

## Barchester Healthcare Homes Limited

# Ashchurch View

### 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

### About the service

Ashchurch View is a residential care home which provides personal and nursing care to 60 older people and people living with dementia. At the time of the inspection 50 people were receiving care. Ashchurch View is located in Ashchurch, close to Tewkesbury. The home is set across three units, Lancaster, Red Rose and York. The home is set in well presented gardens which people could access. There was a range of communal areas that people and their relatives could use.

### People's experience of using this service and what we found

The registered manager and provider had carried out a number of improvements at Ashchurch View. This included a range of recruitment, which had improved people's continuity of care. Management, activity and care staff had built strong links with the local community, improving people's wellbeing. The registered manager was instilling a positive caring culture in the home which was welcomed by people, their relatives and staff.

The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes.

People, their relatives and healthcare professionals felt Ashchurch View was now a safe place. People received appropriate care and treatment, based on current guidance and best practice. People's risks were known by care and nursing staff. Care and nursing staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

Staff were well trained and had the skills to meet people's needs. Staff had access to support, reflective practice and continued professional development they needed. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. When people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, nursing and care staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed an engaging and varied life at Ashchurch View. People and their relative's spoke positively about the activities in the home as well as the one to one engagement they received. The registered manager and provider ensured people's views were acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 15 January 2019) and we identified two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that improvements had been embedded and sustained.

#### Why we inspected

This was a planned inspection based on the previous rating of "Requires Improvement". At this inspection we found that the service had improved and was now rated as "Good".

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Ashchurch View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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

#### Service and service type

Ashchurch View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager at Ashchurch View. A representative of the provider who was in day to day control of the home was in the process of applying to be registered with CQC. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received from the provider, including statutory notifications.

During the inspection

We spoke with 12 people who used the service and eight people's relatives about their experience of the care provided. We spoke with 15 members of staff including five care staff, an activity lead, the chef, head of housekeeping, a unit lead, three nurses, the registered manager and two representatives of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records; this included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating of this key question improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at Ashchurch View. People and their relatives told us they felt the home was safe. Comments included: "I have peace of mind now, things have improved"; "As far as I'm concerned, it's safe" and "Dad is safe. I can sleep at night knowing he is being well looked after."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- Staff were supported to reflect on their practice when things hadn't gone as planned. For example, one member of staff reflected on a medicine error. They were encouraged to reflect on the activities they needed to stop, needed to start and those they would continue to do.
- The registered manager and provider used Incident and accident audits to identify possible improvements to staffing arrangements or people's support. For example, following incident and accident analysis the registered manager had started call bell audits to enable them to gather further information in relation to times when staff may be under increased pressure.

Assessing risk, safety monitoring and management;

- People's skin integrity care needs were identified and assessed by nursing staff and care staff (along with community nurse support) at Ashchurch View. Depending on the unit, nursing or care staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was living with a pressure ulcer which nursing and care staff supported them with. Nursing staff had engaged with healthcare professionals to ensure the support they provided was effective and followed their guidance to support their treatment plan. Care staff had clear guidance on the support the person required including the equipment they required and how often they needed to be assisted to reposition.
- People's individual risks had been assessed and clear guidance provided. Where specific risks had been identified, such as catheter care, behaviours which challenge, choking or malnutrition, there were comprehensive risk and care assessments which provided staff clear guidance on how to meet people's needs and protect them from the risks associated with their care.

- Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had knocked their head, to ensure people's health and wellbeing were promoted.
- Ashchurch View was well maintained and there were dedicated systems in place to ensure any safety concerns regarding the building were addressed. The registered manager had a business continuity plan, which they had recently had to use when the water supply was unavailable for a few hours following adverse weather conditions. The registered manager and staff spoke positively about how they managed this event.

#### Preventing and controlling infection

- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection. One member of staff told us, "Good handwashing is paramount in a care home."

#### Using medicines safely

- People received their medicines as prescribed. Nursing and care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines. Nursing and care staff received training to be able to administer people's prescribed medicines. Nursing and care staff's competency to manage and administer people's medicines were assessed to ensure they managed people's medicines safely and effectively.
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine staff asked if they wanted these medicines and acted upon their wishes.
- Staff had clear personalised plans to follow when assisting people with as required anti-psychotic medicines, pain relief and medicines which were agreed to be given covertly.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. The registered manager and provider had carried out a range of recruitment since their arrival in June 2019. The service were no longer using agency staff to maintain safe staffing levels.
- People and their relatives spoke positively about staffing and the improvements to the continuity of care. Comments included: "We don't have agency staff any more, this is a good thing. Care has improved"; "The continuity of [relatives] care has really improved" and "[registered manager] has sorted out staff sickness problems."
- Staff told us that there were enough staff to meet people's needs and spend time with them. Comments included: "We have enough staff. We work as a team and get things done. If we're struggling [registered manager] and others step in and help. We do get to spend time with people and engage with them"; "Staffing has improved greatly, we don't have agency now. There are a lot more days now, when I walk out of the door I feel I've achieved something" and "The staffing is fine. I don't feel rushed. We are able to provide activities and engagement. If it was bad I wouldn't work here."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always ensured that staff had the training and support they required to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made by the provider and registered manager to meet the regulation.

- People were supported by staff who had the training and support they needed to meet their needs. People and their relatives spoke positively about the nursing and care staff. Comments included: "The care and nursing staff are really good"; "They look after me very well" and "The majority of the care staff are amazing."
- Staff spoke positively about the training they received and felt they had the skills required to meet people's needs. Staff had opportunities for professional development, including completing qualifications in health and social care. Staff comments included: "I have all the training I need. I am waiting to start my NVQ 3 (a qualification in health and social care), I've been supported to access this" and "I definitely have the training I need to do my job."
- All staff had access to effective and frequent supervision (one to one meetings with their line manager). Nursing and care staff told us they were supported and felt valued by the registered manager and provider. Comments included: "I feel supported. [registered manager] is really approachable. We have some celebrations coming up for Christmas, it makes me feel valued"; "I am supported. For me the managers have been very accommodating. [Registered manager] has done everything she can to accommodate me. I am happy to be flexible in return" and "The [registered manager] is very friendly and so supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at Ashchurch View used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. People and their relatives mainly spoke positively about the food they received. Comments from people included: "Mum enjoys the food. The menu is varied"; "I

suppose it's quite good" and "It's very good food."

- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. All staff were aware of people who required a textured diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was clearly documented and readily available for staff. The chef was fully aware of people's needs and discussed the use of fortified food and protein rich diets. The registered manager and provider had clear clinical oversight of the effectiveness of people's dietary support.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Care and nursing staff worked alongside GP's and other associated healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One healthcare professional told us, "The service has really improved. They welcome us and work with us."
- Advice from health care professionals helped inform people's care plans to enable staff to meet people's needs. For example, one person had clear guidance in relation to their catheter care and nutritional needs. Nursing staff had sought support in relation to concerns over the catheter becoming blocked and had clear guidance in place to reduce potential hospital admissions.
- Each person's oral care needs had been assessed. Where necessary people were referred to specialist dental services. One person had been supported with a dental appointment and had been prescribed specialist tooth paste.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

Adapting service, design, decoration to meet people's needs

- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People and their relative spoke positively about the layout of the home.
- Since our last inspection, the provider and registered manager had moved two of the units around, to help provide a more effective and tailored service. People, their relatives and staff spoke positively about this change. One person told us it enabled them to access areas of the home without having to rely on staff support.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. We observed staff support people to make choices throughout the day, including what they would like to eat and the activities they wanted to enjoy. Staff told us how they promoted people's choice and respected people's decisions. Comments included: "[Person] snacks a lot, he knows what he wants and he'll ask for it. It's his choice and at the stage of his life, we respect that" and "[Person] can make their own decisions, we try and encourage them and use decisions as an opportunity to prompt and encourage."
- The registered manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. DoLS applications had been underpinned by comprehensive mental capacity assessments and best interest assessments. Where the authorising body had made conditions, the service had tracked these conditions and made the authorising body an update on any changes.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by dedicated and committed nursing and care staff. People and their relatives spoke positively about how kind, caring and compassionate the nursing and care staff were. Comments included: "They're very kind. They have a laugh with you"; "The staff are very kind and thoughtful" and "As far as I'm concerned, [relative] gets lovely care."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care, nursing and domestic staff engage with people in a respectful and natural way. For example, one member of staff walked with a person around the home, talking to them and offering them support. The person was comfortable with the member of staff and enjoyed their company.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.
- Staff sought the views of one person who celebrated gay pride. Staff understood they celebrated in their own personal way which they did not wish to impact. One member of staff told us, "We asked him if we could engage residents in gay pride and they said yes, so we made a rainbow flag and some colourful cupcakes."

Supporting people to express their views and be involved in making decisions about their care

- Staff confidently spoke about people, their needs and how they promoted their confidence and wellbeing. Comments included: "We have one resident who likes to spend her time in her room. I go and speak to her and do her nails"; "[Person] needs a lot of reassurance and encouragement. We provide a lot of incentives and involve the person in making decisions. They will often say they are unhappy, however with encouragement they get involved and are happy." and "All staff know the residents very well, we engage as a team, in handover we make sure we have a moment to share our knowledge and know how people are."
- Where people were unable to verbally communicate their needs, care staff looked for changes in their body language to identify if they were in pain or any discomfort. One member of staff told us, "We have to ensure people are comfortable and free from pain. We know people, so we know their body language. For example, one person will talk and smile, however if they're in pain they will shout."
- People were at the centre of their care and where possible were supported to make decisions. One member of staff told us, "This is their home. People can go to bed when they want. We do what we have to, to promote person centred care. We work for them. With the rugby world cup we had some people wanting

to watch the early games, this was their choice and we supported them."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they were able to. We observed staff prompting people throughout our inspection. Staff worked at people's pace and encouraged them to take as much control of their care as possible.
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them, whether with their meals or their mobility.
- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not always ensured that people received care and support which was tailored to their individual needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made by the provider and registered manager to meet the regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "She listens to me and I feel understood"; "The care is tailored to [relative] now" and "I do feel the care is about me."
- Each person's care plans contained information about their life, including their relationships, hobbies and preferences. People and their relatives were involved in creating their care plans and reviewing them. Care plan reviews carried out by staff showed people and their relatives views had been sought. One person had been supported to move units in the home, their views on this move had been sought during this review. One relative told us, "I am involved, I am contacted if there are any problems."
- People were supported and reassured by staff. When people became anxious or agitated. Care and nursing staff followed guidance assessed through recognised screening tools and behaviour support. Healthcare professional support had also been sought and acted upon to ensure people's individual wellbeing had been promoted. One member of staff told us, "We now have the time to reassure people and promote their wellbeing."

Supporting people to develop and maintain relationships to avoid social isolation

- People's relatives were able to visit people living at Ashchurch View and spend time with them. Staff involved people's relatives and support them to be involved. For example, one person's relative visited on a daily basis. Staff took the time to talk to the relative and recognised their involvement in their loved ones care, including assisting them at mealtimes.
- People were supported to celebrate events with their family. During the inspection the registered manager told us they had been invited to a special family celebration to help enable the person to go to this event. After the inspection, the registered manager discussed this celebration. They told us, "My staff made sure my resident looked lovely, with her appearance and well-being" and "I felt we made a big difference to my resident's life, We will continue to ensure that people under our care live their life to the fullest and family will remember Ashchurch View as the best place for their love ones."
- People were supported to celebrate their birthdays with their family and friends, or by doing something which meant something to them. One person had been supported to celebrate their 100th birthday in the home. Another person was supported celebrate their birthday with a boat trip. Feedback from the person's

relative was shown us by the activity lead, which stated, 'Thank you so much for the pictures of mum on the boat trip. You are very special and have brought such a lot of happiness to the care home.'

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives spoke positively about the activities and events at Ashchurch View, including that significant improvements had been made since our last inspection. Comments included: "The interaction between staff and residents has increased, talking more, more staff around, circle time, singing. A year ago Mum was just in her room now she's more motivated"; "[Relative] doesn't need the activities we've got with all the bells and whistles. Staff got a basket full of things (including a twiddle wrap) and a stuffed animal" and "There is a lot for the residents to do here. There is a lot of events, it's always a welcoming environment."
- People had access to activities which were tailored to their needs and preferences. During our inspection, people enjoyed ball games, quizzes, memory sessions and musical activities. Staff took time to spend with people and ensure they were engaged. All activities were communicated to people through weekly event sheets. We observed four people eagerly looking forward to a quiz.
- The service had a whole home approach to promoting people's wellbeing. The activities lead discussed the improvement this approach had had on people. They told us, "When I started there wasn't an activities co-ordinator. Residents were low in mood and motivation. Now, I feel like with the whole homes support we have residents who smile a lot, families are involved. It's gone from one end of the scale to the others."
- Since our last inspection the registered manager and provider had focused on making Ashchurch View part of the wider community as part of a community engagement plan. They had invited a local coffee group to the home for a coffee morning, as well as invited emergency services to stop at the home at any time and enjoy a warm drink. People were also being supported to access the local community, including shopping, accessing coffee shops and going to the local pantomime. The activity lead told us, "We are doing four trips to the pantomime. Staff are coming in on their days off to support us."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the providers policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used complaints as a way to drive improvements within the home. For example, one complaint had been received regarding staff presence. The registered manager took action and followed this up with the complaint, who was satisfied with the outcome.
- People and their relatives felt able to raise their concerns to the manager and provider and were confident they would be addressed. Comments included: "I feel I've been listened to if I raise concerns. They ring me at home too" and "Before I wouldn't have said anything when laundry went missing, now I would follow it up."

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life. One person was

moving towards the end of their life, staff had discussed this with their GP and ensured they were receiving care which maintained their comfort.

- People and their relatives views on their end of life care had been sought. Staff were comfortable discussing people's advanced decisions and views to ensure the end of life care they received was tailored to their wishes.
- Staff spoke positively about getting people's end of life care right. Comments included: "I speak to a nurse before disturbing someone on end of life care for cleaning. I want to respect people's wishes in relation to end of life care" and "We make sure people are comfortable and they have everything they need. We comfort them and stay with them."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people at Ashchurch View. Comments included: "[Registered manager] has been brilliant. She has tried to give us control (regarding Christmas leave)"; "Now [registered manager] has come along we are achieving what we wanted" and "[Registered manager] is amazing and really supports me. I have the backing from the registered manager."
- The provider and registered manager had a clear overview of the training needs of all staff working at Ashchurch View. Analysis the registered manager and provider used showed training completion had significantly improved since the registered manager had been in post.
- The provider ensured staff had additional duties and responsibilities which reflected their individual skills. Staff had been supported to take on champion roles within Ashchurch View, including champions in relation to infection control and dementia care.
- The provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following concerns, they had ensured people and their representatives, as well as relative agencies were informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider had a clear vision of a whole home approach for Ashchurch View. All staff understood and bought into this vision. Comments from staff included: "Get more time to have that 1:1 engagement with people, its encouraged now. Even if you sit with them and have a cup of tea and sort out their sock draw, its engaging with that person and maybe that's important to them"; "This home focuses well on the emotional values of people" and "We are all on the same boat riding that wave."
- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively how training and support had been tailored to the needs of people living at the home. The provider supported to staff to reflect on people's care and events in the home to help improve the quality of care people received.
- Relatives spoke positively about the ethos and caring culture of care staff. Comments included: "I have observed a good relationship between staff and management which can only be achieved by an open and friendly culture" and "[Registered manager] always around, knows everybody's names. The staff are happier

now they are being managed well."

#### Continuous learning and improving care

- The registered manager and provider had comprehensive systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. The registered manager carried out monthly quality and clinical governance meetings, which discussed people's care, any incidents or accidents and concerning trends. This ensured that all staff have relevant information and lessons could be learnt and communicated throughout the home. Any actions were identified and addressed during these meetings, as well as informing the leadership and management plan for Ashchurch View.
- The registered manager, deputy manager and unit leads carried out a range of audits in relation to people's prescribed medicines, the dining experience, people's care plans, health and safety and accidents and incidents. These audits were carried out at routine set by the provider and evidenced continued improvements since our last inspection. When shortfalls had been identified these informed an action plan which was allocated to set staff to complete. All audits and checks were documented in poster made by the provider which set out their expectations.
- The provider ensured they carried out their own quality and regulatory checks of the service. A representative of the provider visited the home and had documented the improvements they had seen since the registered manager had come into post.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The views of staff, people and their relatives had been sought in relation to changes within the home. The registered manager carried out meetings with people and their relatives. A recent meeting had been carried out to discuss people's activities and how they would like to celebrate Christmas. People's views had been acted on and informed the provider's community engagement plan.
- A resident had been supported to become the resident's ambassador. The resident's ambassador told us they had been on two staff interview panels and had gotten involved with activity planning. They advised other people to just ask questions. They told us, "I'm asked what I think." During the inspection they engaged with the registered manager and had asked them to sing a Christmas song with them.
- Care and nursing staff were provided clear information they needed on people's needs, the providers expectations and changes in the home, through meetings, memos and staff handovers. For example, staff (alongside people and their relatives) had been involved in changing units within the home. This enabled staff to fully understand people's needs and risks before they cared for them more frequently.

#### Working in partnership with others

- The registered manager had a clear plan around community engagement and all staff were focused on improving the connection to the community to improve the wellbeing of people living at Ashchurch View. The service had engaged with local charities and people, their relatives and staff spoke positively about the changes in the service.
- The service worked with a range of services aimed at supporting care homes in Gloucestershire. This included accessing training from local care home support team. One healthcare professional told us, "We have no concerns."