

# Surrey and Borders Partnership NHS Foundation Trust

## Ashmount

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

Ashmount is a NHS service that provides care and accommodation for up to seven people who have a learning disability, such as epilepsy or autism. It is a single storey building set in the grounds of a site which houses several Surrey & Borders homes.

There was no registered manager in post. The new manager was in the process of applying to become the 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 and associated Regulations about how the service is run. The new manager assisted us with our inspection on the day.

At our previous inspections in May and August 2015, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of our concerns we placed Ashmount in special measures and have carried out this further fully comprehensive inspection to see if the provider took action to address our concerns. We had received an action plan from the provider following our previous inspections and we reviewed progress against that action plan during this inspection.

This inspection confirmed that the provider had taken the action they told us they had. Significant improvements to the way the home was being managed meant the overall rating is now Requires Improvement and we have taken Ashmount out of Special Measures.

Medicines management processes were not always followed by staff but people received the medicines they required when they needed them. Individual risk assessments for people were not always completed for people, however staff knew how to support people and they received safe care and treatment. Accidents and incidents were recorded. However, some information and action in relation to accidents and incidents had not been completed.

Care plans had been reviewed however, we found some inconsistencies in the information they contained. We found more activities were being undertaken by people. However, further improvement is required to ensure activities are individualised and meaningful.

People lived in a clean, hygienic environment and people's rooms had been refurbished and personalised. People were provided with information on how to make a complaint should they wish to.

There were a sufficient number of staff available to support people and staff were deployed appropriately. Staff had a good understanding of their role in relation to safeguarding and the provider carried out appropriate checks on staff before they started working at Ashmount.

Staff followed legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had been provided with up to date training and the opportunity to meet with their line

manager on a regular basis to discuss their work.

People had a choice of meals each day and staff had guidance easily available to them for those people who were at risk of choking. People received appropriate foods and were supported to remain healthy by staff. For example, fresh fruit and foods were available and health care professionals involved when appropriate.

People were made to feel they mattered. Staff interacted with people and listened to them, supporting them to make individual decisions. People were shown dignity and respect by staff. The atmosphere in the home had improved hugely from our last inspection and staff told us they were much happier working at Ashmount.

Quality assurance checks were carried out by staff and the Trust to check the quality of the care provided. Actions arising from these audits were completed.

People and staff were involved in the running of the home and were given the opportunity to give their feedback on the care they received.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made some recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Good medicines management processes were not always followed by staff and people's risk assessments did not always contain sufficient information for staff.

The premises were well clean and well maintained.

Staffing levels were sufficient and deployment of staff meant people did not have to wait to be supported. The provider carried out robust recruitment checks.

Arrangements were in place for people to continue to receive care in the event of the home having to close due to an emergency.

Staff had a good understanding of safeguarding and their responsibilities in respect of reporting concerns.

### Is the service effective?

**Good** ●

The service was effective.

Staff followed the legal requirements in relation to consent and restrictions to people.

People could choose the foods they ate. Staff knew about people's dietary requirements and provided them with appropriate food.

Staff had access to a wide range of training as well as the opportunity to meet with their line manager on a regular basis.

People had access to health care professionals when they required it and were supported by staff to maintain good health.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

People were provided with the respect and dignity they should

expect.

Staff were kind to people and provided supportive care.

People were supported to make their own decisions.

Visitors were welcomed to the home at any time.

### Is the service responsive?

The service was not always responsive.

Activities for people had improved, but further work was needed to ensure people received the stimulation and social involvement they were entitled to.

Care plans had been updated; however there was a lack of consistency in the information contained within the care plans. Relatives were involved in people's care plans.

There was a complaints procedure in place should people have any concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The home was without a registered manager, although the application process had begun for the new manager.

Robust record systems were in place however recording of accidents and incidents and risk assessments were not always completed fully.

Quality assurance checks and actions identified were addressed by staff and relatives and people were given the opportunity to contribute to the running of the home.

Staff felt the new manager had made a positive difference to the home, and they felt supported.

**Requires Improvement** ●

# Ashmount

## 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 took place on 30 March 2016 and was unannounced. The inspection team consisted of two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. 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. This was because this inspection was a follow up from our previous inspections to see if the provider had taken the necessary action.

We were unable to speak to people as part of the inspection due to their communication difficulties, therefore we observed care and interaction between staff and people during the day. This included spending time in communal areas and observing lunch. We spoke with four staff, the manager and the Trust's service manager during the inspection. We also spoke with three relatives following the inspection and received feedback from two professionals who had visited the service.

We reviewed a variety of documents which included three people's care plans, two staff files and policies and procedures in relation to the running of the home which included two staff files, quality assurance documents and training information.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We last carried out an inspection to Ashmount on 20 May 2015 and 4 and 7 August 2015 when we found breaches in Regulation 10, 11, 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service safe?

## Our findings

We asked relative's if they felt their family member was safe at Ashmount. They told us they felt they were. One said, "I would know if he was distressed or being caused harm and he has shown no signs of it."

At our inspections in May and August 2015, we found although there were a sufficient number of staff the provider had not ensured that staff were effectively deployed around the service to meet the needs of people. During this inspection we found a sufficient number of staff on duty and staff were providing support to people when they needed it. For example, when people indicated they wanted to have a drink, or to go out for a walk they did not have to wait for staff to support them in this. People outside in the garden were accompanied by staff and it was clear staff knew their role for the day, which is not what we had found at our inspections in 2015.

People's anxieties were clearly reduced because staff were deployed effectively. There was a consistent staff team and agency staff on duty had worked at the home for a period of time which meant people knew them. One member of staff told us, "It's so much better now. Staff are working together better and agency staff are long-term."

The manager told us she calculated staffing levels on people's needs due to her knowledge of them. For example, whether or not they required one to one support in the home or out in the community. The manager told us the number of drivers had increased so that people could go out more and she aimed for at least one driver to be on shift each day. We looked at the staff shift planner/rota and saw this was largely the case.

We were satisfied that the provider had taken the necessary action to ensure appropriate staff deployment which meant they were now meeting this Regulation.

At our inspections in May and August 2015, we found the provider had not always ensured people received safe care and treatment.

We found at this inspection that people were receiving safe care and treatment and staff knew how to support people. However, some of the record keeping in relation to the risks identified for people required improvement. For example, two people only had risk assessments in place for going out or walking around the home, but nothing in relation to their medical conditions. One risk assessment stated staff should use photographs to show a person where they were going when they went out, but staff told us this did not happen but did not give us a good reason why not. Another person had a history of causing harm to themselves or others and although this was included in their 'positive and proactive' support plan, there was no individualised risk assessment in relation this. We noted from the accident and incident reports however that no recent incidents had occurred.

Other people did have risk assessments and very detailed positive behavioural support plans in place which looked at how the person may display their anxiety and guided staff as to how to respond to the person to

reduce this. We saw staff follow this guidance when people became unsettled.

At our inspections in May and August 2015, we found the premises were unclean and in need of repair in some areas particularly bathrooms and in communal areas.. At this inspection we found all of the bathrooms and toilets had been refurbished with new suites. Communal areas and people's rooms were being redecorated and were clean and tidy. The whole environment was cleaner, fresher and brighter. Cleaning schedules had been introduced and these had been completed by staff. When the regular cleaner was away the manager arranged for bank cleaning staff to do the housekeeping.

We spoke with relatives about the premises. One told us, "His room is nicely decorated now and the whole place was nice and clean." Another said, "The home is much nicer since it's been decorated.

Safe medicines procedures were not always carried out by staff. Cream and liquid medicines were not labelled with the date they were opened and we found an out of date medicine in the medicines cabinet despite the weekly stock check recording that all medicines were in date. We discussed this with the senior support worker. They put the out of date medicines in the disposal cupboard straight away and recorded this on the back of the medicines administration record (MAR). They told us they operated stock control so nothing should be in the medicines cupboard for more than 28 days which was why the creams and liquids were not labelled. However, they said they would look at starting to label these items.

People received the medicines they required. Each person had a MAR which recorded the medicines they were on. Staff had double-signed handwritten entries and there were no gaps on people's MARs. Room temperatures were checked regularly throughout the day to help ensure medicines were stored at the correct temperature. People who took 'as required' (PRN) medicines and homely remedies (medicines that do not require a prescription and can be purchased over the counter) had separate records for these. Each person had a medication support plan which recorded the medicines they were on, what they were for and possible side effects.

Staff had a good understanding of their role with regard to safeguarding. They were able to tell us who they would speak to in the event they had any concerns. Staff knew about the role of the local authority in relation to safeguarding. Information was displayed clearly on the notice board for staff, together with information on how they could whistle-blow should they have any general concerns about the home. The manager evidence they had reported safeguarding concerns when they had arisen appropriately.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

In the event of an emergency the Trust's contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place. Staff were up to date with their fire training so they knew what to do in the event of a fire.



# Is the service effective?

## Our findings

At our inspections in May and August 2015 we found staff were failing to comply with legal requirements in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found evidence of mental capacity assessments being carried out for people, together with best interest decisions. Staff no longer locked bedroom and wardrobe doors in people's rooms, although vanity unit doors were locked in rooms to protect one person who had restricted fluid intake. The kitchen cupboards had been reorganised so they no longer needed to be locked. DoLS applications had been submitted when appropriate. For example, there was a locked gate between the garden and the St Ebbas site which had a keycode. Staff had submitted applications in relation to people in respect of this gate as people had been assessed as not having capacity to understand it may not be safe for them to go onto the St Ebbas site without a member of staff.

Staff received training which they told us made them feel confident in their role. New staff underwent the Trust's induction programme. This included shadowing an experienced member of staff until they were comfortable to work on their own. The training records showed us that compliance with the provider's mandatory training requirements was being monitored and staff had been booked onto refresher courses when required. This included a range of topics such as medicines management, health and safety, infection control and moving and handling.

Specific training to people's needs was available to staff. One staff member said they had received autism training which they had found useful. They told us training was now monitored to make sure staff attended. They added that the psychologist working with staff came in regularly to talk to staff about how to support people and work through any areas they were finding difficult. Other staff had undergone epilepsy training.

Staff were supported by management. Staff had the opportunity to meet with their line manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the manager to check they were applying their training in practice. Staff provided us with evidence during this inspection which demonstrated both group and staff supervisions were carried out, together with appraisals. Group supervisions covered topics such as safeguarding or discussions about people's individual behaviours and agreed consistent staff approaches to these.

People received effective care from staff. At our previous inspections people seemed extremely anxious which had result in the inspectors being pulled around the building. Staff had appeared unaware of how to handle situations appropriately. During this inspection, people were much calmer. Staff were observant and pre-empted situations which may have escalated because they knew what to do to diffuse a situation. For example, they used the 'cradle' technique where they manoeuvred a person's arm around so they were linking a staff member's arm, rather than pulling on it.

Staff told us how they were supporting people to reduce their anxieties. For example, they had changed one person's morning routine to ensure they had consistency in the way they were supported. This had left them to be calmer and reduced the number of negative incidents. There was a sign on the gate asking visitors to

be patient waiting for staff to open the gate. This allowed staff to ensure two staff supported one person to distract their attention from visitors arriving. This had a positive effect as we were able to enter the home without causing this person any anxiety.

People had the opportunity to choose the foods they ate at the house meetings that were held and pictorial menus were displayed for people. People could have a choice of meals and there was fresh fruit and foods available.

People who had specific dietary requirements received appropriate food and there was guidance easily accessible to staff. For example, each person had been assessed by the Speech and Language Therapy team in relation to their risk of choking. Those who were deemed to be at higher risk had place mats which detailed which foods they could and could not eat and how their food should be prepared (for example, fork mashable). Staff had ensured they took appropriate foods and thickener for this person when they went out for a picnic lunch during our inspection. Food and fluid charts were in place for people. For example, one person could not drink more than a certain amount each day and staff had recorded their fluid intake with a running total to monitor this. A relative told us they had worked with staff to develop a specific menu for their family member. They said, "The staff who does most of the cooking was brilliant. We've sorted out by consulting with each other."

Healthcare professionals were involved when appropriate. Records of appointments were kept and staff planned appointments to ensure people would not get anxious. For example, one person required a hospital appointment and staff had advised the hospital in advance they would need a separate waiting room. Three staff accompanied the person to their appointment so one member of staff could go ahead to check the private room was available. The appointment was successful due to the planning. There was evidence of other healthcare professional involvement in people's care records.

People were supported to keep healthy. People's weights and vital signs were recorded. New health action plans had been put in place for people as well as care passports which meant should a person require a hospital stay, staff would have all the appropriate information about the person. Clinical reviews of people's support were held regularly and minutes of these reviews held in people's care plans. Staff were knowledgeable about people's medical conditions and information in care plans demonstrated to us that people were supported in relation to their health.

## Is the service caring?

### Our findings

We asked relatives if they felt their family member was being treated with care and kindness by staff. One relative told us, "He's the happiest he's ever been. Absolutely brilliant and so happy he's there." A second relative said, "I have noticed the staff seem very nice." A third relative commented, "He's very happy there and he is definitely calmer."

At our inspections in May and August 2015, we found people were not made to feel as though they mattered, not shown compassion by staff, not treated with respect or dignity and they were disregarded or ignored. During this inspection we found there had been big improvements and elements of the care were now good.

The atmosphere in the home was far more peaceful and staff members approach was positive. We observed staff sitting down with people when they were relaxing. When people asked for things, staff responded. For example, one person indicated they wished to go for a walk and staff said in a kind and gentle way, "x asking to go for a walk?" They then accompanied the person out into the grounds.

People were relaxed and staff were attentive. For example, one person came in to the clinical room whilst we were in there with staff. The staff member invited them in and said, "That's fine, you can look" and made space for the person to look around the room. Another member of staff asked the person if they wanted to go and make a cup of tea and the person left calmly with staff to go to the kitchen. We could see people felt relaxed and treated Ashmount like their own home.

People were treated by staff in a calm manner. Staff were heard talking to people, telling them what they were doing and speaking to them in a relaxed way. Staff talked to us about people and their needs, rather than referring to their behaviours.

People lived in a more homely environment. Pictures had been hung around the communal spaces and in the corridors. People's rooms were cosy and personalised and appropriate for the age of the person whose room it was. One relative said, "It's so much nicer. Pictures have been put up and they even had a Christmas tree up which they didn't last year."

People were treated with respect. There was new furniture in the dining room and although tables could still be attached to the wall, during lunch time they were moved into the middle of the room and set out in a way that meant people experienced a more pleasant meal time. Staff explained how individuals sat either on their own at tables, or with one other person. By keeping to these seating arrangements meal times were calm and people felt happier. When people returned from their trip out staff offered them a choice of juices and we saw people sitting at individual tables to have their drink.

Staff interacted with people during meals. For example, staff sat beside people whilst they were having their lunch and spoke to them using their name. Staff checked people were enjoying the food and asked them if they wished more. We heard them say, "No need to rush, you've got the whole table to yourself. Is it nice? Do you like it?" On other occasions we heard staff speaking to people whilst they walked around the garden. At

one time there was a visitor at the front gate and we watched how a member of staff explained to one person who it was and why they were there.

People's dignity was maintained. We saw people appropriately dressed, with clean clothes suitable for the weather. Staff adjusted people's clothing before they left the home to ensure their dignity was preserved when they went out in the morning for a picnic.

People could make their own decisions. At lunchtime staff offered one person a choice of pudding by showing them both options. The person was seen to make their choice by pushing one option away. They then pushed the member of staff away to indicate they wished to eat their pudding alone. One staff member said although people could not talk, they could understand. So they would say to people, "Show me." People were seen to use different forms of communication to express their wishes. For example, simple Makaton (sign language) signs, pointing to items or leading staff to what they wanted.

People were enabled to retain contact with their family members or those close to them. One relative told us, "I phone twice a day to speak to him." Another said, "Staff accompany him so we can all go out to lunch." Relative's said that they were listened to by the manager and staff. One told us they had suggested moving the position of their family member's bed to allow them to watch their television more comfortably. Staff had done this and it had made a big difference, as prior to that this person would only sleep in the lounge area. Another told us they could make suggestions and they would be listened to.

## Is the service responsive?

### Our findings

At our inspections in May and August 2015 we found there was not enough for people to do and people did not always have regular access to outside activities. During this inspection we noted activities had improved. When one person indicated they wished to out for a walk, staff accompanied them to do this. There were puzzles and board games available and people were engaging with staff to complete these in the afternoon. We saw people participating in household tasks during the day. One person had started to go out independently to the day service located next door to Ashmount. A relative told us, "He is definitely going out more now."

However, further work was needed to ensure individualised, meaningful activities were available for people. For example, people went out during the morning to the park and for a picnic lunch. On their return staff said that they had been to a park, although due to risks only one person had left the mini-bus during the three hours they were out. Records showed that generally people went out in a group unless they were being supported by outreach staff. Records did not reflect that people did not get out of the minibus, so appeared misleading. For example, one record showed that five people had been to the seaside for the day. Staff clarified that this meant they had driven to the seaside and eaten a packed lunch on the minibus. 'Went to the cinema' had been recorded for one person, although staff confirmed this meant the cinema at the day service in the adjacent building. There were few individual activities offered outside of the home and only one person was recorded as having lunch with a relative.

There was little information in people's care plans in relation to the activities and interests they enjoyed. For example, one person enjoyed watching horror films so staff ensured they put the horror channel on their television in their room. This information was not recorded in the person's care plan. Staff said they had relied too much on the day service next door to take responsibility for people's leisure time and they needed to improve as a staff team. Another member of staff said, "We could do more, but we need to consider ways of them accessing the public so they can benefit more from social interaction, but we need to do it without them being discriminated against."

We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspections in May and August 2015, we found people's care was provided inconsistently by staff, care plans were out of date and not readily available to staff and there was a general lack of good record keeping.

During this inspection we found some care plans had been reviewed and information and guidance was available for staff. However, some information was sparse or missing. For example, there was little information on people's likes and dislikes. One person had detailed information on their morning routine, but there was little information in relation to the rest of the day. However, other care plans were more detailed. We noted in one person's care plan it included information on what a person liked to do and how staff could help them. For example, they liked a hot drink when they were getting dressed. It also included

information about the clothes they liked to wear. New staff told us they had read people's care plans before they worked independently and we found care plans were easily accessible to staff and when we asked for information from staff held on the computer system staff were able to access this for us without difficulty. Relatives told us they could be involved in their family member's care plan if they wished and would attend meetings when appropriate.

Staff knew people and were able to describe people's individuality to us, their medical conditions, how they communicated and what they were able to do independently. Staff told us consistent messages were given during handovers which meant staff worked in a more cohesive way. Daily notes were comprehensive, rather than written in a task orientated way. Staff had written about a person's mood and what they had done during the day. We saw staff each use the same technique with one person when they displayed certain behaviours.

People were provided with complaint information in a format that was suitable for them. For example, it was in pictorial format. The manager told us they had received no formal complaints but had met with one relative who had expressed some concerns. She told us she had discussed at length this relative's concerns in order to resolve them.

# Is the service well-led?

## Our findings

At our inspections in May and August 2015, we found robust record keeping systems were not in place and although Trust and in-house audits were completed, actions arising from these had not been addressed by staff. We also found relatives did not have the opportunity to give feedback in respect of the care being provided to their family member. During this inspection we found people's care plans had been reviewed, staff knew how to access them and in general the record keeping in the home had improved.

However, although accidents and incidents were recorded some of the language used by staff was not appropriate. For example, staff had used the words, 'escaped' and 'restrained' to describe an incident or action taken. We read one incident between two people living at Ashmount, but only one accident/incident record had been completed which meant there was no information on whether or not the second person had suffered any injury. In another record we read one person had eaten food which was not suitable for them, but staff had not reported this to a healthcare professional.

We also found some risk assessments were not individualised for people, although they were included in people's 'positive and proactive' support plans.

The lack of robust record keeping was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance audits were carried out to help check the care and premises were of a good standard and actions identified in these audits were completed. For example, it was identified staff would like more ideas for meals and new spoons and plate guards were needed for people. Staff told us a recipe book had been introduced to share different recipes and spoons and plate guards had been purchased and we saw these in the kitchen. Other audits included medication, infection control and health and safety. The provider carried out periodic service reviews. The last one of these was held in November 2015, in which the home achieved 90% compliance. Some of the areas identified in this service review were the same concerns we had found at our last inspection.

Relatives were given the opportunity to give their feedback. This consisted of on-line questionnaires accessible via a tablet computer held at the home. The most recent results showed relatives were satisfied in all aspects of the care provided at Ashmount. Compliments were recorded and we noted a health care professional had, 'noticed improvement at Ashmount during the visit. The home feels more homely and there was a good approach observed by staff'.

Relatives and professionals had noticed a difference in the home. One said, "The manager is leading the service well. Even the staff seem more relaxed and happy." Another told us, "There has been a vast improvement. The staff like the new manager and she treats them properly so she is getting the best out of them (staff)." A third relative commented, "We noticed there had been a change of atmosphere in the home." A health care professional said, "We are so happy with the manager, she has turned it around. There has been a marked improvement."

At our previous inspections we found staff were not supported by management. This was due to the home being without a registered manager and insufficient senior management presence. Although there was still no registered manager in post, the new manager had begun their application to become one. The manager assisted us with our inspection and we found her to be organised and knowledgeable in every aspect of the home meaning staff felt supported and people were not at risk of receiving inappropriate care because staff were being managed. From our observations it was clear the manager had begun to change the culture in the home.

Staff told us they felt supported and had noticed changes in the last six months. One staff member said, "Massive changes in every aspect. It's cleaner, the decoration, the paperwork, the staff team have engaged with each other as a team and with the residents." They added, "We can contribute to anything and (the manager) will listen to us and what we say, she tells us not to knock on the door you can just come in."

Another staff member told us the manager had worked really hard, the staff team now wanted to come to work and they could see people were happier and doing more. They said, "It's not just cosmetic changes, everything had changed, staff attitude, training has increased and people are getting much more out of life." A further staff member said they, "Hadh't expected as much support as I have received." They said any problems they had were answered by the manager and other staff. Staff told us they had previously thought of leaving and had been looking for new jobs, but now they loved working at Ashmount.

Meetings were held with people who lived at Ashmount. There was an opportunity to discuss food, clothing and furniture in people's bedrooms. The manager told us they wished to introduce pictorial minutes of these meetings to make them more meaningful to people. People's files contained pictorial feedback sheets which staff helped people to complete in order to obtain their views on the home and the care provided. People had indicated they wanted more outings which staff had started to undertake.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had failed to ensure people were provided with individualised, meaningful activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured robust records were kept for people.