

Ash House (Yorkshire) Limited

Ash House Residential Home

Inspection report

Ash House Lane
Dore
Sheffield
South Yorkshire
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Tel: 01142621914

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ash House is registered to provide personal care and accommodation for up to forty older people. The home is a detached building in its own grounds. The home is divided into two units. Beech Walk unit, which cares for people living with dementia and Beech View unit, which is the residential unit. There are two double and thirty six single rooms. Communal lounges and dining rooms are provided on both units. An outside seating area overlooking the grounds is provided. It is in the Dore area of Sheffield. At the time of the inspection the home was providing care for 33 people, some of whom were living with dementia.

At the time of our inspection the home had a registered manager in post. 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.

Our last inspection at Ash House took place on 5 and 9 September 2016. The home was rated Requires Improvement overall. We found the service was in breach of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Seven Hills Nursing Home on our website at 'www.cqc.org.uk'.

This inspection took place on 14 September 2017 and was unannounced. This meant the people who lived at Ash House and the staff who worked there did not know we were coming.

People spoken with were very positive about their experience of living at Ash House. They told us they were happy, felt safe and were respected.

We found systems were in place to make sure people received their medicines safely so their health was looked after. PRN (as and when needed) medicine protocols were in place to ensure staff knew when PRN medicine was required. However, we found stocks of expired prescribed nutritional supplements had not been disposed of appropriately.

Staff recruitment procedures ensured people's safety was promoted. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment.

We saw the service had a general fire evacuation plan in place. Individual support needs to evacuate the building safely had not been identified to make sure risks to people's safety had been mitigated.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role. We found staff were receiving regular supervision and appraisal at the frequency stated in the registered providers own procedures.

Sufficient numbers of staff were provided to meet people's needs. We saw staff responded in a timely way when people required assistance. However, we found during busier periods, such as lunch, staff were not always deployed effectively.

People's individual needs were not currently met by the design, adaptation and decoration of the service. However, we saw a refurbishment plan was in place and work had already commenced at the service. The plan included things like improvements to the lighting in the Beech Walk lounge so it was more dementia friendly, which would be completed by October 2017. Other actions included the replacement of existing carpets in bedrooms on the residential unit and replacement of bedroom flooring on Beech Walk unit with cushion flooring. This plan was over an 18 month period and all actions would be completed by March 2019.

We looked at care records and found they contained detailed information and reflected the care and support being given.

A part-time activities coordinator worked at the service and provided a programme of activities to suit people's preferences. We observed activities taking place and feedback from people who used the service was positive.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

We found the registered provider was not submitting notifications to the Care Quality Commission every time a significant incident has taken place, in line with regulations. For example, we looked at safeguarding records and saw that in 2017 there had been 7 safeguarding incidents at the service. We saw in each case the registered provider had notified the Local Authority and taken appropriate action to minimise risk of harm. However, the registered provider did not notify the CQC, which meant we were not aware of potential incidents of abuse that had occurred at the service. We asked the manager about this who told us they were not aware these types of events need to be reported to CQC. The registered manager is now aware of requirements to submit notifications to the CQC.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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 always safe.

We found that there were no personal emergency evacuation plans (PEEPS) in place to protect people and mitigate risk.

The registered provider had systems in place for managing medicines and people received their medicines in a safe way.

The service had risk assessments, which were reflective of people's current needs.

Staff knew how to safeguard people from abuse and had received training in this subject.

Through our observation, and by talking to staff, we found there were enough staff available to meet people's needs. However, during busier periods, such as lunch, staff were not always deployed effectively.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. Staff also received supervision and appraisal in regard to their development and support.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests. However, we found that mental capacity assessments were not decision specific and would benefit from more detail.

A refurbishment plan was in place.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found the registered provider was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place. We looked at safeguarding records from 1 January 2017 to 14 September 2017 and saw in each case the registered provider had notified other agencies as required but not informed the CQC, in line with regulation.

Staff told us the manager was supportive and communication was good within the home. Staff meetings were held.

The service had a range of policies and procedures available for staff so they had access to important information.

Ash House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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 14 September 2017 and was unannounced. The inspection team consisted of two adult social care 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.

At the time of our inspection there were 33 people using the service. We spoke with the registered provider, the registered manager, the activity coordinator, one care worker, one senior care worker, one kitchen assistant and the cook. We also spoke with five people who used the service, four visiting relatives and a visiting health professional.

To help us understand the experience of people who could not talk with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spent time observing care throughout the service.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. They had no documented concerns in the last 12 months.

We also gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit, which took place in July 2017.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medicines, including the storage and records kept. We also checked the medication administration record charts for people living at Ash House. We looked at the quality assurance systems to check if they were robust and identified areas for improvement. We also looked at four staff files and a number of records relating to the management of the service.

Is the service safe?

Our findings

At our inspection of 5 and 9 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12, Safe care and treatment. The registered provider sent an action plan on 26 October 2016 detailing how they were going to make improvements.

At our last inspection we identified people did not always receive care and treatment in a safe way. Assessment of people's health and safety were not always carried out and management systems were not in place to mitigate any such risks. People were not protected against the unsafe management of medicines. People did not receive their medicines as prescribed and sufficient quantities of medicines were not always in stock to ensure the safety of people and to meet their needs. We checked that the registered provider had addressed these concerns at this inspection and found sufficient improvements had been made to meet aspects of the regulation.

At this inspection we saw that a fire risk assessment, dated 10 August 2017, had been undertaken to identify and mitigate any risks in relation to fire. Actions included all doors being fitted with self-closing devices and fire strips to prevent passage of smoke in the event of the fire. We saw an action plan was in place for this work but this had not been updated. We did a visual check of the service which showed that the registered provider had undertaken actions identified in the fire risk assessment. We saw that the service had a general fire evacuation plan in place which we did not consider to be appropriate for people living at the service as it does not recognise individual supportive needs to leave the building safely in the event of an emergency evacuation. In a care service such as this, we would expect to see personal emergency evacuation plans (PEEPs) for each person who used the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. This meant the registered provider did not ensure systems were in place to do all that was reasonably practicable to mitigate risks. We asked the registered provider to implement PEEPs for all people who lived at the service. The registered provider told us that this action will be completed by 31 October 2017.

People who lived at the service told us they felt safe. One person said; "I feel very safe here" and "They are lovely staff, I have no complaints." One visiting relative told us; "I feel my mum is safe here."

We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We looked at rotas and found they reflected the number of staff working on the day of inspection. The service had five care workers and one senior care staff during the day, with three care staff working on the residential unit and two care staff working on the Beech Walk unit. For night time shifts the rota showed three care workers and one senior on duty, with two care workers on the residential side and one care

worker on the Beech Walk unit. The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. Throughout the day we observed that people received timely care and staff did not appear rushed. However, we found that the deployment of staff during lunchtime could be improved on the residential unit. For example, we observed that when people needed support for longer periods of time it took the two members of the care team away from the meal process, which in effect, left no-one supervising the residential lunch room. This issue was compounded by medicines being administered at mealtimes, which meant that no care staff could easily be deployed to the dining area should the need arise. The potential impact of low staffing during lunch-times is people's needs are not being met. We discussed this with the registered manager who assured us that they would review deployment of care staff during lunch times.

We also carried out observations during lunch time on the Beech Walk unit and saw that there was appropriate staffing in place to meet people's needs.

The registered provider had a policy in place to ensure people were protected from abuse. Staff we spoke with knew what action to take if they suspected abuse. Staff also confirmed that they had received training in this area and knew how to recognise and report safeguarding concerns.

We looked at records relating to accidents and incidents and found there were some months where a large number of accidents had occurred. For example in January 2017, 13 falls were recorded on the falls audit. We saw that the registered provider had analysed this and looked for trends, patterns and actions they could take to minimise falls. One action was to perform regular checks of the environment to ensure that it was free from trip hazards.

We found that people's medicines were managed in a safe way. Medicine was administered to people by the care staff. We saw that medicines were stored appropriately in a locked room. We saw a fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us they were observed administering medicines to check their competency.

We looked at five people's Medication Administration Records (MAR's) and found they were accurately completed to reflect that medicines were given as prescribed. People who required medicine on an 'as and when' required basis, had protocols in place which gave details on how and when to administer the medication. For example, one person had a protocol in place regarding pain relief medication. This stated that staff should observe for signs of pain such as visible signs of holding their knees and limping. This showed that staff knew what signs to look for when the person was experiencing pain and when to provide pain relief.

We saw regular audits of people's medication administration records (MAR) were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We saw records of weekly medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to. We saw that an audit was carried out on 12 June 2017, which identified that care staff were not always signing when medicines were administered to people. In response to this issue the registered provider carried out a full medication audit to see if medicines had been administered correctly, provided additional support through supervision of staff and arranged additional training. We saw that some of the staff attended a training course on medicines management, which was being provided in the service's staff room on the day of the

inspection. This demonstrated that the registered provider was able to respond to concerns with medicine management.

We found the pharmacist had audited the medicines systems on 14 February 2017. The report from this visit showed no urgent concerns had been identified.

The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We saw that CD's was stored appropriately in a locked cupboard. A controlled drugs register was in place, which was used to record all controlled medicines. This was double signed in line with current guidance. We found the amounts recorded in the CD register corresponded with the medicines kept in stock.

We saw that some of the people who lived at this service were prescribed nutritional supplement drinks. These are used to add calories and carbohydrates to the diet of those who are unable to meet their energy and dietary requirements from regular food and drink. We found that two boxes of people's nutritional supplements had expired. Although we saw that these people had fresh stocks of nutritional supplements available, holding expired stock exposes people who use these to unnecessary risk. The registered provider told us that they will dispose of any expired supplements and review how they monitor expiration dates.

Despite this oversight, the registered provider had a system in place for disposing of medicines in a safe way. Medicines which required disposing of were logged in a returns book and the medicines were collected by a third party.

We saw that the registered provider carried out regular checks of the building to keep people safe and the home well maintained. We also checked the service for potential hazards in the environment. We found that there was a metal electric heater in the Beech Walk dining area with no protective cover to prevent burns and direct contact with skin. We also saw a metal electric heater in the upstairs residential corridor with no protective cover. We discussed this concern with the registered provider who assured us that the two heaters were not needed or used and therefore would arrange to have these removed.

We looked at 4 staff files and found procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Staff confirmed they had completed an induction when they started working for the registered provider. They told us this included training which the provider deemed was compulsory and two days shadowing experienced care workers.

The service had no agency care staff working on the day of the inspection. The registered manager told us that only in exceptional circumstances would they use agency staff, which they sourced from one provider who was familiar with their service. The registered manager told us that they looked at agency staff profiles to ensure that staff had the appropriate skills and training. Agency staff were also inducted and paired with regular staff so that care remained person centred.

The registered provider told us that they did not support any people who live at the service with the day to day management of their finances.

Is the service effective?

Our findings

At our inspection of 5 and 9 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12, Safe care and treatment, and regulation 9, Person-centred care. At our last inspection we identified people who needed specific support with eating and were at risk of weight loss were not being monitored and managed effectively. We also identified that there was a lack of engagement from staff when they were offering support during mealtimes. We also found that improvements were needed to the environment in Beech Walk unit, to make it dementia friendly. At this inspection we found sufficient improvements had been made to meet the aspects of the regulations found in breach.

People who lived at the service spoke positively of the meal options available. One person told us; "The food is very good, I love all the meals here." A visiting relative told us that they were; "Very impressed with the meals, in fact I eat here myself when I visit; they [staff] always give me a meal."

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency, so that any emerging risks could be quickly identified.

A visiting relative told us; "On one occasion mum fell out of bed, which they [staff] managed very well and kept me informed as she was in [Local Hospital] for 3 or 4 days." This demonstrated that the registered provider could respond to risk and take appropriate action to ensure that people got the right support and treatment.

We carried out observations on the residential unit and Beech Walk unit during lunchtime and saw that there was a relaxed and calm atmosphere on both units. However, we observed periods where the residential unit was not always supervised by a staff member. Please refer to the section 'Is the service safe?' for full details. We observed meaningful interactions between staff and people who used the service. We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Meal options were displayed on a chalk board with visual aids. Staff were aware of, and respected, people's food and drink preferences.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and various community health professionals.

People's weights were regularly monitored so any weight and health issues were identified quickly.

We looked at the training and supervision matrix for all staff. This showed staff had been provided with supervision at regular frequencies and an annual appraisal for development and support. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

We saw that care staff had completed training which the provider deemed as compulsory. This included training on safeguarding, mental capacity act, manual handling, medicines management, oral hygiene, dementia awareness, infection control, fire safety, health and safety and oral hygiene. We saw that some staff had also completed additional training on managing behaviour that challenges. This demonstrated that staff had been provided with relevant training to develop appropriate skills and knowledge in preventing and managing behavioural and psychological symptoms of dementia.

Staff we spoke with confirmed that they had undertaken a structured induction that had included completing the company's mandatory training and a period of shadowing an experienced staff member. Training records and discussions with staff demonstrated that they possessed the right skills, knowledge and experience to meet services user's needs.

The CQC is required by law to monitor the operation the Mental Capacity Act (MCA) 2005, and to report on what we find. The Act provides a legal framework for making 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 a person lacks mental capacity to take a particular decision, any made on their behalf must be the least restrictive option in their best interests.

People can be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. For example, a person lives at a care home because it provides 24 hour care and this is necessary to keep them safe and meet their needs. If this person is not able to consent to where they live because they do not have mental capacity to consent, this is known as being deprived of your of their liberty.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLs). When a person's deprivation of liberty is approved, this is known as 'standard authorisation'. People who are subject to a standard authorisation are entitled to safeguards to protect their legal rights. One key safeguard is that the person has someone appointed with legal powers to represent them. Other safeguards include rights to challenge authorisations in court. It is important that care services follow the DoLs application procedures to maintain people's fundamental legal rights.

At the time of the inspection there were two people living at the home who were subject to a standard authorisation under the MCA. We saw that the registered provider had a system in place to monitor these individuals to ensure that their legal rights were being maintained.

Where people lacked capacity to consent we saw that capacity assessments were being completed and best interest meetings were being documented. However, we found that documented capacity assessments in peoples care plans were too broad and not decision specific. For example, the capacity assessments we checked read, "Best interest decision needs to be implemented for each area they lack capacity." It is a requirement of the MCA that capacity assessments are time and decision specific. An example of a more decision specific capacity assessment would be 'does this person have capacity to consent to care and

treatment.' We discussed this concern with the registered manager who told us that they would review all people's capacity assessments.

We observed that staff gained consent for things related to people's care where people had capacity to consent. We found that the service was working within the principles of the MCA and appropriate records were in place.

We found people's individual needs on Beech Walk unit were not currently met by the design, adaptation and decoration of the service. Beech Walk unit is a unit that supports people living with dementia. We saw that the registered provider had made some improvements to the environment since we last inspected. This included numbered and coloured bedroom doors to make people's rooms more identifiable for people living with dementia. The corridor walls depicted colourful scenes and had sensory items, which people could touch. We saw that there was a fish tank in the communal lounge, which we observed people looking at. However, we saw that corridors had poor lighting, there were no clocks in communal areas to orientate people and bedrooms and bathrooms were not sufficiently identifiable so that they were easy to find. We also saw that the colour schemes for walls, railings and light switches were not dementia friendly. The registered manager showed us that they had a refurbishment plan in place, which addressed some of these concerns. They told us that they would review Beech Walk unit's design, adaptation and decoration.

We found people's individual needs on the residential unit were currently met by the design, adaptation and decoration of the service. However, due to the age of the building we saw that the communal areas would benefit from refurbishment. For example, the wooden fascia and skirting boards were old and worn in areas. We observed at inspection that carpets were being fitted and a second lunchroom on the residential unit was being re-decorated.

Is the service caring?

Our findings

At our inspection of 5 and 9 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 10, Dignity and respect. The registered provider sent an action plan on 26 October 2016 detailing how they were going to make improvements.

At our last inspection we identified people were not always treated with dignity and respect and staff did not always ensure people's privacy. At this inspection, we found sufficient improvements had been made to meet the regulation.

People living at Ash House all made positive comments about the home. People we spoke with told us; "I know all the staff and they are very nice, I haven't come across one that I don't like," "I couldn't do anything but praise the whole staff," and "They [staff] give all what they can, and a lot give more than they should." Relatives said they were always welcomed in a caring and friendly manner. Their comments included; "The staff couldn't be better, and [registered manager] is a lovely person, nothing is too much trouble for them," "Ash House is very good, all the staff team are lovely and [registered manager] is a lovely person."

We observed caring interactions throughout the inspection. We observed staff providing support to people during lunchtime and found that staff were able to meet people's needs and did so in a caring manner. It is important that staff are able to meet people's needs during meal time, particularly if the individual is at risk of being malnourished and relies on staff for person-centred support to meet their nutritional needs. For example, we observed the care team consistently communicated meal options at eye level when people were seated. We also observed care staff provide verbal encouragement to people who needed support to eat their meals and people were offered second helpings to food and drinks. This demonstrated that staff were caring and committed to meeting people's needs.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

The service had a strong commitment to supporting people living at the home, and their relatives, before and after death. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

We saw that registered provider had recently created a purpose built medical examination room, which was used by visiting health professionals. The registered manager told us that this was more private and dignified for people who received care and treatment at the service from visiting health professionals.

Previously visiting health professionals carried out examinations or administered care and treatment in people's rooms or in communal lounges. A visiting district nurse spoke positively of the new medical room. This showed that the service respected and promoted people's privacy and dignity.

We found that the service had a member of staff who was a dignity champion. The registered provider told us the dignity champion carried out monthly checks, which looked at things like the quality of staff interaction with people who used the service. Findings were then fed back at team meetings to promote staff awareness of dignity and respect in practice. We saw evidence of the monthly checks being carried out.

We found that an activity coordinator was working at the home for 20 hours each week. We observed activities taking place around the home. For example, we saw people took part in bingo with prizes and saw people enjoy walks around the garden. People told us that they enjoyed the activities provided by the service. This helped positively develop caring relationships with people using the service.

We observed the registered manager had an open door policy and people on the residential unit were free to talk to the registered manager when they wanted to. We observed a number of people who used the service went to the register manager's office and interactions were always caring and meaningful.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw that service held a residents meeting on 22 March 2017, which discussed the décor of home, activities and staff. The service also gathered feedback from relatives by sending out surveys. We saw evidence that surveys had been sent to relatives on 31 August 2017 to obtain their views.

Is the service responsive?

Our findings

At our inspection of 5 and 9 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12, Safe care and treatment.

At our last inspection we identified that people's needs had not always been identified or reviewed effectively. At this inspection we found sufficient improvements had been made to meet the aspects of the regulations found in breach.

People living at Ash House, and spoken with, thought the service was responsive. The relatives we spoke with knew the registered manager by name, as did some of the people who used the service.

People we spoke with understood the complaints process at Ash House. One relative told us that they would feel confident in making a complaint should they need to. The same relative explained; "There's a complaints procedure on the notice board where you sign in. I'd be happy to use it if I had to." Another relative told us that if they had a concern; "I would go and speak to [registered manager], or one of the seniors." This showed that the registered provider was approachable and transparent about their complaints policy and procedures.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We saw the record also included relevant letters and information relating to concerns. This showed the registered provider acted on complaints. We saw that the service had received one complaint in 2017. We saw that the registered provider had followed their policy and responded appropriately.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs.

Care records we checked at demonstrated that people were supported to receive their care and support in a way they liked. There were documents in place regarding the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was still correct and relevant.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We observed that staff were responsive to people's needs. For example, while we spoke to one staff member they had noticed that a person was coughing some considerable distance away in the lounge. The staff member moved speedily to check the situation, offered advice, support and a drink once the nature of the coughing was assessed. They remained with this person long enough to ensure that the situation was

resolved before returning to speak with us. This showed this persons needs were being met in a prompt and caring manner.

People were able to access activities and the service employed an activity coordinator for 20 hours each week. The Activity Coordinator told us that activities were planned on a weekly basis, with at least one activity remaining static. For example, bingo was always provided each Thursday, which we observed at inspection and people chatting with each other. People we spoke with said they enjoyed the bingo as you could win prizes. The activities coordinator told us; "My key aim is to get the residents stimulated, that can and will be physically and mentally, but at the pace they can manage." The activity coordinator explained that the starting point was to set high goals for the people taking part and then adjust if needed rather than setting lower goals that then were adjusted up. This shows that the service was person centred.

Is the service well-led?

Our findings

At our inspection of 5 and 9 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 17, Good governance.

At our last inspection we identified that the registered providers' monitoring systems had not been effective in early identification of concerns within the services provided. At this inspection we found sufficient improvements had been made to meet the regulation.

At this inspection we found that the registered provider was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place. We looked at safeguarding records from 1 January 2017 to 14 September 2017. We saw that there had been 7 safeguarding incidents at the service and in each case the registered provider had notified other agencies as required but had not informed the CQC, which meant we were not aware of potential incidents of abuse that had occurred at the service. It is important that we are made aware of these types of incident so we can take action where appropriate to keep people safe. We also found that the registered provider had not informed us when people living at the service were subject to standard authorisations under DoLS, which is required by regulation. At the time of the inspection we saw the two people living at the service were subject to a standard authorisation. In both cases the registered provider had taken appropriate action to preserve their legal rights and refer to relevant agencies, such as the Local Authority. We asked the manager about this who told us they were not aware these types of events need to be reported to CQC or there were specific forms to be completed and submitted for each of these types of events. We requested that the registered provider start submitting notifications in line with regulation.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

People we spoke with were complimentary about staff and the registered manager. They said the registered manager was approachable and always willing to listen to them and act on things they spoke with her about

The management team consisted of a registered manager and senior care staff.

We met the registered provider during our inspection. They told us about their ongoing refurbishment plans for the service, which included improvements to the overall appearance of the home, such as painting, fitting new carpets and re-tiling bathrooms. We saw evidence of this in their action plan and observed work being carried out on the building on the day of the inspection. For example, we saw that the second lounge on the residential unit was being refurbished and out of bounds to people until work had been completed.

Staff spoke positively about the current management arrangements. Staff told us they felt well-supported and confident about bringing any issues to the attention of the management team as these would be resolved quickly and effectively.

We saw monthly checks and audits had been undertaken. Those seen included fire safety audits, maintenance audits, health and safety audits, sensor matt and crash matt audits, medication audits, first aid kit audits and infection control audits and monthly provider meetings. Where issues had been identified we saw that action plans were implemented and carried out to resolve these.

We saw that registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well.

The registered manager told us that the registered provider carried out monthly visits at the home, which were recorded on a computer. However, we were unable to see evidence of this as we could not gain access the administrator's computer on the day of the inspection due to them being on leave.

We looked at the services Statement of Purpose, which sets out their vision and values. We saw that people could access a copy of the statement of purpose and service user guide at the entrance.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw records of a staff meeting that had taken place in July 2017, which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team were listening to staff and supporting them where applicable.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider did not always notify the Care Quality Commission every time a significant incident had taken place.