recorded to enable staff to monitor what people were taking. These were not always recorded consistently which could impact on people's health and wellbeing. The registered manager agreed they would record and review what actions were

taken. These would be monitored regularly, as part of the quality audit process.

People were appropriately supported to maintain their health and access health services. Records confirmed the involvement of various health and social care professionals in people's care as described to us. Relatives we spoke with also confirmed this was taking place.

Is the service caring?

Our findings

People were supported to have positive relationships with staff. One relative told us, "I think the staff are very caring they know my [relative] well. They are very kind; my [relative] loves them." The staff appeared generally focused on the tasks in hand throughout the day, but generally were kind and caring towards people. A member of staff said, "We all do our very best to provide good care. I go home knowing I've done the best I can to make people happy."

A staff member was seen to have a positive and caring interaction with a person. The conversation was about how the person was poorly the day before and required the GP to visit. Medication was prescribed. The senior was seen to use good communication; they knelt down in front of the person to gain eye contact. They stroked the person's hand in a warm and caring manner and asked how they were feeling and said it was nice to see them up and looking better. The staff member went on to offer the person toast which they accepted and had a conversation about the person recently having fruit bread which the senior had bought in for them.

People were seen to be relaxed within the company of staff, and appropriate exchange of light hearted friendly conversations were observed throughout our inspection. We observed staff had good interaction and communication skills. We observed many interactions between staff and people that were positive and supportive. However, we observed some poor practice from an agency worker when a person required assistance. This was immediately shared with the registered manager who took appropriate action and spoke with the worker and said they would share this back to the agency.

Our observations found that the atmosphere was relaxed and calm; staff were attentive to people's needs and responded quickly and appropriately if people became anxious. A member of staff was seen to have a positive interaction as they walked past a person. They stopped, asked the person if they were alright and gently stroked the person's face as they talked.

We saw another person was sat in the dining room. A staff member approached them; they were friendly, warm and caring, asking the person if they were okay. A short exchange of information was interrupted by the phone. Before the staff member went to answer it they explained what they were doing instead of just leaving the person.

One staff member brought tea and biscuits for the residents and was extremely energetic and engaging with them. This showed us they had a good rapport with people and them with her. The staff member was familiar with people's preferences and was heard asking people what drinks and biscuits they would like.

Staff showed a good awareness of people's needs and wishes but this was not routinely recorded. New staff had recently started at the service, which meant that staff less familiar with people's needs were reliant on information being accurately recorded and detailed. Therefore there was a risk people's need may not be fully met as all information was not routinely recorded. The registered manager told us this would improve with regular care plan audits that are being introduced. We saw throughout the day that staff knew and

understood people well.

We saw people had access to information about independent advocacy services, but this was only available in the reception area. The registered manager said that they would look at ways of ensuring this information was more accessible to people. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Visitors and relatives told us that they felt people were treated with dignity and respect. Staff showed a good understanding of how to protect people's privacy and dignity and gave examples of how they did this when providing personal care. People within the home looked clean and well presented. Staff we spoke with understood how to promote people's independence and knew their preferences.

A relative told us there were no restrictions on them visiting their family member and we observed people were able to visit freely during our inspection.

Is the service responsive?

Our findings

A relative said, "I have no criticism regarding my relatives care. There have been issues regarding the laundry – I don't like seeing my relative in others' clothing." We discussed the issue of laundry in more detail with the relative who advised us that this had now been resolved. They went on to say, "I think they could do a bit more regarding previous hobbies people used to have and meeting their religious needs."

There was a notice board in the corridor that displayed a weekly Activities Schedule. On the day of our inspection activities listed were 'Scrap Book', 'Collage' and 'Name the Song Ball' game." These activities did not take place and a relative said, "It's there just for show, but in reality does not happen." When we spoke with relatives about this schedule we were informed that this was out of date and belonged to the previous activities co-ordinator who had left some months ago. There had been an activities coordinator recently appointed, but due to staff sickness they were supporting as a care worker at the time of our inspection.

There had been a firework display for bonfire night and there had been pumpkins for Halloween. A resident said: "Oh a couple of the staff dressed up as witches, they are such good fun. They [staff] go to great lengths to make us smile you know." We saw evidence of this by way of a photograph display on the wall.

During the morning we saw a game of snakes and ladders taking place in the main sitting room, six people were taking part. There was also music from the 70's playing which at first did not receive any response from people. However, when the CD was changed by a different member of staff many of the people started singing and moving along with the music and became quite energised. People were smiling and there was quite a change in their expressions when this war time music was playing.

We spoke with the activity coordinator. They told us they provided activities on three days of the week. This included, one to one time with people, arts and crafts – we saw examples of pictures and paintings on the walls people had completed. They said they organised day trips and celebrations. The activity coordinator told us that they had just started to support people to complete life story books. They said that this would enable staff to spend time with people to reminisce about their pastimes. However records reviewed did not always document these activities. The registered manager told us the new reviewing system of people's files will be completed by them and the team leader. Any action points will be highlighted to staff at staff meetings and supervisions.

At our last inspection we were told people's care records were in the process of being transferred to new documentation. However, since then there has been a change of registered manager. Care records were variable in quality and consistency. Old records were still being used in places which were confusing and not easy to use.

There was limited evidence throughout the support plans we looked at that the support given to people was person-centred and responsive. People's needs and preferences were not consistently recorded in documents reviewed. We also noted that support plans were very task centred and this was discussed with the registered manager who explained files were being reviewed to reflect more person centre care.

A staff member said, "Care plans are being developed, they're better than they use to be. New documentation has been introduced. We have to record everything, if not we get called into the office and spoken with by the manager."

The registered manager showed us an example of one person's care file that had been written in the new format and plans were in place to review all care records to raise the standard of the quality of information recorded. We reviewed this file and improvements had been made to show better person centre care planning, although the file reviewed had not been fully updated. For example, documents used to support staff included, 'what people like and admire about me', 'what's important to me', 'how best to support me'. However, information about people's routines, preferences and history was limited.

A person told us they liked this particular staff member to shower them and always asks her when they see her on duty. Whilst sitting in the lounge this person shouted across to the member of staff, "Can I have a shower this evening please – cos I like you to give me a shower... And I don't like it too late do I?" The staff member replied, "Yes; of course I can, I will ask my colleague to help me and no – we won't be late."

We found a newsletter was used as an additional method to share information. We saw copies of newsletters dated July and October 2016. Information included staff changes and activities. People confirmed that a cheese and wine evening was provided in October 2016 and fireworks in November 2016. External entertainers visited the service, this included motivation classes where people were encouraged to do exercise to music. Staff told us Holy Communion was provided by external visitors that visited the service every three weeks. This showed us that activities were taking place.

In the small lounge we observed a staff member walked past a person who was slumped to one side in the chair. They asked another member of staff to assist them to make the person comfortable with the use of a cushion. Due to the way the staff member approached the person, the person responded negatively and became anxious and agitated. We told the registered manager about this who then spoke to the staff member to deal with matter immediately.

Relatives confirmed they were able to attend 'Family Meetings' which they found helpful. They were informed of these through the newsletter and information was kept in the reception area. These would take place monthly and the registered manager, team leader, activities co-ordinator and a cook would be present at this meeting. Records showed that meetings were used to discuss and inform people about changes affecting the service such as staffing, menu choices and activities.

Most people living at Ashlands Care Home were living with dementia. Improvements still needed to be made to support people with orientation around the home. Some people had photographs on bedrooms doors others did not. We did not see any memory boxes outside people's rooms. Memory boxes can remind people about what they love or what makes them feel good about themselves with keepsakes emphasising an overall theme, person/s, holiday, or an event that lifts the person's spirit.

The provider had a complaints policy and procedure. Since our last inspection there were three recorded complaints. The registered manager had responded to these in a timely manner and in accordance to the required timescales as stated in the complaint procedure. Due to some complaints and concerns raised we saw the registered manager had taken action to make improvements to the service. For example, some concerns were related to the availability of staff to spend time with people. The registered manager told us and staff confirmed, that they had decided to introduce an additional shift to provide extra staff at a particular time of the day.

Whilst the complaints policy and procedure was on display in the reception area, this was not easily accessible to people. Nor was it presented in an appropriate format for people with communication needs. The registered manager told us that they were aware of this and that they would ensure people had better access to the complaints procedure.

Staff told us that they would try to resolve any minor concerns or complaints if they could, but were clear they would report everything to the registered manager who they felt confident would respond appropriately.

Is the service well-led?

Our findings

During our previous inspection In April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not effectively manage against risks relating to the health, safety and welfare of people who use the service. People's care records were not accurate and complete in respect of each person's care and treatment. The provider sent us an action of plan describing the actions they were going to take to address the concerns.

Leadership at this inspection had improved since the appointment in July 2016 of the registered manager. A range of audits were in place to check on quality and safety. Areas included health and safety of the premises and equipment, the environment and infection control. The registered manager told us that they were in the process of reviewing the audits in place and making some changes to the frequency these were completed. The registered manager told us that action plans were developed to continually develop the service. There were noticeable improvements in infection control and cleanliness in the home. Some examples of other audits viewed covered care plan reviews, end of life care plans, MAR reviews and health and safety. However, these were not always up to date and recording was not always consistent. The provider needed to sustain and evidence the quality audit processes if wanting to offer a good well led service.

A relative said: "If there's anything I need to say I go straight to the office and it's dealt with. I email them and they email me back so I have to say they do keep in touch." Another relative told us, "I think they have all been more careful of late [after our last inspection]."

Staff told us the recently appointed registered manager has had a positive impact on the service. One staff member said, "The manager really cares for the residents and staff. They listen to us and have made big improvements since they have been here." Another said, "The manager is really supportive and approachable, [registered manager] gets things sorted and works really hard."

A staff member said, "The manager has worked really hard since they've been here. I can't fault them. They are very supportive. Things have much improved; the cleanliness, staff are happier and communication is much better." Another staff member said, "I really enjoy my job and have no issues or concerns."

Staff were aware of the whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff said they would not hesitate to use this policy if required.

During the visit we found the registered manager gave clear answers to questions and produced evidence when needed. Where evidence could not be provided clear action was taken to tell us how and when they would do this. The registered manager was passionate about improving the service. Their knowledge and clarity combined with a caring approach was reflected in the way people and staff spoke about the positive impact they had had since joining the service. However, this effort needs to be sustained by both the provider and registered manager.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

We saw records of senior staff meetings and staff meetings for all staff. These were monthly and records showed that the registered manager used meetings to discuss areas and actions required to improve the service. For example, records showed that discussions had been had with staff about improving record keeping, activities and the introduction of an additional shift and staff training.

A daily shift report had been introduced by the registered manager that senior care staff completed. This informed the registered manager of any accident, incident including all aspects of the service provided. The registered manager reviewed this daily and took immediate action where required and developed action plans for areas that required improvement. In addition the provider had recently recruited an administrator to support the registered manager in their role.

The provider and registered manager told us that they had been supporting the team leader to review people's care records as a priority. This was an area that required improvement at our last inspection. There had been improvements observed at this inspection but the provider and registered manager still needed to establish robust and sustained systems that could support the service with this.

We were told by the provider that they visited the service weekly. Two provider visit reports reviewed recorded areas of discussion between the registered manager and provider and the required action to further develop the service. This is an improvement from our last inspection. However, the provider needs to sustain this support to the registered manager and service to make further improvements.

The registered manager told us and records confirmed that questionnaires had been given to relatives at a family meeting a week before our inspection. Copies of the questionnaire were also available in the reception area. The registered manager said that the activity coordinator had plans in place to support people who use the service to participate in the survey.

The registered manager also said that at present, resident meetings were not taking place but they had plans to introduce these. Visiting professionals were also given questionnaires to complete. The registered manager said that they planned to review the returned questionnaires and would develop an action plan for areas identified by people that required improvements and that this would be shared with people.

We saw completed questionnaires received from relatives and other relatives confirmed the service actively sought their feedback on the quality of the care it provided. There was evidence displayed on the wall [of these meetings] in the entrance area to the service. A relative said, "I am able to raise concerns if necessary. I do believe my opinions are welcome." They then went on to say, "Yes I go to all meetings if I can and I do feel my opinions matter."