Sanctuary Care Limited

Asra House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 5 May 2016.

Asra House Residential Care Home provides care and support for up to 40 older adults from the Asian communities. The service caters for people living with dementia, physical disabilities, and sensory impairments. It is situated in the city of Leicester close to a range of local amenities including the city's 'Golden Mile' of shops and restaurants.

Although the service has a registered manager they were no longer working at Asra House and had left the provider's employment, although they had not yet cancelled their registration with CQC. This matter was being addressed by CQC. A new manager was in post and told us they had submitted their application to become the next registered manager.

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.

Asra House had a happy atmosphere and we saw many positive interactions between staff, the people using the service, and relatives, who were all involved in communal life at the service. People using the service told us they were satisfied with the care they were receiving, their life at the service, and the way staff members treated them.

During our inspection we saw many examples of staff being positive, warm, and friendly towards the people using service. For example, we saw them discussing the day's meal with people, talking to them about their families, and encouraging them to take part in activities.

The staff respected the varied Asian faiths and cultures of the people living there and fostered a lifestyle in keeping with these. The way the home was decorated, the food, and the activities provided were also designed to meet people's cultural needs

People told us they felt safe at Asra House. During the inspection we observed that people using the service were relaxed and comfortable with the staff and happy to approach them at any time.

Staff were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people they supported.

People told us there were enough staff on duty to meet their needs and we observed that people who needed assistance did not have to wait long. The staff we spoke with understood people's individual needs and were able to support them in the way they wanted. They were knowledgeable about providing people

with effective, personalised care.

All the people we spoke with praised the food. During our inspection lunch was served in the restaurant-style dining room. The tables were well-presented and set with tablecloths, cutlery, cruets, glasses for drinks, and trays of Indian pickles. The menu was written in both English and Guajarati and people told us the chef served a range of traditional Asian and English food in line with their preferences. If people needed one-to-one assistance with their meals this was provided.

Activities were a big part of life at Asra House. The service had developed close links with the local community. An older person's support group visited the service, day trips were organised to places of interest, local cultural singing and dance groups were invited into the service, and cultural festivals were celebrated. On the morning of our inspection people joined in both indoor and outdoor activities including painting, ball games, and singing bhajans [Hindu devotional songs]. In the afternoon pupils from a local primary school visited to talk with the people using the service and find out about their lives for a school project.

The manager was knowledgeable about the care and support needs of all the people who used the service. She was supportive of her staff team and keen to develop their skills through training and practical experience. Staff told us the manager was always willing to help them out at busy times, for example by providing care, serving meals, and talking with the people using the service, their relatives, and staff. We observed that her approach to people was always kind, considerate and supportive.

The premises were fresh and well-decorated throughout and the kitchen immaculately clean and tidy. The provider had infection prevention and control policies and procedures in place and staff were trained in these. Some minor improvements were needed to infection prevention and control at the service and these were being addressed by the management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered in the way people wanted them.

The premises were clean and measures were in place to prevent and control infection.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people in the language of their

choice and knew their likes, dislikes and preferences.

People were actively encouraged to make choices and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff were attentive to people's needs and provided them with personalised care in the way they wanted it.

A wide range of group and one-to-one activities were available for people to take part in.

Local community groups visited the home and spent time with the people using the service.

People had access to the provider's complaints procedure and told us they would tell staff if they had any concerns.

Is the service well-led?

Good

The service was well-led.

The home had a positive, welcoming and relaxed atmosphere and close links with the local community.

The manager was knowledgeable about people's individual needs and supportive of the staff team.

The provider used audits to check on the quality of the service and made ongoing improvements as necessary.

Asra House Residential Care Home

Detailed findings

Background to this inspection

This inspection visit took place on 5 May 2016 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor, 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. Our expert by experience's area of expertise was the care of older people. A specialist advisor is a person with professional expertise in care and nursing. Our specialist advisor's area of expertise was in infection control.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also contacted local authority commissioners who are responsible for funding some of the people at Asra House and asked them for their views about the service.

We used a variety of methods to inspect the service. We spoke with five people using the service, one relative, a visiting health care professional, and a visiting teacher from a local school. One of the inspection team sat in on an activity session, had lunch in the dining room with the people using the service, and visited one person in their room escorted by a member of staff.

We also spoke with the manager, deputy manager, regional manager, chef, activities organiser, and six members of the care staff team.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

All the people using the service we spoke with said they felt safe at Asra House. One person told us, "Yes I am safe here. The staff make sure of that." A relative told us, "When I go home after my visit I go with peace of mind and know that [my family member] is very happy and well cared for. I can't ask for more. They will always let me know if there are any problems or if [my family member] is not well."

Staff were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people they supported. One staff member told us, "I would go the manager and if nothing was done I would go to social services and CQC. But something would be done as the manager would insist."

During the inspection we observed that people using the service were relaxed and comfortable with the staff and happy to approach them at any time. Safeguarding records showed that when there had been a concern about a person's safety, staff at Asra House had worked closely with the local authority to resolve it.

People's care records included risk assessments. These were reviewed regularly and covered areas of activity including falls prevention, moving and handling, eating and drinking, and medicines. Records showed that staff were following the advice and guidance in risk assessments. For example, one person had come to the home assessed as being at risk of pressure sores. Staff had referred them to the district nurses and then acted on the district nurses instruction that, amongst other measures, the person should use a pressure cushion when seated. We met with this person and saw the cushion was in place.

During out inspection we observed that people were supported in a safe way. For example, when staff assisted people to mobilise this was done safely with appropriate aids being used. We saw that staff continually reassured people as they supported them to move around the premises. We observed that some people wore personal alarms so they could easily call for staff assistance. We visited one person in their room and saw they had their alarm on their knee ready to use if they needed to. This was another way in which people using the service were supportedto feel safe.

Records showed that the local authority carried out a health and safety inspection of the premises on 22 April 2016. The subsequent report showed that the service was judged to be compliant in the majority of areas inspected. An action plan was put in place for the remaining areas and this had been completed by the time of our inspection. This showed that staff had worked with the local authority to bring about improvements to the service where necessary.

People told us there were enough staff on duty to meet their needs and keep them safe. We observed sufficient staffing levels during out visit. We observed that people who needed assistance did not have to wait long. All the staff we spoke with told us they were satisfied with the staffing levels. One staff member said, "Yes we are busy but we are not rushed off our feet. We still have time to talk with the residents and their families."

Records showed that staff were not employed to work in the home without the required recruitmentchecks

being carried out to ensure they were safe to work with the people using the service. We checked three staff recruitment files and all had the required documentation in place to show they had followed the provider's safe recruitment procedure.

We talked with one person about their medicines. They told us they were glad that staff at the service looked after their medicines for them. They said, "I don't have to worry about my tablets anymore. When I was at home I keep forgetting to take them. Now the staff bring them to me at the right time. I am happy with that."

Staff told us they were trained in medicines management both in-house and by the service's contract pharmacist. They said they could contact the contract pharmacist at any time if they needed advice or information's about people's medicines.

We inspected the service's medicines room. This was well-organised with secure storage facilities in place for people's medicines. We sampled two people's medicines records. These had been completed correctly to show that the people in question had had their medicines safely and on time. We also looked at the records for people who were on 'as required' (PRN) medicines. We saw they had protocols in place so staff knew when and how to administer them. This helped to ensure people received their medicines safely and on time.

Prior to our inspection we received concerns from one person that infection prevention and control measures at Asra House were unsatisfactory and putting people at risk. Consequently, at this inspection, we looked in depth at how well people were protected by the provider's prevention and control of infection strategies.

We found that the provider had infection prevention and control policies and procedures in place to help ensure they followed the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections (2015) and the Department of Health's Prevention and Control of Infection in Care Homes (2013) guidance.

Staff were trained in infection prevention and control. Training was computer-based and included a test. Staff were required to complete this prior to starting their role and annually after this. Records showed that over 90% of staff were up to date with this training, and those who weren't had this training planned. All staff were up to date with their food safety in catering training which also covered infection prevention and control issues.

We found the kitchen to be immaculately clean and tidy. It was compliant with colour coding (colour coding of cleaning materials and equipment helps ensure that these items are not used in multiple areas, therefore reducing the risk of cross-infection), COSHH (Control of Substances Hazardous to Health), and storage requirements. Recordings to demonstrate aspects of infection control were complete and up to date. The laundry area, parallel to the kitchen, was also of a high standard of cleanliness. The local authority had awarded the kitchen a rating of '5', the highest rating available and records showed food was prepared in line with food hygiene standards.

The clinic room was also clean, tidy and well-organised. The sluice was clean and tidy with appropriate storage facilities.

There were hand gel dispensers throughout the premises in places where staff might be providing personal care and in other areas. These all had a sufficient amount of gel in and none were empty. Staff were trained in hand hygiene annually and appropriate hand-washing was observed as well as use of PPE (personal

protective equipment). Sharps management was in place although staff needed to remember to use the temporary closure mechanism and record the full details required on the sharps containers. Staff knew what to do in the event of a needle-stick injury.

Staff told us about the 'Question of the Day'. This was part of an ongoing discussion at the service about good practice and legal requirements. Staff could ask the day's question at any time to check that the service was safe. Subjects had included safeguarding and PPE and the discussion was used to support staff and remind them about important safety topics. The manager told us if staff were unclear about any of the 'Questions' in practice she would run a supervision workshop.

Some improvements were needed to infection control at the service. Some cleaning buckets were being kept in bathrooms. These needed to be relocated to a more suitable storage area. One of the toilets required a deep clean to cover some of the hard to reach areas. The clinic room was not big enough for a couch so dressings were carried out in each in people's rooms. This should ideally be done in a room with a couch and vinyl flooring, but we recognised that staff were using the best alternative available to them. The chair scales, which we found in the sluice, needed to be stored elsewhere.

Other improvements were in progress when we inspected. Staff had carried out an infection prevention and control audit which had identified some areas to address. These were in the provider's infection prevention and control action plan. They included nominating a champion for infection prevention and control, increasing the use of aprons, and purchasing new furniture and equipment. The manager said she was addressing these issues. New commodes had already been purchased and cleaning schedules adapted to increase the daily cleaning of bath hoists. The weekly cleaning check sheet had been amended to include furniture, fixings, and medical equipment. This demonstrated that staff were taking ongoing action to improve infection prevention and control at the service.

Good

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "All the staff here are very good and they know a lot. If you have a problem they can help you." One staff member told us, "The training is good. We have online [computer-based] training and practical training. Our training is regularly updated. I understand the training and it does help me with my work."

We observed staff supporting people in communal areas. We saw they understood people's individual needs and were able to support them in the way they wanted. The staff we spoke with were knowledgeable about providing people with effective, personalised care. One staff member said, "Everyone here is different and have their own way of doing things. We go along with that. It's in the care plans."

Records showed staff had a thorough induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example dementia care. These were recorded on the home's training matrix and updated as necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care. This was a theme throughout the service's care plans and risk assessments and demonstrated that staff were working in line with the legislation laid down by the MCA.

All the people we spoke with praised the food at Asra House. One person told us, "I really love the food. I have really enjoyed my lunch today it was very good." Another person said, "I always look forward to my meals here. The staff know how to cook the food I like." A relative commented, "The food is very good." A staff member told us, "One of the best things about this place is the kitchen and meals."

One of our inspection team joined the people using the service for lunch in the restaurant-style dining room.

The tables were well-presented and set with tablecloths, cutlery, cruets, glasses for drinks, and trays of Indian pickles. People were assisted into the dining room and asked where they would like to sit. They were offered aprons to wear to protect their clothing if they wanted them.

There was a written menu for the day on each table giving details of breakfast, lunch and tea. This was written in both English and Guajarati. People were given a choice of what they would like to eat and drink and the chef served the meal helped by kitchen and care staff. People told us the chef served traditional Indian, Guajarati, south Asian, Punjabi, and English dishes in line with preferences.

We observed that if people needed one-to-one assistance with their meals staff provided this. For example, we saw one member of staff seated with a person using the service and encouraging them with their meal. The staff member talked with the person as they ate and offered them drinks. This enabled the person, with discreet support, to join in the dining experience at the service. Another person had chosen to have their meal alone after everyone else was finished due to eating difficulties. A staff member sat with them and provided them with assistance and company.

We spoke with the chef who was knowledgeable about people's individual dietary needs and individual and cultural food preferences. The chef showed us the kitchens, one for meat preparation and one for vegetarian food, which were clean and well-organised.

Records showed that people's dietary needs were assessed and monitored and if they needed extra support with their nutrition this was provided. Staff promoted healthy eating by encouraging people to eat fresh unprocessed food, while at the same time recognising their right to eat what they wanted. During out inspection we saw that people were continually being offered a range of hot and cold drinks and staff did their best to ensure people always had a drink by their side to help them remain hydrated.

We met with a healthcare professional who was visiting some of the people using the service. They told us staff at the service were 'excellent' and worked well with healthcare professionals. They said that when they came to see their 'patients' everything was ready for them which saved them time and meant they could spend longer with the people they were treating.

Records showed that people's health care needs were documented in their care and support plans so staff had the information they needed to help keep people healthy. We saw that people had access to a range of healthcare professionals, consultants, occupational therapists, dentists, and opticians. This helped to ensure their health care needs were met.

During the morning one person was taken ill. The person was assisted into a wheelchair and the paramedics were called and arrived promptly. The person was treated by the paramedics and did not need to be hospitalised. A member staff stayed with the person throughout providing them with the care and reassurance they needed. This was an example of staff supporting a person during a healthcare crisis.

Good

Is the service caring?

Our findings

People using the service told us they were happy with the care they were receiving, their life at the service, and the way staff members treated them. One person told us, "The staff are very good to me." Another person said, "The staff make me feel important." A visiting health care professional also commented on how 'caring' all the staff were.

Asra House had a happy atmosphere and we observed many of positive interactions between staff, the people using the service, and relatives, who were all involved in communal life at the service. The staff had a good knowledge of the people they were caring for and treated them with respect and kindness.

During our inspection we saw many examples of staff being positive, warm, and friendly towards the people using service. For example, we saw them discussing the day's meal with people, talking to them about their families, and encouraging them to take part in activities.

The staff respected the varied Asian faiths and cultures of the people living there and fostered a lifestyle in keeping with these. A member of staff showed us an album with which had photographs of all the Asian festivals that had been celebrated at the service. A staff member told us, "We have Muslims, Hindus and Sikhs living here and they get on well and respect each other. We have a small temple upstairs where people can go to say prayers and each morning you can hear the bell ringing in the temple as people go in."

Staff were aware of people's cultural needs and how to meet them. For example one person's care plan stated, '[The person using the service] understands Guajarati and would like staff to translate her care plan for her.' Another person's stated, '[The person using the service] would like to wear a bindi [a decoration worn on the center of the forehead] everyday due to her cultural beliefs.' Staff had ensured this person's wishes were followed. The way the home was decorated, the food, and the activities provided were also designed to meet people's cultural needs

People using the service were encouraged to express their views and be actively involved in making decisions about their care, treatment and support. People's care plans provided evidence of this. They emphasised the importance of people using the service being given choice. For example one person's stated, 'Staff to ensure [person's name] is given choices in her daily routine so she feels as independent as possible.' The care plan went on to say where choice was to be offered including getting up and going to bed times, meal times, and the timing and type of personal care desired.

Another care plan stated, '[Person's name] likes to shower three times a week. Prefers her showers in the morning and uses her own toiletries supplied by her family.' Care plans also stated if people preferred male or female carers for when they were having personal care. Daily care records showed these choices had been respected and the people had had their care and support in the way they wanted it.

Throughout our inspection we saw people being actively encouraged to make choices about every aspect of their day. Staff always asked for people's permission before providing them with care and support. They also

gave them options, for example did they want to sit inside or outside (it was a sunny, warm day), have a cold or a hot drink, and join in with activities or spend time in a quiet part of the home? This approach helped to ensure that people determined their own lifestyles.

Staff were consistently respectful to the people using the service. We saw them use Indian endearments when talking with some people, for example 'massi' which means aunt. This was well-received by the people using the service. Care records were written in a respectful way emphasising people positive qualities and abilities. This was further evidence of staff member's respect and consideration for the people they supported.

Good

Is the service responsive?

Our findings

The staff were attentive to the needs of the people using the service. During our inspection they talked with them, assisted them to mobilise, provided them with drinks, and made sure they were comfortable. One person told us, "The staff are here to help me and if I need them I tell them what I want and they do it."

We looked a care records to see how staff provided care that was responsive to the needs of the people using the service. When people were first referred to the home staff wrote an assessment of their needs in the form of an initial care plan. This meant staff had the basic information they needed about the person when they began supporting them. Records showed that this initial care plan was then used as a basis for further, more detailed care plans.

We saw that care plans focused on how people wanted their support provided. They told staff how to respect people's choices, for example one person's care plan stated that on occasions they asked for assistance with their personal care and on other occasions they liked to do things for themselves. Other examples included one person wishing to have their clothes washed and changed every day, and another needing support in keeping in touch with their family. In each instance records showed staff had followed the guidance and provided people with the support they wanted.

Care plans also contained individual information about the people's life histories, hobbies and interests, and like and dislikes. This provided an introduction to people to help staff engage with them and get to know them as individuals. From care plans staff could learn that, for example, '[Person's name] likes to listen to bhajans [Hindu devotional songs]' and '[Person's name] likes to wear a sari – simple not colourful'. Bhajans were sung on the day we inspected and people had been assisted to dress in accordance with their wishes.

We observed that activities were a big part of life at the service. The full-time activities co-ordinator was enthusiastic about his role. He said they had worked at the service for nine years and enjoyed their duties. He told us about links with the community that had been developed as a result of his work and that the service had an open day, a sponsored car wash, and a summer fete planned. A national older person's support group visited the service, day trips were organised to places of interest, local cultural singing and dance groups were invited into the service and cultural festivals were celebrated. The activities co-ordinator was also working with a national dementia charity to set up a joint 'dementia cafe' for both the people using the service and local residents to use.

The day of our inspection was warm and a morning activities took place in the gardens. People were offered drinks and sun hats to wear. When it got too sunny staff assisted people to move into the shade. We saw that the activity co-ordinator worked hard to include everyone present. Activities included painting, playing a ball game, and socialising. One person using the service came outside and, at the request of another person , sang to the group. People joined in the singing and at the end of the song they clapped. It was evident from people's smiles and enthusiasm that they were enjoying the outdoor activities

Away from the organised activities in the garden staff were simultaneously providing activities in other parts of the home. We saw one staff member in the lounge looking at photo albums of previous events at the service. Some people were watching a Bollywood film on television, and others were listening to music. We also spoke with one person who was busy folding up the washing from the laundry. She told us she enjoyed doing this and helped out in the laundry on most days as a matter of preference.

The service had links with a local primary school and children who were pupils at the school visited Asra House weekly to talk with the people using the service and show them how to use I Pads. On the day of our inspection the children came to the service with three teachers to do a project which involved the children finding out about the lives of the people using the service that they met. The pupils mainly conversed with people in Guajarati and appeared to get on well with those they met. We could see how much the people using the service enjoyed watching and talking with the pupils. One of the teachers said the children loved coming to Asra House and told us the school valued the opportunity they had for their pupils to visit the service. This was an example of a service being integrated into the local community and both parties benefitting from this.

None of the people using the service we spoke with said they had found it necessary to make a complaint. People told us they were able to talk to the staff and ask for things that they needed or wanted to do and they were listened to. We observed a good rapport between people using the service and staff and there was no indication that people would be unwilling to speak out if they felt they needed to. One person told us, "I haven't got any complaints but if I did I'd tell the staff or my family straight away."

The provider's complaints procedure gave people information on how they could complain about the service if they wanted to. This was given to people and their family members/representatives when they first came to the home and was available in English and Gujarati. The complaints procedure was also displayed in the home to remind people of what they needed to do if they weren't happy with any aspect of the service.

Good

Is the service well-led?

Our findings

People told us the service provided good quality care. One person said, "I've been in the home for about eighteen months and I really love it here. I am very happy and my family are very happy." A relative commented, "I am very happy with the care they provide for [my family member]. I've never had to make any complaints at all, I can visit every day, the food is very good, and I am always sent the minutes of residents meetings."

All the staff we spoke with said they were happy in their work. Most had been employed by the service for more than five years. One member of staff told us, "This home succeeds because the residents and relatives keep us [the staff] on our toes. It's their home and they keep us very, very busy looking after everyone. But it's very rewarding when we see how happy they are to be here." Another staff member commented, "It's a good home to work in, and if you're older it's a good home to be in."

The service had a positive, welcoming and relaxed atmosphere with a distinct community and family feel to it. The service had good community links and the local schoolchildren who visited during our inspection brought smiles to the faces of many of the people using the service. The staff were pleasant and enthusiastic in their work and care. There was continual interaction between the staff and the people using the service and this contributed to the sense of community and homeliness.

The service had established itself as part of the local community. The manager said this was mainly down to the networking abilities of the activities organiser who had worked hard to create links with local individuals and community groups, including religious leaders from different faiths, older persons' organisations, and schools. Staff told us the service was well-known in the local Asian community. Events were advertised in Asian community newspapers and flyers sent out to local Asian shops to ensure that those in the area knew they were welcome to visit the service's annual open day, summer fete, and firework display.

We looked at how the people using the service and their relatives were involved in the running of the service. One person told us there were regular residents meetings and they had chaired the last one. They told us they were happy to do this and proud of their role at the meeting. We looked at the minutes of the meeting, which were available in English and Gujarati, and saw that activities and food were discussed. The person who chaired the meeting told us staff listened to people's requests and did their best to ensure they were met.

The manager was knowledgeable about the care and support needs of all the people who used the service. She was supportive of her staff team and keen to develop their skills through training and practical experience. The manager told us she spent as little time as possible in the office. She told us, "How do you know what's going on if you're in the office all the time?" Staff told us the manager was always willing to help them out at busy times, for example by providing care, serving meals, and talking with the people using the service, their relatives, and staff. We observed that her approach to people was always kind, considerate and supportive.

The service used a corporate quality assurance system to help ensure the care provided was of a good standard. This included a range of internal and external audits carried out by the manager and regional manager with the results being shared with the provider. At the heart of this process was the personalised 'resident of the day' initiative. This constituted of a mini-review of a person's care looking at everything from their records to the cleanliness and decorative order of their room. The person in question was also spoken with and asked for their views on the service and given the opportunity to raise complaints or share compliments. All the people using the service had these reviews approximately once a month so the manager and provider could keep track of the quality of the care and support people received and their level of satisfaction with it.

We discussed the service's quality assurance system with the manager and regional manager. They told us that a result of the data received improvements had been made to the service. Staff had begun completing a daily management report for each shift where both positive and negative findings were recorded, for example an activity that had gone well or a broken toilet seat that needed replacing. This enabled management to take prompt action if improvements were needed to the service.

Quality assurance questionnaires in Gujarati and English were sent out to people using the service and their families once a year. The results of the 2015 survey showed a high level of satisfaction with all aspects of the service, in particular the care and support provided, the meals, and the premises. The manager told us that the 2016 questionnaire was about to be sent out and the results of this would be shared with stakeholders.

Prior to our inspection we contacted local authority commissioners who were responsible for funding some of the people at Asra House. They told us they carried out a quality monitoring visit earlier this year and found the service to be compliant with their contractual requirements. They said they had no concerns about the service and had noted that it made ongoing improvements. This was further evidence that the service was well-led.