

Mr & Mrs K Trowbridge

Ashgrove House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

We carried out this inspection over three days on the 19, 21 and 26 January 2016. The first day of the inspection was unannounced. During our last inspection to the service in October 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at.

Ashgrove House is registered to provide accommodation for up to 34 people who require nursing and personal care. On the day of the inspection, there were 33 people living at the home. The provider was in the process of increasing the number of people to 35. They had submitted an application to us, which was in the process of being assessed.

Summary of findings

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

People and their relatives were extremely satisfied with the service they received. There were many positive comments about staff and the management team, as well as the overall care provided.

There was a strong person centred ethos, which was embedded throughout the home. This was to always treat people with dignity, as you would want to be treated and to remember the "Ashgrove smile". The ethos of the home was intended to make people feel valued, supported and included, with an aim to enhance overall wellbeing. There were a high number of staff on duty at all times, to support people effectively. The staffing levels enabled people to receive focused, uninterrupted care in a relaxed and unhurried manner.

Staff consistently showed a caring, attentive and respectful manner. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. Interactions promoted wellbeing and showed staff knew people well. People were supported to undertake meaningful activity, which reflected their interests. There was involvement with the community by attending events and local groups, visiting the home. People were able to undertake household chores such as making their bed or laying the tables for meals.

There was an 'all inclusive' cost to living at the home. The cost included services such as chiropody, physiotherapy, aromatherapy, hairdressing and transport, with an escort to all medical appointments. People were able to use the therapies to assist with relaxation and the management of health care conditions. People were supported to achieve aspirations such as increased independence.

People's medicines were managed in a safe and ordered manner. People received good support to meet their health care needs. This included a GP who often visited daily and 'at a drop of a hat'. There were many compliments about the care given to people at the end of their life. People's dying wishes were discussed at an early stage to ensure everything was in place when required. People had comprehensive, well written care plans to inform staff of their needs, preferences and any support required. Any wounds or specific health care issues were well managed with clear treatment plans in place.

People were offered a range of food and drink based on their preferences. There was no actual allocated food budget with staff saying people could usually have what they wanted. People had a varied selection of foods and drinks. There were accessible cabinets, filled with cakes and desserts so people and their relatives could help themselves to what they wanted, throughout the day.

There was a strong emphasis on personalised care and the further development. A comprehensive range of audits were used to monitor all aspects of the service. A "secret shopper" was used to experience the home, to get to the heart of how the service felt. The registered manager met with people and their relatives on a regular basis to ensure they were happy with the service received. Feedback from meetings and surveys, formed part of the home's service development plan.

Staff received regular training in relation to their role and the people they supported. The training was generally undertaken by specialist trainers or health care professionals. Systems were in place to enable staff to develop and progress. All staff had an allocated area of expertise or interest, in which they received ongoing training. They cascaded their knowledge to the rest of the team through in house training sessions. Staff told us they felt valued, very well supported and were fully committed to the home and its ethos.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staffing levels were good and enabled people to be well supported in a person centred manner.

Medicines were managed safely by trained staff.

Staff had received training to recognise abuse and knew what action to take to keep people safe.

Safe recruitment practices enabled people to be supported by appropriate staff of good character.

Good



Is the service effective?

This service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

Staff understood the requirements of the Mental Capacity Act 2005. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People were supported to have sufficient to eat and drink. People had good variety and a range of additional snacks, as required.

People received good support to meet their healthcare needs.

Good



Is the service caring?

This service was caring.

People were supported by caring, respectful, compassionate staff.

Staff had strong values and promoted people's rights. Staff were concerned about people's welfare and worked hard to enable a sense of wellbeing.

People and their relatives were extremely satisfied with the staff, their qualities and the overall care provided.

Outstanding



Is the service responsive?

This service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People were supported to follow their preferred routines, join in with meaningful activity and be a part of the local community.

Outstanding



Summary of findings

Is the service well-led?

This service was well led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A clear ethos, which promoted wellbeing, was clearly embedded throughout the home.

A comprehensive range of audits monitored the quality of service provision.

People were encouraged to give their views about the service. There was a strong commitment to deliver a high standard of personalised care and continued improvement.

Outstanding



Ashgrove House Nursing 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 checked 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 was unannounced on 19 January and continued on 21 and 29 January 2016. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

In order to gain people's views about the quality of the care and support being provided, we spoke with eight people,

seven relatives and two health/social care professionals. We spoke with 10 staff, the registered manager and the provider. We spoke to a further relative on the telephone after the inspection. We looked at people's care records and documentation in relation to the management of the care home. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received on time and fully completed.

Is the service safe?

Our findings

The registered manager told us whilst they needed to maintain people's safety, they did not want to be risk adverse. They said they aimed to promote people's independence, as far as possible. This included enabling one person to manage their own medicines. They said risk assessments were in place, which involved monitoring the ordering of the medicines. This ensured the person was safely managing their medicines, as prescribed. There were a range of assessments which identified potential risks and how they were being managed. These included the risk of falling, pressure ulceration and malnutrition. Risks assessments, which related to the use of equipment and activity, were in place. All were up to date and regularly reviewed.

The registered manager regularly analysed any accidents, incidents or "near miss" situations to identify any trends and to prevent a reoccurrence. They had identified an increased number of incidents between people over recent weeks. The registered manager told us whilst they were concerned about the increased number, they said transparency and the wish to appropriately report any issues, sometimes portrayed a 'skewed' picture. The registered manager told us some incidents involved a person raising their voice at others without harm. They said investigations showed that some challenges were due to people being unwell. Others were potentially due to being in greater proximity, with more noise over the Christmas period. The registered manager told us the number of incidents had reduced although would be kept under review. Staff had received training in how to keep people safe and were aware of their responsibility to identify and report any suspicion of abuse.

People told us they felt safe at the home. One person told us this was because there were always staff available to help them. Another person told us "I feel safe as everyone is so kind and friendly". Relatives did not have any concerns about their family member's safety. When asked if their family members were safe, two relatives told us "absolutely". Another relative said "I can go home and not worry at all. They are in safe hands". A further relative told us "it's the first time I've actually had a holiday and not felt the need to come back home and check on them. It's made such a difference, I can't tell you. I can rest now and know they're fine".

The registered manager told us there were more than enough staff on duty to meet people's needs effectively. They said due to the new extension and the additional number of people in the home, staffing levels had been increased by one, on each shift. This meant, during the morning, there was a minimum of two registered nurses and ten care staff on duty for 34 people. This reduced by three care staff in the afternoon and evening. At night there were three care staff and two registered nurses, as a minimum. In addition, there were four housekeeping staff, a cook, kitchen assistant, two activity organisers, therapists and two maintenance persons, on duty each day. The registered manager and deputy manager worked full time and there were two registered nurses, who were supernumerary. The registered manager told us staffing was at the heart of the home. They said it enabled the home's ethos and a high standard of care to be achieved, as staff were not rushing from one person to another. The registered manager told us whilst staffing levels were generous, further additional staff were deployed when needed. This included additional staff to support people with hospital appointments, social activities, the GP's round or end of life care.

At all times during the inspection, staffing levels meant people were well supported. Staff immediately responded to call bells and spent time talking to people. On one day, over the lunch time period there were six registered nurses on duty. Staff told us this was because of the crossover of shifts and an additional nurse had been deployed to accompany the GP on their round. Staff told us there was always an overlap of shifts to ensure information about people was properly prepared.

People told us there were enough staff on duty to help them when needed. One person told us "there are always staff around". Another person said "there are lots of staff here, all very nice. You never have to wait for anything you need". A relative told us "staffing is at the centre of what makes this place. There are always staff around and you never have to go looking for them. The staffing levels are really good". A member of staff told us "the staffing levels were really why I applied for this job. They're exceptional and enable staff to spend quality time with people. In all my years of working, I've never seen such good staffing". Another member of staff told us "staffing is great here."

Is the service safe?

There are always enough staff on duty and we're never short. It's great. We're a good team and care about each other. There's no rushing, it's very relaxed. The staffing levels are fantastic".

People's medicines were administered in a safe and person centred way. A registered nurse dispensed the person's medicines into a small plastic pot and placed them on a tray, together with a glass of water. They took the medicines to the person and encouraged them to be taken. Within one interaction, a person became anxious. The staff member explained "I have some medicine for you X, would you be able to take it?" The person declined and said "I'd rather not". In a sensitive manner, the staff member said "it might make you feel a little better. Shall we have a go? It's in here. Shall I pop it on there and you can see it? You can take it with this and imagine its wine. What do you think?" The person smiled and took the medicines. They smiled again when the staff member said "well done X". The staff member's demeanour and approach clearly had an impact and enabled the person to successfully take their medicines.

Medicines were stored appropriately in locked medicine trollies around the home. All trollies were securely attached to the wall to enhance safety. The trollies had been purchased to make the administration of people's medicines more efficient. However, staff told us the morning medicine round was particularly time consuming and taking staff away from people's care. As a result of this, a new supplier was being found. This enabled the majority of medicines, including liquids to be placed into a monitored dosage system, dispensed by the pharmacy. It was anticipated, this would reduce administration time. Those medicines, which required specialised storage and administration, were being managed appropriately. Staff had consistently recorded when they had given people their medicines. All staff who administered people's medicines had received training to do so and their competency was assessed. More training had been booked for March 2016.

Staff told us the person's GP documented any change of medicine on the medicine administration record. This was then replaced by a printed record from the pharmacy. These systems were in place to minimise the risk of error. Staff told us people's medicines were reviewed regularly. They said the frequency related to the type of medicines prescribed. The registered manager told us people's medicine administration records were regularly taken to the GP's surgery for review. They said this ensured the records were up to date and included all information such as known allergies. There were protocols in place to help staff appropriately administer those medicines to be taken "as required". The information was clear, specific and measurable.

The registered manager told us it was essential to recruit the right staff for their role. They said all applicants had to demonstrate the right attitude, as this could not be taught. The registered manager told us all applicants were subject to a formal recruitment process. They were given a tour of the home and their attitude and demeanour with people was assessed. The registered manager told us "I always make an excuse that I'm needed and then I leave the applicant with people in the lounge". After the applicant had left the home, the registered manager said they asked people about their experiences and gained an opinion of whether the applicant should be employed. They said it was important for people to be involved in recruiting staff as they would be the one's receiving care from them. Staff personnel files were ordered and demonstrated an effective recruitment process. This included contacting previous employers about the applicant's past performance and behaviour. Records showed Disclosure and Barring Service (DBS) checks had been carried out. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Is the service effective?

Our findings

People were supported by a staff team who were well trained and supported. Records showed all staff received a range of training related to their role. This included registered nurses undertaking training in the use of syringe drivers (used to manage pain at the end of a person's life), pressure ulceration and wound care, catheterisation and venepuncture (taking blood samples). The registered manager told us some subjects such as safeguarding people from harm, were mandatory for all staff. They said all staff were trained in supporting people to eat and drink. This enabled greater flexibility in meeting people's needs, if an emergency occurred. Staff told us much of their training was facilitated by specific trainers or specialist health care professionals. They said the training was interactive and conducive to their learning styles. A registered mental health nurse was employed to monitor people's care and to support staff in managing certain behaviours, which challenged. Staff told us this role was invaluable, as immediate advice and support could be given when required.

All staff had a designated area of responsibility. This included areas such as health and safety, skin integrity, nutrition, end of life care and the safe management of medicines. Staff received on-going training in their area of responsibility. They were expected to cascade this to the rest of the team and monitor the implementation of any practice. The registered manager told us they were in the process of delegating their role of infection control lead to a member of the team. Before this could happen, they said the staff member would receive training and their job description would be updated. There was information or "quick guides", which the registered manager had developed for staff. They said they had summarised the main aspects of longer documents to save staff time, when referring to topics. Such information included action required for revalidation (the renewal of registered nurses professional registration) and the use of syringe drivers.

The registered manager told us all new staff were starting to complete the newly introduced induction programme called the "Care Certificate". They said training sessions had been arranged for staff to inform them what the programme consisted of. The registered manager told us they had been booked onto a training course, which

targeted their responsibility, as a manager. The registered manager told us they were very lucky, as training was given utmost importance. They said this contributed to the excellent staff team, currently in place.

Staff told us they felt very well supported by the registered manager and provider. They said they felt valued and their work was appreciated. One member of staff told us "it's like we're a big family. Any concerns or niggles, you just say and it's sorted". Another member of staff told us "they care about the staff, as well as the residents. They really look after us. I am very grateful to them and their way of working". During the inspection, staff were frequently looking for the registered manager. They said they wanted to keep the registered manager informed of any issues and regularly consulted with them. Staff told us the office door was always open and the registered manager, without fail, made time for them. If not straight away, staff said the registered manager would tell them, "give me two minutes and I'll be with you". Staff told us they received regular meetings with their line manager to discuss their role and any concerns they might have. The home's staff supervision policy indicated staff were to have at least six sessions each year. One of these sessions was an observation of practice. The registered manager had a schedule, which detailed all supervision sessions with staff. This reflected the home's policy. The registered manager told us they were in the process of undertaking all staff appraisals. This was a system to discuss the staff member's strengths, any challenges and support required for further development. They had allocated a period of two weeks to do this. All staff in a supervisory role had received training in leadership and the management of people, to help them manage staff effectively.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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

Is the service effective?

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).

Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. One member of staff told us “If possible and they want to, I always try to take the person to their wardrobe so they can see their choice of clothing”. Another member of staff told us “we have one person who doesn’t want to be checked during the night, as it disturbs them. They have capacity so that’s fine. We just say ring if you want a cup of tea or need anything”. Staff regularly offered people choice. This included asking people where they wanted to sit. One member of staff asked a person if they wanted to wear a clothes protector, whilst having their lunch. The person said “no”. The member of staff offered again after explaining the reasons for its use. The person continued to decline and the member of staff said “that’s fine. What can I get you?” The person’s wish was respected. At lunch time, people were asked what they wanted to eat and were given a menu to select from. Some people were visually shown the choice. One person asked the staff member to wait whilst they found their glasses. They used their finger to trace down the selection and said “apple pie for me, thank you”. The person was then asked if they wanted cream, custard or ice-cream. People told us they were able to make choices about their daily routines. One person told us “we’re able to choose both the time we get up and go to bed. The staff don’t mind at all”.

Staff were aware of the processes to follow if people did not have capacity to make certain decisions. This included the use of covert medicines, which involved disguising medicines in food or drink without the person’s knowledge. The home had a designated member of staff with expertise in the MCA. There was a file which contained information about applications that had been submitted to the local authority. In addition, there were records of correspondence whereby the registered manager had asked the local authority for advice about certain situations and whether DoLS were required. The registered manager had written guidelines for staff in relation to the most important things to remember about the MCA. This included referring a person to the coroner, at the end of

their life, if subject to a DoLS application. One member of staff told us although they agreed the procedure was necessary, they were concerned the person was exposed to scrutiny, which did not promote their dignity.

People told us they enjoyed the food and had enough to eat and drink. One person told us “I enjoy the food here, but sometimes they do try to feed us too much”. Another person told us “we have lots to eat. Lots of choice and they’ll get you something else, if you don’t like what’s on the menu. They’re very good”. Another person told us “you can have a cooked breakfast whenever you want it”. A relative told us “the food’s excellent. It always looks lovely and fresh. I think people can have what they want really, as they do lots of alternatives to the main meal”. Another relative told us “they know exactly what people want and put high emphasis on food. It’s seen as an enjoyable experience, as well as good for people’s health”. Staff told us they often ate at the home and the food was very good. They said people were encouraged to have a healthy, balanced diet based on fresh produce. One member of staff told us meat was purchased from the local butcher, as local businesses were promoted. They said all food was cooked ‘from scratch’ including soups and pies. They told us “we do lots of variations according to people’s tastes. People can really have whatever they want. We don’t have a food budget as such, so we order what we need and what people request. They’re really good like that”. Staff told us special diets and people’s personal preferences were catered for. People had been assessed in terms of their risk of malnutrition. Some people had fortified foods such as additional cream to assist with weight gain.

The lunch time meal looked appetising and well presented. There was a choice of a meat, fish and vegetarian option. People ate well and further helpings were offered. Following the meal, people were offered a range of desserts. Drinks and snacks such as biscuits, cake and fresh fruit were offered regularly throughout the day. There was a chilled cabinet in the dining room, which housed five selections of desserts. People and their relatives were able to help themselves to what they wanted, at any time. Another seating area contained fresh coffee and a selection of cakes. Staff told us relatives usually used this area, when visiting their family member. The registered manager told us if people needed assistance or prompting to eat and drink, staff always stayed with them until they had finished. They said “it’s no good placing a drink in front of some people and walking off. It’ll just go cold and be untouched

Is the service effective?

so we always stay with people to ensure an appropriate intake". One relative told us "I know they give X regular snacks, as his biscuit tin is always empty. It's really good, as I know they take such good care of him".

People were supported to maintain good health and had access to appropriate healthcare services. One person told us "we have everything here we want, the doctor, the dentist, the chiropodist all come to the home if we need them". Another person told us "they took me to the hospital today in the home's minibus and one of the staff came with me, to make sure I was okay". Another person told us they had a problem with their eye and eye drops were prescribed. A GP told us they generally did a "weekly round" on a Thursday but would also visit those people who were unwell or at the end of their life, more often. The GP was in the home, each day of our inspection. Staff told us the GP's support was invaluable. One member of staff told us "he will come at a drop of a hat. He's excellent and gives people excellent attention". Another member of staff told us "he's been coming here for years so knows everyone really well". The registered manager told us health care

professionals who supported people, were very proactive. They said they always considered what could potentially happen 'out of hours'. In response, they made precautionary measures, which minimised unnecessary admissions to hospital. Two health care professionals told us staff were good at gaining advice when required. They said all referrals made to them were totally appropriate. One health care professional told us "the care here is exemplary. Staff know people well and are knowledgeable about their needs. In addition, they're very good at keeping a track of any monitoring or follow up action that's required".

The registered manager told us in addition to the GP, staff worked closely with other health care professionals. This included specialists from the local hospice. The registered manager used a monitoring tool to ensure each person was up to date with intervention required to ensure good health. There was a record, which showed scheduled reviews with opticians, chiropodists and dentists, as well as any required screening tests.



Is the service caring?

Our findings

People told us they were very happy with the care they received. One person told us “it’s a lovely place. I can happily recommend it. We can have a laugh and a joke with staff, any of them, it’s a lovely atmosphere and we all mix so well together”. Another person told us “I’m okay here, I’m really happy”. Another person told us “This is my home. I would hate to go anywhere else. I’m very settled. Everything about it is good”.

People and their relatives were very complimentary about the staff. One person told us “the carers here are wonderful”. Another person said “they couldn’t do anything better if they tried. It’s lovely place. I’m very happy here”. One relative told us “there’s something special about the home. It gets under your skin. It’s a very special place and will always have a place in my heart. I think they’re all tremendous. Every one of them”. Another relative told us “the home embraces you with this warm feeling. It’s like a big hug. It’s very special. They’re all so kind and compassionate. The whole team. They really do care about people and they care about us. They are very supportive”. Another relative told us “we couldn’t do it better if [family member] was at home. The care is exemplary. The staff put their heart and soul into their job”. Two health care professionals gave similar feedback. They said “the care is exemplary”, “they know the people they support so well” and “they’re compassionate and really care about people”. Another relative told us “it’s the extra touches, the attention to detail. They do a wonderful job and care for people with compassion. It really is dignified, loving care. Everyone is the same from care staff to housekeeping staff. It’s truly a home, peaceful but plenty going on”.

There were many comments about how staff actually cared about people and their wellbeing. One relative told us “I’m not sure how to describe it but there’s a fondness from staff towards people”. One relative of a person who had passed away at the home told us “they’re worth their weight in gold. They took him for what he was. They promoted his values and his individuality and they got to know him, as a person. They used to sing to him instead of talking, as he loved that. They’d work on his strengths and ask me to help with any challenges such as cutting his nails. It’s a tremendous home. I can’t speak highly enough of the home and all of the staff”. Another relative whose family member passed away at the home told us “it was the detail

that never ceased to amaze me. They knew what was close to his heart and when he passed away, they made sure he was holding those things, which were most precious to him. It was so emotional but so beautiful. Matron said a prayer for him, which was lovely. I stayed at the home continually for six days and nights. Staff would bring me a nice warm blanket, which they’d put in the tumble drier with aromatherapy scents so it smelt lovely. I got loads of snacks, tea, anything I wanted. We had candles for a dim light and a peaceful atmosphere. They couldn’t have done more for us if they’d tried. They were amazing”. Another relative told us “the end of life care is absolutely wonderful. One resident liked classical music, so they played classical music and had lots of candles in the room and staff sat with her 24/7 for the whole two days, before she passed away so she was never alone. The carers lowered the bed and sat on the floor either side doing paperwork and chatting, in order to keep the resident company”.

Relatives told us in addition to caring for their family member, staff also cared about them. One relative told us they had become upset and were in a hurry to leave the home, as they could not deal with their mother’s demeanour. They told us “I will always remember it, as one member of staff light heartedly said “if you think you’re going to leave like that, you’re mistaken”. They gave me a hug and I just melted”. The relative told us the staff member went on to explain about dementia saying “your mum still has a place for you in their heart but they may not be able to show or recognise it due to their illness”. It was so lovely, I often think of that”. They told us the staff member enabled them to see things a little better. They said “I would never cope without them. They are so caring, so so caring”. Another relative told us “I spent probably an hour with local hospice staff followed by an hour and a half with matron, discussing my mum’s end of life care. She wanted to make sure I was alright. It was hard but I now have peace of mind and feel something has been lifted from me”. The registered manager confirmed whilst difficult, they always spoke to people and their relatives about end of life care, at an early stage. They said this ensured they could get it right, when the time arose. A member of staff told us they often tried to reassure relatives, as they appreciated it was difficult for them. They said the home ran training sessions with a specialist health care professional, for relatives of people living with dementia. The aim was to enable greater understanding of the condition and better coping strategies. Leaflets



Is the service caring?

describing the training sessions were located in the entrance area of the home. One relative was experiencing a challenging visit with their family member. When walking by the relative, staff smiled, touched their arm and asked if they needed anything. All staff were sensitive and caring in their approach. Another relative told us “the whole team are fantastic. Even the cook will say to me, “I made sure your dad had lemon meringue pie today, as I know it’s his favourite”. What can you say to that?”

There was a piece of paper on the table in the seating area by the registered manager’s office with an electronic lighted candle. The paper was titled “in memory of X” and there were various messages dotted around the page. Staff told us when anyone passed away, the home was affected and a loss was experienced. They said staff often grew attached to people due to working with them so closely and a fondness was developed. As a mark of respect, people were able to leave a message about the person who had died. One member of staff told us “it really helps, as it can be a special memory or something that the person used to say. It can be funny. It doesn’t have to be sad, so it’s a real celebration of the person’s life”. Another member of staff said “I think it recognises the loss in a nice way, whilst we get on with what needs doing. It’s a really nice idea”. The registered manager and staff told us to celebrate and respect life, a memorial service was held in the home, near Christmas, every year. All relatives of those people, who had passed away in the year, were invited to attend. One member of staff told us “it’s emotional but lovely. One relative told us it helped her get through Christmas, which she would never have managed”. A health care professional told us “the memorial service is lovely. It’s dignified and respectful and really helps some families move on”.

Relatives told us staff had a very good rapport with people. One relative told us “the staff here have an absolutely great sense of humour, and this is often used to dispel tension if residents are having a bad day. They are marvellous. They never run out of patience”. There were many interactions which showed this rapport. This included one member of staff, talking to people in the lounge. They said they had a day off the next day and were not sure what they would be doing. A person jokingly pretended to cry and rubbed their eyes whilst saying “what are we going to do without you.

We’ll miss you”. People and the staff member laughed, whilst it was confirmed “it’s only a day and I’ll be back”. After the staff member had walked away, the person said “she’s really nice. I like her”.

All staff had a strong value base and were confident when talking about promoting people’s rights. One member of staff told us they were “fighting” to ensure people were allocated more continence aids, after they had been assessed by the continence clinic. They told us “the allocation of aids isn’t enough. How can that promote a person’s dignity? Luckily our owner will buy more but they shouldn’t have to. It’s not right. People should have what they need to ensure they are comfortable at all times”. Another member of staff told us “promoting rights such as dignity, is all about getting to know people. For example, if a gentleman always wore a shirt and tie but could no longer tell us what they wanted to wear, we would never help them dress in a sweatshirt. It would be degrading and totally against their identity”. A relative confirmed this. They told us “mum is always perfectly dressed, as this was important to her”. Another member of staff told us “we always need to be sensitive towards people. We’re not allowed to clean a person’s room, if they’re eating. People need privacy. It’s important”. Other comments were “we [staff] are only here as guests, it’s their home and not just in the word. It needs to be a proper home where people can live their lives as they want. We try to do that here” and “we treat each person as an individual, with upmost dignity. If they want a drink in the middle of the night, that’s fine. If they want to put their dressing gown on and stay up late to watch a film, that’s fine too”. The staff member told us “it’s seamless care. If my mum needed care, I’d be happy for her to come here. Staff have an excellent way of stepping into the person’s world”. Throughout the inspection, there were many interactions which showed staff applied their values in practice. This included one person being asked if staff could help them adjust their trousers, as they had ‘rucked up a little’. Another member of staff used a screen to cover a door way, whilst a person was returning from hospital by ambulance. The member of staff said “it must be bad enough being so vulnerable without being exposed to people looking at you”.



Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person was accompanying a member of staff but kept hitting the staff member on their arm. Very discreetly, the staff member moved slightly in front of the person but kept talking. There was sufficient distance for the person not to touch the staff member although close enough for reassurance to continue. This immediately minimised the person's negative behaviour. Another person was showing interest in a handbag that was not theirs. A member of staff distracted the person by presenting them with their own handbag. They said "is this your handbag X? I think it is. Can you take a look inside, just to make sure?" The person was clearly content with the sight of their bag and was distracted completely from the other handbag. Another person was becoming agitated and walking around, appearing to look for something. A member of staff approached the person quietly and said "hello X, are you ok? Can I join you?" They then said "where shall we go? I tell you what. What about having a coffee down in the coffee area. It's this way". The person followed and began to respond to the staff member, as their anxiety reduced. They later sat in the seating area outside of the registered manager's office. Every member of staff who walked by the person said "hello X" or "how are you today X?" They all smiled and some touched the person's arm, as they walked by. The person smiled on each occasion and made a positive gesture to us, as if they were happy with the interactions they received. Another person told a member of staff that they had a sore finger. The staff member took a look and explained they could not see any sore area. However, they said to the person, "would you like a plaster? Let's go and get one?" Each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing.

Staff were attentive and fully focused on the person they were supporting to eat and drink. Within the lounge, there were four people receiving assistance at lunch time, each with a member of staff. Staff informed people what they were eating such as "there's a bit of meat and pastry on this spoonful" and "this has gravy on it". Staff took their time and asked people if they were ready for another spoonful. They asked if they wanted to take a break to have a drink. One member of staff said "let me know X, if you've had enough to eat". Staff asked people if they were happy with the food. One member of staff could not hear the person's

response. They apologised, moved closer to the person and sensitively asked them to repeat what they were saying. A member of staff told us "sometimes it's difficult if people are not able to respond verbally but you have to find another way. I always ask one person to squeeze my hand, if their answer is a 'no'. If it's a 'yes', I ask them to squeeze my hand twice. It seems to work". All staff spoke to people whilst supporting them. One member of staff held the person's hand.

There was an "all inclusive fee" for living at the home. The fee included a range of services such as chiropody, hairdressing, physiotherapy, aromatherapy, transport and an escort, to and from all appointments. The provider and registered manager told us this "all inclusive" fee was introduced, as they did not want anyone to feel discriminated against. For example, they did not want a person who did not have the money to have their hair done each week, sitting next to someone, who gained great benefit from doing so. As a result of the fee, therapists were available throughout the week. There were many positive comments about success stories involving the therapies undertaken. One member of staff told us "we had one lady who was in the last hours of her life. We massaged her hands ever so gently in small, circular movements. She opened her eyes very briefly and said "that's beautiful". It was so emotional and powerful, as it must have taken an enormous effort to do that. She died not long after". Staff told us some people, who were agitated or resistant to personal care, often benefitted from a massage. They said the outcome was often positive in that people became more relaxed and accepting of intervention. Another member of staff told us therapies were used to help certain health conditions. This included massaging a person's face, who was experiencing pain from sinus congestion. They said in addition to helping physical conditions, fragrances and fragranced oils were used to stimulate memories and to relive positive experiences.

One person told us they had been bed bound for 18 months, but since being at the home, they were getting up and being helped to become more mobile. They said they had plans to walk again and were being assisted with this aim. One member of staff confirmed this. They told us having a physiotherapist available was invaluable. They said the physiotherapist assessed people's moving and handling needs, gave advice about posture and encouraged safe movement either in a group or on an individual basis. The member of staff told us such exercise



Is the service responsive?

was important even for those people being nursed in bed. This was because keeping mobile reduced pain during manoeuvres such as putting a nightie on. Another member of staff told us some people who had experienced chest infections, benefitted from intervention from the physiotherapist. A health care professional told us staff were very good at rehabilitating people and enabling maximum potential to be reached. They told us “the care here is exemplary. The staff are superb. They are very knowledgeable about people, excellent with identifying issues and their end of life care is fantastic. They never leave people on their own to die alone. They will sit with people for as long as it takes”.

The registered manger told us, as people living in the home were older they were all at varying risk of pressure ulceration. People had specific pressure relieving equipment related to their need. In addition, all cushions in the armchairs in communal areas had special cushions to minimise pressure ulceration. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. This included how to move one person in bed to minimise friction. Other interventions included no creases in bedding. One person had a wound, which was healing well. The treatment plan was clear, detailed and evidenced the progress, which was being made. A member of staff told us if any changes to the person’s treatment were made, a new plan would be written. They said this minimised the risk of error. The member of staff told us 30 minutes before a dressing was changed, the person would always be given pain relief to minimise any discomfort during the intervention.

Each person had a comprehensive, detailed, well written care plan. The information covered all aspects of the person’s care and individual preferences. The care plans portrayed each person’s identity and what was important to them. There was information about people’s favourite colour, piece of music and book. Some plans identified people’s favourite moments or sounds such as birds singing or the sea. This information was used, through discussion, within care interventions or social activity provision. Staff told us the care plans were regularly updated when new information was learnt about a person or when their needs changed. Staff assisted people to take their care plans, when they went to their room or to the lounge. They said this enabled information to be recorded in a timely manner. Staff monitored some people’s food and fluid intake to minimise the risk of malnutrition or

dehydration. All charts were fully completed and analysed, which showed staff were effectively monitoring people’s intake and taking action, as required. The registered manager told us whilst care plans were detailed, staff were working on a summarised version. The template proposed gave a brief summary of important aspects of the person’s care. They said the document was intended to be displayed, with the person’s wishes, on the inside of their wardrobe door. This would enable any new or agency staff to be immediately informed of the person’s needs.

Staff were knowledgeable about people’s needs and the support they required. They described people’s preferences, as detailed in care plans. This included approaches when supporting a person with agitation and ensuring a person had their legs elevated. Three people in their bedrooms were listening to music. The type of music corresponded to those preferences, as identified within their care plan.

During the inspection, a range of activities were taking place both within a group and on an individual basis. One person was painting with a member of staff and chatting whilst doing so. The person was fully engaged in the activity, whilst staff held the model, to make it easier. Another person took photographs out of their handbag and gave them to a member of staff who was sitting next to them. There were discussions about the places and people in the photographs. The interactions brought back memories for the person, as they relayed various stories. They were laughing with the staff member and pointing out aspects of the pictures. During the afternoon of the first day of our inspection, there were entertainers singing in the lounge. People were joining in and dancing with each other and staff. The provider told us they were surprised to see some people who had difficulties with their mobility, dancing with such enthusiasm. They told us “it’s lovely to see”. Those people not dancing were singing or tapping their feet to the music. On the second day of the inspection, people were looking at memory boxes. They had the contents of the boxes on small tables in front of them. Examples of items included a tin of polish to clean silver and brass objects, a well-known women’s magazine and a dress making pattern. One person had an arm length leather glove. A staff member encouraged the person to put it on and asked “what does it feel like? Is it soft?” The person smiled as they waved to people around them. People were talking about the items in front of them. One member of staff told us “it’s a lovely activity, as it brings



Is the service responsive?

back so many memories for people. We try and appeal to all the senses so smells and the feel of something are important, as well triggering memories by sight.” The staff member told us of a person who verbalised very little. They said once given pegs, they talked about being sold them by travellers when they were a child.

Staff told us it was important for people to remain part of their community. As a result, people were supported to attend local events such as the carnival, amateur dramatic productions, the art centre and vintage tea at the church hall. One member of staff told us the local community, astronomy and knitting groups visited the home on a regular basis. Events further afield such as a show at the London Palladium and the Air Show at Fairford were also arranged. Relatives confirmed these visits took place. One relative told us “X was from Wales and he always wanted to go back there so they took him. They try to achieve what people want to do or something related to their interests. I know another resident liked brass bands so they arranged for one to visit the home”. Copies of the village magazine were located around the home, for people to look at if they wanted to.

Staff told us they tried to ensure social activity was meaningful to people. Due to this, they said they tried to find out as much as possible about each person. This included their past history, hobbies and preferences including holidays and types of music. The member of staff said “I hate learning about people at their funeral. If the person’s willing, we need to get that information whilst they’re alive and celebrate it”. Staff asked one person, if they wanted to put tablecloths onto the tables for lunch. They then helped with the crockery. Within the person’s care plan it was documented that they liked to help with household chores including making their own bed. One person had a sensory cushion on their lap. The cushion contained different textures, which the person was feeling attentively.

People told us they enjoyed the social activities, which were arranged. One person told us “there are things to do if you want to join in, and I do enjoy the music it’s really nice”. Another person told us “everybody seems so happy here. We do activities, sometimes quizzes, musicals and skittles. On Thursdays, we have Physio activities and they even put a panto on at Christmas. Thursday the Parson comes in and we do hymn singing. I enjoy that”. Other comments were

“there are lots of things we do, pottery and craftwork, we have bird feeders and things in the garden” and “they take us out to concerts, if we want to go and we have a coffee and sweet shop here”. A relative told us “the activities list is emailed out each month to relatives and it all happens. Some of the activities they have been to outside the home include bowls, darts, the circus and theatre. You can also borrow the home’s vehicle with permission, if you want to take your loved one out, as a family.” Another relative told us “the activity coordinators are very good here, they’re absolutely fabulous and I don’t know how they dream up some of the things they do with the residents”. Another relative told us “they bring the outside in and tailor the activities to people’s interests. There’s always a purpose to everything they do. It’s not just getting someone to colour something in for the sake of it. It’s very specific to each person”. Another comment included “they use the iPad to look at Liverpool buildings, as he was born there. They then talk about how things have changed. He loves it”.

People told us they had no cause to believe, they would need to make a complaint. One person told us “I can’t imagine anything ever being wrong”. Another person told us “they would sort it out but I’d never complain. I don’t need to”. Relatives gave us similar views. They told us they felt confident if they needed to raise a concern and would talk to staff, the registered manager or owner. One relative told us “I can’t imagine needing to raise a concern but if I did, I know they’d sort it out”. Another relative told us “they’re all approachable, every one of them so they’d be no reason not to say if you weren’t happy. I’m not sure what you’d complain about though”. The registered manager told us all views about the home were appreciated, as they would be used to further improve the service. They told us “we don’t do formal complaints though. If we got a formal complaint I’d be disappointed, as I hope we create an environment where people can say informally, as soon as they feel something’s not quite right”. During the inspection, one person asked the registered manager if they could see them. The registered manager was friendly and accommodating by saying “come right now, where shall we go? Let me close the door so we have a bit of peace”. The person left the office after approximately half an hour and thanked the registered manager for their time. The registered manager replied “you’re very welcome. It’s nice to see you”.



Is the service well-led?

Our findings

There were many positive comments about the provider, the registered manager and the overall leadership of the service. One person told us “Keith the owner and his family are excellent. You can go and talk to them any time. It’s really nice”. Another person told us “this home was recommended to me by friends and the GP, and the owner is very well spoken of”. A relative told us “the care here is exemplary. The matron is worth her weight in gold and the owner, well what can I say? He’s always here and really cares about people. He’s genuinely a good guy. I couldn’t ask for anything more. They care about us as relatives, not just the people they look after”. Another relative told us the provider and registered manager were totally committed to making the service “as best as it could be”. A member of staff told us “they are both inspirational. They have the right values, are passionate about what they do and want to improve further. I’m so grateful to be working here. I wouldn’t want to go anywhere else”. Another member of staff told us “one day, I saw the owner kneeling down on the floor, at a person’s bedside. The person was nearing the end of their life and the owner was making sure the person was comfortable and not in any pain. That picture will always stay with me, as I thought ‘he’s the owner and he’s doing that’. It’s such a lovely place. I get emotional because it really is that good”. A health care professional told us “it’s very well managed here. There’s clear leadership and they’re very professional. Always looking at ways they could do things better. It’s very well managed”.

The registered manager had worked at the home for approximately ten years. They worked as a registered nurse, before gaining the registered manager’s position, three and a half years ago. The term used in the home for the registered manager was ‘matron’. The registered manager spoke about their role with passion. They said it was an absolute pleasure and privilege to work with people who used the service, their relatives and staff. They described a strong value base with an emphasis on promoting people’s rights and preferences whilst ensuring a high standard of person centred, quality care. They said they did not want any person to feel ‘lost or alone’ and aimed to ensure each person felt included and valued. The registered manager told us “Ashgrove has a golden rule. It’s all about treating people with dignity, as you would want to be treated, with a smile and an understanding of where people are coming from”. They told us “anyone, even those

people living with the advanced stages of their dementia can understand a smile. It’s so important for people’s connection and their overall wellbeing”. The registered manager told us they received excellent support from the provider. They said “he has the right formula. He’s very genuine, a real gentleman and has the human touch. He’s very knowledgeable and is 100% committed to ensuring a good service”.

Throughout the inspection, the provider and registered manager spent the majority of their time talking to people who used the service, their relatives and staff. One relative told us “this is a usual day. There’s nothing different just because you’re here. They’re like that. Ever so friendly and ‘hands on’. They’re always around”. A member of staff told us “it’s lovely, as they both know everyone by name and what’s important in their lives, like family members. They’re really involved”. The registered manager regularly brought their dog and a young puppy into the home. They enabled people to touch the dogs and “make a fuss of them”. Those people, who chose to do so, were animated and smiling. They responded positively, as the dogs responded to their touch. The registered manager told us many people appeared to gain great benefit from the dogs. They said some people’s agitation lessened and others spoke of the animals they used to have.

All staff showed they were committed to the service and were clearly aware of the home’s ethos. They talked about the “Ashgrove’s smile” and the essential quality of “treating people as you would want to be treated”. Staff spoke about wanting to do the “best they could” and how they wanted to improve the service further. This included one member of staff telling us how they were looking to develop social activity plans. They told us “what we’ve got is ok but we could do better. We have information such as ‘loves the seaside’ or ‘likes looking at old buildings’ but what does that mean? Is it the fresh air or the sounds, maybe just having fish and chips?” Throughout the inspection, the atmosphere of the home was peaceful and relaxed yet friendly, vibrant and engaging. Staff clearly reflected the ethos of the home within each intervention. There was an attention to detail, friendly and focused interactions and natural conversations involving people.

The registered manager told us they were fortunate to have such caring staff. They said attention had been given to ensuring the right staff were appointed into positions. One of the questions, the registered manager asked people



Is the service well-led?

when providing a reference was “would you want X caring for you, when you were ill?” They said this showed a lot about the candidate’s attitude. They said they valued staff and worked hard at their retention. Organised systems were in place to ensure staff worked as expected and delivered the ethos of the home. This included staff meetings, held at different times of the day to enable maximum attendance. There were “connect and reflect meetings” to discuss and improve practice, enhance morale and develop teamwork. They said the home worked closely with other specialists to keep up to date and respond to emerging guidance. This included reviewing people’s medicines in response to a seminar held at a local hospice.

The registered manager told us they were proud of the service although were always looking at ways to further improve. They said they had a firm but fair, consultative management style, promoting good communication and reflection on practice. The registered manager regularly joined staff handovers and encouraged staff to ‘come in and out’ of the office to share information. They told us “the staff are my eyes and ears of what’s going on at all times. I count on them to let me know, if there’s anything I need to know”. They said they continued to maintain their registered nurse registration so were able to undertake shifts, as required. This ensured continuity and an awareness of particular issues. The registered manager told us their personality meant they were organised, methodical and a perfectionist. This said this enabled all management systems to be clear, ordered and regularly reviewed to ensure effectiveness.

There were a high number of audits to monitor the quality of the service. These included health and safety, infection control, care planning and audits of the medicine administration systems. More specific audits included the efficiency and good working order of pressure relieving equipment, the cleaning of suction machines and the response times of staff to call bells. The registered manager told us people’s care was regularly monitored whilst being in the home. If in hospital, staff continued to visit the person regularly to ensure their care and treatment was of a satisfactory standard.

People and their relatives were encouraged to give their views about the service they received. One person told us “they really want to get it right and do the best they can for us”. A relative told us “they are always looking to do things

better or try something new”. A member of staff told us “It’s really good, as the answer is never ‘no’. It’s always ‘how’? They look at ways to do things and think outside the box. It’s very refreshing”. The registered manager told us they met with each person and/or their relative every month, to ensure they were happy with the care provided. There were ‘resident and relative’ meetings held on a three monthly basis. At the last meeting, 18 people who used the service attended. More formally, annual surveys were sent to people. The registered manager told us “in the responses, if there is any hint of negativity, we would meet with the person to find out how improvements could be made”. This included one person saying the bathroom was sometimes cold. Records showed a full investigation and the issue was resolved. Records showed feedback from these systems formed part of the home’s service development plan. This included further development of the menus and enhancing specialised diets such as low and high fat, sugar and sugar free options. Other developments included the development of “passports” to be used on admission to hospital. These were documents, which gave detailed information about the person, their needs and preferences, to assist hospital staff, during treatment. Records showed people and their relatives were encouraged to use our “share your experience” forms to give their views about the service. These were formats on our website, which members of the public could complete to give us feedback about care services, both positive and negative.

The registered manager told us they found the best way to find out about the service was to experience it. Due to this, they used a “secret shopper”. This involved a person being introduced to the home, as a new resident. The person then completed a questionnaire, detailing their experiences from staff attitude to the level of information they were given about the home. The registered manager told us the system worked well and had a positive impact on maintaining standards. They told us “it’s the only way we can get to the heart of how it feels”. In addition to the home’s comprehensive auditing systems, an annual audit from an external specialist took place. The registered manager told us “we are audited from all directions. It’s good, as it keeps everyone on their toes”. A recent environmental health inspection awarded the home five stars, the highest which can be achieved. A member of staff told us “we always get five stars so would be mega disappointed and there would be something seriously



Is the service well-led?

wrong if we didn't". Another member of staff told us the home had won an award from NAPA, the National Activity Provider's Association. This was awarded for the variety and diversity of the activities offered.

The registered manager told us they were always looking at ways to develop the service. An extension had been completed last year to accommodate additional sized rooms. These rooms contained ceiling hoists, wide framed door openings and specialised equipment. The extension was intended for people with bariatric conditions. There was a bathroom with a specialised bath. The bath could be tilted and contained a 'jacuzzi' style system with lights and music, if required. The registered manager told us many

people found the bath a relaxing experience. They said if people wanted them, candles were used to promote a tranquil environment. There were various different seating areas. A computer room and a coffee area had been developed. These were regularly used by relatives when visiting their family members. People were encouraged to personalise their rooms, as much as possible. There were personalised signs on bedroom doors. These showed favourite football teams or certain memories. The registered manager told us there was an ongoing plan of refurbishment. During the inspection, the maintenance person was touching up chipped paintwork, to ensure the standard of decoration was maintained.