Ashgold House Limited

Ashgold House

Inspection report

Church Whitfield
Whitfield
Dover
Kent
CT16 3HZ

Tel: 01304823966
Website: www.alliedcare.co.uk

Date of inspection visit:
30 June 2016

Date of publication:
08 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 30 June 2016 and was unannounced.

Ashgold House is a privately owned service providing care and support for up to six people with different learning disabilities. People may also have behaviours that challenge and communication needs. There were four people living at the service at the time of the inspection.

The house is a detached property set in its own grounds in a rural area. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service and they were supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 9 and 15 June 2015. Four breaches of regulations were found. We issued requirement notices relating to the employment of staff, staff training and skills, person centred care and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the breaches in the regulations had been met.

There had been no new people at the service for a long time. But if a new person was thinking about coming to live at the service their support needs would be assessed by the registered manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative/representative had been involved in writing their care plans. The care plans recorded the information and guidance needed to make sure staff knew how to care for and support people in the safest way. People were satisfied with the care and support they received. Any potential risks were assessed and managed without restricting people. There were systems in place to review accidents and incidents and make any relevant improvements to try and prevent them re-occurring.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was and had a choice about the key workers who worked with them. People had key workers that they got on well with.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly.

Staff were kind and caring when they were supporting people. People were involved in activities which they enjoyed and were able to tell us about what they did. Planned activities took place regularly and there was guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies. Staff supported people to achieve their personal goals. This was a shortfall at the last inspection but the breach in the regulation had now been met.

Staff assumed people had capacity and respected the decisions they made on a day to day basis. When people needed help or could not make a particular decision on their own, staff supported them. Decisions were made in people's best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. DoLS authorisations had been granted to ensure any imposed restrictions were lawful and necessary.

People were given choices about the meals and drinks they received. People were being supported to develop their decision making skills to promote their independence and have more control. People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. If people were unwell or their health was deteriorating staff contacted their doctors or specialist services so they could get the support they needed.

People received their medicines safely and when they needed them. They were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Safeguarding procedures were in place to keep people safe from harm. The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. People told us they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager or the deputy manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. They said the registered manager was very supportive. Staff had received regular one to one meetings with a senior member of staff. Staff had received an annual appraisal so had the opportunity to discuss their developmental needs for the following year. Staff had completed induction training when they first started to work at the service and had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and dementia. Staff were knowledgeable about people's specific conditions. This was a shortfall at the last inspection but the breach in the regulation had now been met.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. All the checks that needed to be carried out on staff to make sure they were suitable and safe to work with people had been completed by the registered manager. When staff had gaps in their employment history this had been explored and recorded when the staff member was interviewed for the job.

There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. People said there was enough staff to take them out and to do the things they wanted to.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out by the registered manager and the quality assurance manager from the company's head office. The registered manager's audits had identified any shortfalls and action was taken to make improvements. Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. The checks for the fire alarms were done weekly. This was a shortfall at the last inspection but the breach in the regulation had now been met.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within Ashgold House which allowed them to suggest new ideas which were often acted on.

The complaints procedure was on display in a format that was accessible to people. People and staff felt confident that if they made a complaint they would be listened to and action would be taken. The registered manager was aware had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and harm. Safeguarding policies and procedures had been consistently followed. Staff knew how to protect and keep people safe.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

People's medicines were managed safely and they received their medicines when they needed them. The registered manager monitored incidents and accidents to make sure the care provided was safe.

The service and its equipment were checked regularly to ensure that they were maintained and safe.

Is the service effective?

Good

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

Staff had the skills and knowledge to provide the care and support people needed.

Staff had regular one to one meetings with the registered manager to support them in their learning and development. Staff had received an annual appraisal.

People were offered food and drinks they liked to help keep

them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was respected.

Staff involved people in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good

The service was well–led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed.

People and their relatives shared their experiences of the service.

Ashgold House

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 took place on 30 June 2016, was unannounced and was carried out by one inspector; this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection we spoke with three people, three staff members and the registered manager. We asked visiting professionals for their opinion of the service but at the time of writing the report we had not received any responses. We looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. These included four people's care plans and risk assessments. We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected this service on 9 and 15 June 2015. At this inspection four breaches in the regulations were identified.

Good

Is the service safe?

Our findings

People told us and indicated that they felt safe living at Ashgold House, One person said, "I am happy here, I like it". People looked relaxed in the company of each other and the staff. People sat close to staff when they wanted to and were content. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language.

At the last inspection in June 2015. The provider's policies and procedures had not been consistently followed. All the relevant safety checks had not been completed before staff started work. At this inspection improvements had been made and staff were recruited safely to make sure they were suitable to work with people who needed care and support. Staff completed an application form and gave an employment history. The provider's policies and procedures had only requested a ten year employment history but the registered manager had now obtained a full one for new staff. When this was pointed out to the provider the policies and procedures were updated. Staff showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

At the last inspection in June 2015 not all fire safety checks had been carried out as regularly as they should be. At this inspection improvements had been made and all fire safety checks had been done to make sure that people lived in a safe environment and that equipment was safe to use. The building was fitted with a fire detection and alarm system. Records showed the fire alarm system was checked weekly and was working effectively. Other systems at the service were regularly checked for safety. These included ensuring that electrical and gas appliances at the service were safe. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

Risks to people had been identified and assessed and guidelines to reduce risks were available and clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy, or diabetes or a risk from choking. There was clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Staff were confident about what to do in these risky situations. Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People accessed the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging.

People told us and indicated that they felt safe. One person said, "If something was wrong I would just tell (the registered manager).They sort everything out". People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them.
Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information was recorded and was used to adjust the person's support to meet their needs in a better way. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met. One person behavioural incidents had reduced significantly as staff had found new ways of dealing with incidents before they escalated. They found if they asked the person random questions like what's your favourite colour or animal in quick succession the person became distracted, engaged with them and the behaviour was avoided.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Bottles and packets of medicines were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines.

The records showed that medicines were administered as instructed by the person's doctor.
Some people were given medicines on a 'when required basis' if they presented with a behaviour that was considered challenging. There was written guidance for each person who needed 'when required medicines' in their care plan. People were only given medicines for their behaviours as a last resort. People received this type of medicine on very rare occasions.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was always enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. People required one to one support at times and required two staff when they went out on activities. The registered manager made sure there was enough staff available so people could do the activities they wanted. There were arrangements in place to make sure there was extra staff available in an

emergency and to cover for any unexpected shortfalls like staff sickness.

Good

Is the service effective?

Our findings

People told us that staff supported them with their needs. Staff were confident when supporting people. They had the skills needed to care for people effectively. Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they had training in a range of subjects relating to the work they did. They said they had regular supervision from the manager and any additional training requirements were identified during supervision and acted on. One staff member stated, "I have the training I need to do my job. We have extra training if we need it" Records confirmed staff were given regular training in a range of subjects relevant to their role and that they were given the opportunity to discuss their role with the registered manager.

At the last inspection in June 2015 not all staff had completed the necessary training or kept their skills up to date. Therefore, staff did not have the skills they needed to look after people in the best way. Some staff had not received specialist training in areas like epilepsy and were unsure what to do if a person had a seizure and were not confident to give people specialist medicines for their seizures. At this inspection improvements had been made and all staff had completed the training. The registered manager had also sourced a specialist DVD on epilepsy and administering a special medicine for epilepsy. They had also arranged for practical demonstrations about giving the medicines. Staff told us that they now felt confident and comfortable when dealing with epileptic seizures.

Staff had received training on how to support individual behaviours linked with autism and when people needed support with their nutrition. The registered manager maintained a training plan to help ensure that all staff underwent essential training such as, safeguarding people, manual handling and medicines. Staff had completed the training provided. The registered manager regularly checked staff competencies to make sure the training staff received was put into practicse effectively and safely. People received consistent care and support as staff had the knowledge, training and understanding to meet peoples individual and specialist needs.

The registered manager told us that two new members of staff were completing their induction through the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. New staff had induction training and shadowed experienced staff to learn their role. This included competency tests to make sure they understood the training and were gaining the skills for the job.

Staff told us if they had any concerns or issues that were work related or personal they could approach the registered manager at any time. Staff said that they could trust and rely on the registered manager to support them. They said the registered manager always listened, took them seriously and took action to try and resolve or improve the situation.

Staff told us they received supervision regularly and the registered manager and deputy manager were very supportive. Records confirmed the supervision meetings had taken place. Staff had an annual appraisal

which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns they had about caring and supporting people, and gave them the support they needed to do their jobs more effectively. There were regular staff meetings to encourage staff to be involved in the service and have the opportunity to raise concerns and new ideas.

The staff asked people for their consent before they provided care and support. If people refused something this was recorded and respected. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. People's capacity to consent to care and support had been assessed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including advocates. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

People were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for people ensuring that the constant supervision was lawful.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted and people were supported to attend appointments. When people had to attend health care appointments, with doctors, nurses and other specialists they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their needs. People had a health action plan which highlighted any health issues and how they were to be monitored and met. People had an annual health review with their doctor to make sure they were as healthy as possible and receiving the treatment they needed. All aspects of their health and medicines were looked at and a decision was made as to whether any changes were needed.

People said the meals were good and they could choose what they wanted to eat at the times they

preferred. Staff were aware of what people liked and disliked. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals. Staff positively supported people to manage their diets and drinks to make sure they were safe, healthy and mealtimes were an enjoyable occasion.

Some people helped prepare their own meals. People could go and get snacks and drinks from the kitchen with support and there was a range of foods to prepare and cook. People often went out to eat in restaurants and local cafés. Their weight was monitored regularly to make sure they remained as healthy as possible. Special diets were catered for. If people were putting on weight there were encouraged and supported to eat healthier options and take regular exercise. Some people had specific needs when they ate and drank like diabetes. Other people needed specific support when eating as they were a risk of choking. They had been assessed by the local specialist team. There was detailed guidance in place to reduce the risk of this happening, like keep in line of sight, cut food into small pieces, and encourage to 'slow down' when eating. People had special cutlery and plates so they could eat independently.

Good

Is the service caring?

Our findings

People indicated and said they were very happy living at Ashgold House. We asked one person what made them happy; their answer was, "Living here".

Staff said, "I love working here, that's why I have been here for over ten years now. I don't want to work anywhere else." and "We all know the people really well. It's peaceful and relaxing for them. People get everything they need".

There was friendly banter, laughter and fun in the service during the visit. The service was very much centred on this being people's home where they lived their life as they wished to. The staff spoke of people with warmth and compassion. People responded well to staff interaction, which was given in a relaxed and warm manner. Staff spoke with people in a way that encouraged increased confidence and praised people on their achievements.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people's preferences and how to communicate with them effectively. Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. Staff supported people in a way that they preferred and had chosen. Staff responded appropriately when a person appeared to become anxious. Staff spoke calmly and reassured them.

Each person had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for.

Key workers were assigned to people based on personalities and the people's preferences. People could choose if they wanted care and support from a male or female staff member. Some people were able to tell us who their key worker was. If people wanted to change their key worker for any reason this was respected. Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis and supported people with their assessments and reviews. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were meetings to discuss what people wanted for their meals and who wanted to go and buy the food. People said that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities

Staff encouraged and supported people in a sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time and what they wanted to do in the community. The approach of staff differed appropriately to

meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs, through noises, gestures and body language, and supported them in the way they wanted.

When people were at home they could choose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. People had chosen the way their bedroom was organised and decorated. Some people had posters and pictures on their walls. People were supported to buy their favourite magazines weekly. People had equipment like music systems, televisions and DVD's so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Some people were supported by advocates and others had the support of family or friends. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially.

Good

Is the service responsive?

Our findings

People were supported to be involved in their care and support if they wanted to. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done. Staff followed people's wishes. Staff said, "We are here for them. Everyone, residents and staff all get on well together. It's like a family".

At the last inspection in June 2015, care plans did not include people's personal goals that were achievable. Care and support planning did not always meet people's individual needs. At this inspection improvements had been made.

Each person had a personalised care plan. These were written to give staff the guidance and information they needed to look after the person. Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Care plans contained detailed information and guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, skin care, eating and drinking. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events. Relationships with people's families and friends were supported and encouraged. One person regularly visited their family and other people were supported to keep in touch with their family by telephone.

What people could do for themselves and when they needed support from staff was included in their care plan. The care plans were clear. They gave staff all the guidance they needed to make sure people received the care and support that they needed. When people had been identified as at risk from choking, care plans had been updated to reflect changes in how people were supported to eat and drink. When people had epilepsy, care plans gave staff all the guidance to respond and support people to manage their condition safely and staff were confident about what to do if the person had an epileptic seizure.

Staff had a lot of knowledge of about people's preferences and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for people and what would not. People's preferred daily routines and how they liked to be supported were detailed in their care plan and these went into detail to ensure staff would know how to support them in a way they liked.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best.

Some people had been assessed as having behaviour that could be described as challenging, there was evidence that the behaviour support plans in place focused on Positive Behaviour Support (PBS). The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time

where alternative skills can be taught to the person to get their needs met. The support described was aimed at providing alternative strategies to reduce any negative behaviour. The incidents of negative behaviours had reduced.
One person said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. There had been no recent admissions to the service, but when people did first come to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

People were actively encouraged to participate in activities. People choose the activities they wanted to do. There were care plans in place to show what support people needed to do activities within the service and in the community. The care plans gave guidance to staff on how to best encourage people to participate in activities. Goals and aspirations were identified and were now realistic and achievable. One person who was reluctant to go out was now going out more. They had recently been on train journey and had lunch at café. They said they had enjoyed this and wanted to do it again. Another person liked pampering sessions and these were done regularly. One member of staff had recently suggested that they organise an activities box for people. This was supported by the registered manager. People were supported to do different activities with textures and colours. People attended sensory sessions at the local learning disability service. If people wanted to they went to the cinema, bowling, long walks and visited places of interest. People were planning summer holidays. One person was planning a holiday to Cornwall. Another person was going on short break, not too far away from the service so they could come home quickly if they wanted to. People were involved in the day to day running of the service. They were supported to do their own their laundry, tidying their rooms, planning menus and shopping.

There had been no formal complaints since the last inspection. The service had a written complaints procedure which was written in a way that people could understand. It was available and accessible. Staff told us that they knew people well and were able to tell if something was wrong. Staff told us that they recognise that some people may present behaviour that challenged if there was something not right. They told us that they would raise any concerns to the registered manager so that any issues can be sorted out quickly. People who were more able could raise any issues with their keyworker or registered manager who worked closely with them to build positive relationships.

Good

Is the service well-led?

Our findings

People and staff told us the service was well led. People said that they could go the registered manager at any time. One person said, "The manager always listens and sorts things out. Staff said, "The staff get on well together and we are a good team". "We can go to the manager at any time and they always listen. They know what to do".

At the last inspection in June 2015 the registered manager had failed to identify the shortfalls at the service through regular effective auditing. People were at risk of receiving unsafe care and support because the audits had not identified shortfalls. At this inspection improvements had been made. The registered manager and staff audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. There were regular quality assurance checks under taken by the quality assurance manager from the company's head office. These were unannounced and happened four times a year. The last one had taken place in April 2016. The quality assurance manager looked at different aspects of the service at each visit. Any shortfalls were identified and a report was sent to the registered manager so that the shortfalls could be addressed and improvements made to the service. This was reviewed by the quality assurance manager at each visit to ensure that appropriate action had been taken.

The registered manager was experienced, qualified and had worked at the service for several years. There was a culture of openness and honesty; staff and the registered manager spoke with each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on people being at the centre of the service and that everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential, becoming as independent as possible and being part of the local community.

The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to.
Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to.

People communicated with the registered manager in the way they wanted to. The staff said the registered manager always dealt with issues fairly. On the day of the inspection people and staff went to the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager.

There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. Staff told us they were encouraged to provide feedback about the service at staff meetings and handovers at each

shift kept them up to date with the people's current care needs and highlighted any changes in people's health and care needs.

People, relatives and visiting professionals were regularly asked for their views about the service. Their views were taken seriously and acted on. If any issues were identified they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright and if they wanted anything. There were regular meetings when people could air their views. People had links within the local community and regularly went to the local shop and pub. People attended the local doctor's surgery and had developed good relationships with the doctors and other staff.

People's, relative's and stakeholders views about the service were also obtained through the use of survey questionnaires. The registered manager had analysed their views to drive improvements to the quality of the service. In the most recent survey relatives had made comments. "This is the best placement for (my relative). They are more settled than ever. We cannot fault the staff at all" and "We are so very happy and feel lucky that Ashgold House is a small home and the staff truly make it a real home for (my relative)". "A very clean and friendly home, great staff and great management. All the staff are very caring". A visiting professional commented, "It's a pleasure working with this service".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.