

Ashley Gardens(Uk) Ltd

Ashley Gardens

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ashley Gardens is registered with CQC to provide residential care for up to 47 older people. There are bedrooms which can be used as double occupancy if requested. At the time of the inspection there were 39 people living at the home and three double rooms were currently in use.

Ashley Gardens specialised in providing care for people who had memory loss or dementia. The home is a purpose built care home providing communal areas and private rooms for people. The home has a passenger lift and wide stairways to assist people to access areas of the building.

This was an unannounced inspection which took place on 14 and 15 July 2016.

Ashley Gardens had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 fully involved in all aspects of the day to day running of the home supported by the provider, deputy managers and senior care, administrative and support staff.

Equipment was in place to support people to stand if they were able to weight bear, and emergency equipment was in place to assist people from the floor in the event of a trip or fall. However we found one person whose support needs had recently changed and they were now unable to weight bear. This meant that staff would not be able to assist this person to get out of bed if they requested it or in the event of an emergency. We discussed this with the registered manager who immediately assessed that the home needed a full lifting hoist. This was ordered immediately and staff training arranged to ensure people remained safe. We have made a recommendation about this.

Staff received support, training and supervision to ensure that they were able to provide safe and effective care for people. This included training to support them in meeting the needs of people with dementia. Staff demonstrated a clear understanding around how to safeguard people from abuse and told us the actions they would take if they had any concerns. Policies and procedures were in place to support staff, they also received a staff handbook which contained all relevant policies and guidance to support them in their role.

Staffing levels were assessed and staffing numbers adapted to ensure there were enough staff to meet people's needs. People were supported by kind and considerate staff who had an excellent understanding of dementia and memory loss. This meant that people received care in a way that supported their needs. Management and staff were open and engaging, examples of this were seen throughout the inspection. Visitors and relatives were welcomed into the home and relatives felt that the consistency of regular staff meant that they knew people really well.

Pre-admission assessments were completed. This information was used to formulate care plans and risk assessments. These were reviewed monthly or more frequently if changes occurred. Any changes were discussed with people or their next of kin if appropriate. Care plans and documentation was person centred, staff had access to relevant information about people, including their life and medical history, significant life events and likes and dislikes. This meant staff were supported by clear and relevant information to enable them to provide good care for people.

People were involved in day to day choices. When people were assessed as lacking capacity this was followed up with referrals to other professionals if required. For example Mental Capacity Assessments (MCA) were completed and Deprivation of Liberty Safeguards (DoLS) applications were submitted when it was identified that a person may be at risk.

Dignity and privacy were maintained, people were supported to dress in the way they chose and involved in day to day choices and decisions. People were spoken to respectfully at all times and staff demonstrated a good understanding of how to respond if people became distressed or anxious.

Nutrition was well managed and people were offered a variety of food and drinks to help maintain good nutritional and fluid intake. People's weights were monitored and any changes or concerns reported to appropriate healthcare professionals.

Medicine procedures were safe and systems were in place to ensure staff giving medicines were appropriately trained and their competencies regularly assessed.

There was a robust and thorough system in place to assess and monitor the quality of service within the home. This included auditing and reviewing falls to identify any themes or trends. There was a clear response to any falls or injuries and the home liaised with other healthcare professionals, with referrals seen to community nurses, dietician, GP and mental health teams as required.

There were appropriate systems in place to ensure that the environment and equipment were regularly maintained. This included fire safety equipment, electrical (PAT) testing, legionella and water safety testing.

Feedback was sought from people. All feedback was used to continually improve and develop Ashley Gardens and the results from surveys and further feedback was shared with people and staff. This meant that people's views were considered and valued.

The registered manager worked collaboratively with other healthcare professionals and sourced information to ensure the service was meeting best practice guidelines and regulatory requirements.

There was a daily programme of activities and people gave positive feedback about the entertainment and activities provided.

A complaints procedure was in place, and people felt they could speak openly to the registered manager or staff if they needed to. There were no on-going complaints.

Notifications had been completed to inform CQC and other outside organisations when events occurred.

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.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People living at Ashley Gardens felt that staffing levels were good.

Is the service effective?

Good 

The service was effective.

The manager and staff showed they had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We saw that capacity was considered in providing care to people and recorded in care files.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink. Fluid and food intake was recorded when necessary and referrals made to other healthcare professionals when required.

People were supported to access health care services and other professionals.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff. Everyone was

positive about the care provided by all staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Relatives were made to feel welcome in the service.

Confidential records were kept securely in a locked office.

Is the service responsive?

The service was not always responsive.

A recent change to a person's condition had not identified the need for further moving and handling equipment. However, the registered manager responded to this promptly during the inspection.

Documentation was person centred. Care plans had been written for people's identified care needs and were regularly reviewed and updated.

People's choices and the involvement of relatives and other representatives was clearly included in care files.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

A complaints procedure was in place and people told us they would be happy to discuss any issues or concerns with staff or the registered manager.

Requires Improvement ●

Is the service well-led?

The service was well led.

There was a registered manager at the home. Staff, relatives and people living at Ashley Gardens spoke highly about the manager and the way they ran the home.

The registered manager had an open, inclusive culture which included involving people and staff in the on-going development of the home.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

Good ●

Ashley Gardens

Detailed findings

Background to this inspection

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

This inspection which took place on 14 and 15 July 2016 was unannounced and undertaken by two inspectors.

The last inspection took place in June 2014 where no concerns were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they planned to make. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

We observed care in the communal areas and throughout the home. We spoke with people and staff, and observed how people were supported during their meals. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) in the main communal lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people living at Ashley Gardens, five relatives, one visitor and nine staff. This included the registered manager, deputy manager, senior carers, carers, administrative, activity, laundry and kitchen staff who were all involved in the day to day running of the home.

We spent time looking at care records and case tracked four people. This is when we look at all care documentation for that person to get a picture of their care needs and how these are met. We looked at a further two care plans to follow up on specific areas of care including risk assessments and associated daily

records and monitoring charts. We reviewed three staff files and other records relating to the management of the home, such as complaints, accident and incident recording and audit documentation.

Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting information, maintenance and emergency plans.

Prior to the inspection we received positive feedback from three visiting health professionals who shared their experiences of the home.

Is the service safe?

Our findings

People told us they felt safe at Ashley Gardens. Telling us, "I feel very fortunate to be here, they never get cross or raise their voice, I feel very safe and well looked after." And, "I like it here, I must do or I wouldn't stay." Relatives felt that staff knew people well and were always available to provide support and assistance, telling us, "I can sleep really safely at night; it's like a family here." "They look after people here, I feel safe when I leave her." And, "Mum being here has given us peace of mind." Visiting health professionals gave positive feedback about the standard of care they had seen whilst visiting the home.

People living at Ashley Gardens were safe. The registered manager and staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. If this was not appropriate they would report to the relevant external organisations. They told us they would always report concerns to make sure people were safe. The registered manager told us they would contact the local authority to discuss any concerns and ensure that all appropriate actions had been taken.

Ashley Gardens provided care for people who had memory loss or dementia. To keep people safe and minimise risk, risk assessments had been completed for environmental and individual risks as identified during care reviews. This included falls, pressure area care, nutrition, mobility and pain management. Risk assessments were regularly reviewed and provided information for staff on how to manage the identified risks. Assessments identified the risk and the plan contained information about how to minimise the risk whilst maintaining the person's independence. For example risk assessments for falls included information regarding medicines taken regularly which may affect balance or cause drowsiness.

People were mostly independently mobile, some with the use of Zimmer frames or walking sticks. Some people used a wheelchair assisted by staff to move around the home or travel longer distances. We saw that people were reminded to use walking aids and staff offered verbal support or prompting when required to ensure people remained safe whilst walking around the home. Relatives told us that staff had been really supportive and had given their relative the confidence to walk short distances again, accompanied by staff and this had made a positive impact on their health and wellbeing.

There were systems in place to ensure the safe administration of medicines with organisational medicine policies and procedures in place for staff to follow. We observed medicines being given to people and saw that staff followed correct procedures to ensure this was done safely. People were offered 'as required' or PRN medicines if prescribed. Information was then completed on Medicine Administration Records (MAR) charts to identify why they had been given, the dosage and time. This meant that people received their medicines in a safe and consistent manner. All medicines were stored in locked medicine trolleys. Stock items and those requiring refrigeration were locked in an allocated fridge within the medicine cupboard. Daily temperature monitoring had taken place to ensure medicines were stored appropriately.

Medicines were administered by trained care staff. MAR charts were clear and accurate and reflected that medicines were administered in accordance with individual prescriptions. They contained individual information and photographs to support safe administration including PRN protocols and information about allergies. Staff who administered medicines were regularly observed by senior staff and competency checks completed to ensure correct procedures were followed and maintained.

Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. This ensured as far as possible only suitable people worked at the home. Appropriate recruitment and appointment information had been obtained, this included work permits and visa information if applicable. Application forms and detailed interview notes were in place, these included details of discussions regarding any employment history gaps, confirmation of identity and references. The registered manager told us that when new staff were now being recruited, the process included them being introduced to the people living at Ashley Gardens before a decision about their employment was made. This gave people the chance to speak to potential new staff and feedback their thoughts and feelings to the registered manager.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place; this had included the addition of new information to incorporate recent changes to regulation. A staff handbook was available and a copy of this was given to all staff. This included relevant policies and procedures and information to ensure they were aware of correct working procedures.

We saw that staff were available to respond promptly when people used call bells or asked for assistance. Staff told us they felt there were enough staff to be able to meet people's needs. All staff including administrative staff were trained care staff and assisted when needed. When people asked to go out into the garden or for a walk a member of staff always made themselves available. The registered manager told us how staffing levels were flexible and always dependant on people's care needs. A new 'floating' staff shift had recently been implemented to cover busy periods of the day. Staff fed back positively about this and said it really helped having an extra person. The registered manager was a visible presence within the home and relatives confirmed this was the norm and a deputy manager was on the rota for all shifts over a seven day period. This meant that staff were supported by a senior person at all times. People and relatives told us that there were always staff available, and they had no concerns regarding staffing levels.

The registered manager had oversight of accidents and incidents within the home. Information regarding incidents was written in care documentation and an analysis of falls was completed monthly. We discussed with the registered manager the introduction a similar system of analysis of other incidents and saw this had been implemented before the end of the inspection. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if a person's health had deteriorated resulting in a fall, referrals had been made to appropriate outside agencies.

The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available to staff and a member of the management team was on call and available at any time for advice. Staff knew what to do in the event of a fire. Fire procedures were in place along with individual evacuation plans for each person living in the home. The building was well maintained with maintenance staff available to carry out repairs and improvements when required. Minor issues had been responded to promptly and details of emergency contacts for example in the event of water, gas or electrical

issue were available. Systems were in place to ensure equipment and services were well maintained and checked regularly. This included water checks, legionella and electrical (PAT) testing.

There were on-going improvements to the building and outside areas. A new pink, pathway had been put into the garden area. The colour had been decided after consultation with people and the surface was designed to be safe in the event of a fall. The dining area had been tastefully decorated and plans were in place for a decking area in a garden area accessed from the dining area. We were sent confirmation that this had been completed before the report was written.

Is the service effective?

Our findings

People told us they were supported by "Nice staff who know what they are doing." Another told us, "They help me with what I need." Relatives told us staff were proactive in enabling people to access other healthcare professionals. A relative was escorting their relative to a GP appointment, they told us, "They are all brilliant they really know and support Mum, they always pick up if there are any changes."

Staff were quick to identify any concerns they had about people. For example, checking on people's skin condition when they provided personal care or identifying if someone appeared unwell. Any concerns were promptly reported to the GP or community nursing team. We spoke to one of the nursing team who confirmed that staff contacted them for advice or to arrange visits if needed. Staff told us they were aware of their responsibility to ensure that they reported any concerns to the manager and other professionals as needed. Care records demonstrated people had been seen by the optician, district nurses, chiropodists, social services and the GP. This meant that people received support from the appropriate healthcare professional when needed.

The registered manager and staff had a clear understanding around Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had completed relevant training. Information was also available to support staff including policies and procedures. The MCA 2005 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. Staff were clear regarding the need to ensure people were involved in day to day decisions and that consent was sought before any care or support was provided. Mental capacity assessments had been completed and the registered manager had applied to the local authority for DoLS when necessary. DoLS ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. For example people identified at risk of leaving the home unsupervised.

We saw staff offering choices throughout the inspection, it was evident that the emphasis was always to encourage and support people to be involved in decisions and to make choices.

People received care from staff who had the knowledge and skills to look after them. Ashley Gardens had a training programme which included all essential training for staff, with further training available to further enhance people's skills. For example, staff had attended a 'virtual dementia training' day, this had included practical ways for staff to learn how a person living with dementia may experience noise, vision and situations. Staff told us this gave them a real insight into dementia and made them think about what practical changes they could make to improve the way they provided care and support to people. We saw that staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided promptly. The registered manager and senior staff carried out regular competency checks to ensure staff training had been appropriate and that staff were providing care safely and effectively following guidelines and best practice.

New staff completed an induction programme. An induction is essential to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. The induction included shadowing a current staff member with supervision and assessments to ensure that staff did not work alone until they were competent to do so. The registered manager told us that many staff had worked at Ashley Gardens for some time. There was low staff turnover and the home did not use agency staff. This meant that people received continuity of care from staff they knew well. Relatives told us, "The staff know people and they get to know us, you see the same staff, so they know people, like Mum they understand her, and her ways." Staff were aware of their roles and responsibilities within the service and received training to support them in providing the care and support required by people. They were provided with a staff handbook, this included all relevant policies and procedures that underpinned their role.

All staff received supervision. Staff told us they found this beneficial and they had the opportunity to discuss any issues or further training they required. Staff felt that they could raise concerns or speak to the registered manager or deputy at any time. Staff we met told us that the registered manager was open and approachable and felt they received excellent support and were empowered to provide good care for people which met their needs.

We spent time observing lunch during the inspection. Ashley Gardens had a large dining area; this had been recently decorated in colours the registered manager had researched as stimulating for the appetite. The room was bright and tables nicely set with condiments available. A selection of meals and drinks were available. People were supported to have enough to eat and drink and had a pleasant and social dining experience. Staff encouraged people to eat a nutritional balanced diet. We saw that if people did not eat their meal alternatives were offered. For example, one person had chosen a vegetarian option, after eating a few mouthfuls they asked for the same as the person next to them and this was promptly provided. Another did not want to eat their main meal, staff knew this person well and to encourage and support their nutritional input they provided them with a pudding which they ate immediately. They were then offered another portion of the fruit pudding which the person also finished. People were given support when needed and staff took the time to sit with people when they needed assistance with their meal.

People's nutritional needs had been assessed and regularly reviewed. We spoke to the cook who told us they were aware of people's specific dietary needs. This included people's allergies and those requiring diabetic, soft, pureed or vegetarian meals, they were also aware of people's likes and dislikes. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. People's weights were regularly recorded and any concerns, for example if people lost weight or showed signs of eating problems these were reported to the GP. For people who had difficulty in eating or swallowing, suitable meals were provided. This included mashed or soft pureed meals. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition and fluids. People gave very positive feedback regarding the meals provided and we were told, "I really enjoyed that." And, "The food is always good."

Is the service caring?

Our findings

People living at Ashley Gardens, relatives and visitors were positive about the kind, caring and patient attitude of all staff. People told us, "They are always kind, they never get cross with anyone or raise their voice, they are gentle." And, "They are lovely." Relatives spoke highly of the registered manager and all the staff, telling us, "We pop in at all times, and we are always very impressed, staff are so understanding and welcoming." Another told us, "I have no concerns at all, I feel really positive about the care staff, and it's just an overall pleasant atmosphere here."

Staff had a good understanding of people's needs. It was clear that staff always endeavoured to ensure people felt happy and were comfortable. For example, one person who was sat in the lounge had cushions placed under their arms to ensure that their pressure areas were supported. When this person decided to move to another area, staff ensured that the cushions were repositioned and checked they were comfortable and had everything they needed.

Throughout our visit we observed people were treated with dignity and respect. For example, when people needed assistance to go to the toilet this was provided promptly and discretely. When one person spilt their drink staff asked them if they would like help to change their top. Doors were closed when any personal care was provided and staff always knocked on people's doors before entering the room.

People were supported to dress appropriately. One person told us he liked to look smart and was delighted with the top he was wearing as it had a military style emblem. A lady told us she liked to look smart but did not like to wear skirts and preferred trousers. We saw that both days this had been supported by staff. People had access to a regular hairdresser with a fully working hair dressing salon which has been decorated to try and emulate the experience of a trip to the hairdresser. The salon was made available to anyone who wished to use it and some people had their own hairdresser who visited the home.

Staff were seen to stop and engage in conversation with people, whether this was in passing in the corridor or when people were sat in communal areas. Staff interacted freely with people and people responded positively. One person liked to sit alone and chose to sit in the main entrance area. Staff frequently stopped to check they were ok, offering drinks and snacks. At lunch time staff tried to gently encourage the person to sit with them in the dining room. The person declined however, staff told us they always reminded the person that they could eat wherever they wanted and did not take it for granted that they would always choose to eat alone.

When people showed signs of distress staff responded calmly and gently. When a person started to shout at people passing in the corridor, staff used distraction to alleviate the situation, this included discussion around photographs displayed on the wall in the corridor. The person became involved in the conversation regarding their past and the situation was resolved. This demonstrated a clear understanding by staff of the possible triggers and actions to take for people should they become distressed or anxious.

Ashley Gardens provided end of life care for people. People had end of life care plans with details of their

wishes included. Relatives told us staff worked tirelessly to ensure people were treated with respect and "Staff went that extra mile when people were unwell." A staff member told us, "When one person was end of life, (manager's name) stayed and sat with them, it was so nice, she really cares." The staff were particularly aware of the importance of good management of medicines for example pain relief when people were end of life to ensure that any symptoms were managed effectively. Ashley Gardens management and staff also worked collaboratively with other healthcare professionals, including the community nursing team and other health professionals who provided nursing support for people who were receiving end of life care.

Relatives told us they were kept informed of any changes and were involved in care planning and reviews. Relatives felt they were welcomed and encouraged to visit at any time. All feedback we received from people, visitors and relatives regarding Ashley Gardens was positive.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff were aware of the importance of protecting people's personal information.

Is the service responsive?

Our findings

People and relatives told us that staff and the management were responsive to any changes. We were told, "I have complete peace of mind that they know what they are doing." And "Twice a year we meet with the keyworker, we always know if anything has changed, they talk to us every time we pop in or call."

The registered manager told us that they did not have a lifting hoist. People who lived at Ashley Gardens were assessed to ensure that they were able to stand and mobilise safely without the need to be hoisted. A stand aid was available for people who needed some assistance but were able to weight bear and an emergency inflating lifting aid was available in the event someone had a fall or tripped and needed to be assisted up from the floor. However, one person whose room was on the first floor had recently had a deterioration in their overall health and they were now too unwell to stand unaided. We discussed this very recent health change and the registered manager identified that in the event of an emergency or if the person requested to get out of bed staff would not be able to do this as appropriate lifting equipment was not available.

We recommend that the provider ensures that appropriate equipment is always available for people whose health may deteriorate rapidly.

Staff told us the change to this person's health had been very recent, However it was unclear how they would be assisted if they requested to get out of bed or needed to be moved. The registered manager acknowledged this immediately and had ordered a lifting hoist before the inspection was completed. We saw documentation to show this would be delivered shortly. They had also organised updated moving and handling training to be incorporated to ensure staff were appropriately trained to use the new equipment. Following from this the registered manager told us they had also ordered further evacuation aids including evacuation chairs to ensure that anyone who was unable to mobilise fully could be safely evacuated from the upstairs of the building if needed. These were in place before the inspection ended, and updated evacuation training organised.

People were involved in the planning and assessment of care. Before people moved into the home the registered manager or senior member of care staff carried out an assessment. Relatives told us, "They visited mum at home, we were there and we were really impressed as (managers name) and the deputy really listened to mum, and us and made an effort to find out about her as a person and her little ways, so that they could make the move as smooth as possible and care for her the way she wanted." Where people were less able to express themselves verbally people's representatives for example, Lasting Power of Attorney (LPA) or next of kin (NoK) were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. This meant that people received person centred care based on their individual needs.

Care planning and documentation included details about people and their individual preferences. This included their likes, dislikes, life history and significant life events. People's equality and diversity was

considered, staff had attended courses around equality and diversity and this knowledge had been incorporated into care planning and care provision. The registered manager told us about examples of accessing support from the community for people. This included one person who had a particular interest in spirituality. This was discussed with the person's family and with their consent visits were arranged. The registered manager told us about the positive effect this had on the person's health and well-being. The home also has close links to the local church. These included regular visits by the church members to the home to provide church services for people who wished to attend.

Regular assessment and reviews meant that the home identified if they were no longer able to meet a person's needs. For example, when a person required 24 hour nursing care. We were told that the home then worked with health professionals to ensure the transition was as smooth as possible. Liaising with families and the nursing home to ensure they were aware of the person's individual needs and preferences. Visiting professionals we spoke to told us they found the registered manager and staff were always responsive to any suggestions to continually improve the quality of care people received.

A range of activities were provided at Ashley Gardens with a weekly schedule produced. People had access to copies of this and they were also displayed to ensure people and visitors were aware what was planned. Two activity co-ordinators were employed to organise and facilitate activities. People and their relatives were very positive about the activities provided. Telling us, "There is always something going on," And, "Even though Mum prefers to sit quietly, there is always something to do if she wants to." The registered manager told us the home accessed information and attended forums to help them develop activities provided and to ensure they met the needs of people, for example, focussed on providing meaningful activity for people with dementia or memory loss. A number of visiting entertainers had also provided activities. This included singing, music and there was a visiting dog who was brought into the home regularly for people to pet. One person told us they loved Elvis, they remembered a visit when 'Elvis' had come to the home to sing. Staff also told us that for a person's birthday an Elvis impersonator had been arranged by the registered manager to come in and sing for the person. The home also had links to local schools and youth groups and had been involved in community activities.

As well as daily activities including arts, crafts, quizzes and games, the home had a cinema room which was used regularly to show films. We were told the cinema provided the total experience of going to the cinema; people had popcorn and chose which film would be shown. A garden room had recently been decorated on the ground floor. This was a quiet room used regularly by people and its aim was to bring the garden inside for people. We saw this had been decorated with pictures of flowers and plants and had access to the garden. The garden area had tables and chairs for people to use in good weather, and the pathway had recently been updated. This pathway was brightly coloured and people had been involved in choosing the colour. We saw that throughout the home consideration had taken place aided by research around how to provide a safe but stimulating environment for people. The dining room had been decorated in colours that research found by the registered manager stated encouraged appetite. All redecoration had been discussed with people and they had been involved in choices and decisions. To aid people's orientation to the building, areas including communal corridors were colour co-ordinated. We also saw that toilets had blue doors, staff told us this was to assist people in finding toilets when needed.

The home had Wi-Fi available and a laptop which could be used by people. We were told that Skype conversations had taken place in the past when relatives lived overseas.

A complaints policy and procedure was in place and displayed in full in the entrance area. Copies were also given to people as part of the information given on admission. The registered manager understood the importance of ensuring even informal concerns were addressed and documented to ensure all actions

taken by the service were clear and robust. There was opportunity for people to give feedback and all staff were aware that if any issues were raised with them they would ensure the registered manager was aware and steps would be taken to address concerns. The registered manager told us they had an 'open door policy' and we saw that people and visitors chatted to the registered manager and deputy manager when they visited. People and relatives were clear they had no concerns but if they did they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection.

Is the service well-led?

Our findings

Everyone we spoke with including people living at Ashley Gardens, visitors, relatives and health professionals spoke very highly of the registered manager. Relatives told us, "She is great, she or the deputy are always here, they know people really well, nothing is too much trouble." Staff told us they felt supported and that the manager was passionate about the home. One told us "I look forward to coming to work, I love my job, and the manager is brilliant."

Visiting health professionals told us the registered manager was proactive and always took comments on board to continually develop and improve the service provided to people.

The registered manager had worked at the service for many years and demonstrated a clear understanding of their role and responsibilities. Care was person centred, with a real emphasis on always putting the person first and foremost. This was seen during observations between staff and people and further supported in the way people's care records were written.

The registered manager worked at the home most days and had a good knowledge and understanding of people, their needs and choices. They were passionate about their role and told us they aimed to ensure that people were always 'put first.' They promoted an open inclusive culture and told us the focus of the service was to ensure people received person centred care which supported them to maintain independence and dignity at all times. They worked hard to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

The registered manager was proactive and had regularly sourced information from forums and by attending workshops to keep up to date with the latest legislation and guidance. They also kept up to date with developments in health care by sourcing information online and reading and reflecting on changes to practice. This included changes to the CQC inspection process and regulations. The manager completed the Provider Information Return (PIR) and had provided us with detailed information about how they continually assessed the service to ensure high standards of care were provided and best practice was maintained. They told us about areas they were reviewing. For example, changes had been made to the call bell system where staff were alerted when people required help or assistance. There had been a reduction in the call bell ringing throughout the building and the noise reduced to prevent unnecessary banging when doors closed. They had also produced the 'Ashley Gardens Oracle' a newsletter used to share information about past and future events and to feedback results from regular surveys completed by people.

The registered manager continually strove to ensure excellence through consultation with other health professionals; for example, they had close links to community mental health teams and local health professionals involved in end of life care. They had been involved in the development of the good dementia care guide and worked in partnership with the local authority to write the guide which was cascaded to all homes across East Sussex. This meant they strove to continually improve the service using a number of innovative ideas to sustain best practice and support and empower staff.

Staff told us they felt supported and valued. They told us that the registered manager listened to their views and they felt included in decisions. Staff had regular meetings and received feedback on what had gone well and what they were working to achieve to continually improve. Regular feedback was sought from residents and relatives in the form of surveys. These were produced in easy read format for people and devised in line with CQC five key areas. All information fed back to the home was used to continually improve.

There was a robust system in place to assess and monitor the quality of the service. As well as daily, weekly and monthly checks carried out by the registered manager. A number of reviews, competency assessments and audits were completed. These included care planning, medicines, safeguarding, falls, health and safety and environmental audits. Any areas which needed to be addressed were noted promptly and actions taken to rectify or improve. The provider also carried out regular visits to Ashley Gardens. They completed a provider audit, which included a theme for each visit. For example complaints and compliments, care planning, or environment. These reviews formed part of the ongoing quality assurance to ensure standards were high and that these were being maintained.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. A new policy gave information to staff to guide practice in relation to the duty of candour. Staff were aware of the importance of being open and transparent and involving people when things happened.

Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings and included in the staff handbook to ensure everyone was aware if changes occurred.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us and other outside agencies when required.