Ashridge Court Ltd

Ashridge Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Ashridge Court on the 20 and 21 November 2018.This was an unannounced inspection.

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

Ashridge Court Care Centre is a care home with nursing located in Bexhill On Sea. It is registered to support a maximum of 69 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia. The home has four separate wings offering residential care based on people's particular needs and requirements, including one which is a specifically designed dementia unit that can accommodate up to 14 people. On the day of our inspection, there were 63 people living at the service.

There was a registered manager in post. 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 previously carried out an unannounced comprehensive inspection of this service in September 2017. Ashridge Court was awarded an overall rating of 'Requires improvement' as improvements were needed in the safe and well led questions. At that inspection improvements were needed to ensure that care delivery was supported by risk assessments that ensured that people's health needs were monitored and acted on when needed. This inspection found that the necessary improvements had been made and the overall rating had improved to 'Good' with all questions being awarded 'Good'.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking, and moving and handling. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and Dementia. There was a good level of information and guidance for staff to follow for those people who lived with complex needs. For example, oxygen therapy, moving and handling and percutaneous endoscopic gastrostomy (PEG) which is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach, for those unable to eat were clear and accompanied by photographs of how equipment for each should be used. There were safe systems for the management of medicines and people received their medicines in a safe way.

Staff and relatives felt there were enough staff working in the home and people said staff were available to support them when they needed assistance. All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. For example, the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. There was a consistent use of agency staff and the registered manager ensured that the agency staff used had the necessary skills to work at Ashridge Court. People said they felt comfortable and at ease with staff and relatives felt people were safe.

People were supported with their nutrition and hydration needs. Clear guidance was available for staff to follow when people had specific dietary needs. People spoke positively about their mealtime experiences and told us they were always offered choice and enjoyed their food. Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with diabetes, dementia and Parkinson's disease. Staff had formal personal development plans, including two monthly supervisions and annual appraisals that ensured staff were supported in their role.

People were supported to make decisions in their best interests. The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with laughter and smiles.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests. Staff had received training in end of life care supported by the local hospice team. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals. The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed, including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service. Relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and they would be happy to talk to them if they had any concerns. The registered manager had made strong links with the local community and supported two

local charities by fund raising. They also worked in partnership with a local service and provided apprenticeships within the home for employment opportunities for individuals who lived with autism.

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 has improved to Good.

People's safety was maintained because staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided guidance.

People's medicines were ordered, stored administered and disposed of safely.

People were protected from the risks of harm, abuse or discrimination because staff had a good understanding of safeguarding procedures and their own responsibilities.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

Is the service effective?

Good

Ashridge Court remains Good.

Is the service caring?

Good

Ashridge Court Remains Good.

Is the service responsive?

Good

Ashridge Court remains Good.

Is the service well-led?

Good

Ashridge Court has improved to Good.

Quality assurance systems needed to be further developed and embedded into everyday practice.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

The registered manager promoted an open culture in the service.

The provider's values were embedded in staff working practices. The service worked in partnership with other relevant organisations.	

Ashridge Court Care Centre

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 20 and 21 November 2018 and was unannounced. The inspection team consisted of three inspectors and two experts 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 home.

Before our inspection we reviewed the information, we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, as well as speaking with twelve people, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with three registered nurses, six members of staff, two activity coordinators, the maintenance coordinator, operations director, an administrator and a chef.

To help us assess how people's care needs were being met, we reviewed nine people's care plan files and associated records. We also case tracked a further three people who received specialist diets and had more complex needs, such as wounds. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records. We looked at other records, these included staff training and supervision records, staff recruitment records, medicines

records, risk assessments, accidents and incident records, quality audits and policies and procedures.

During the inspection process, we spoke with three relatives for their views about the safety and quality of the services provided for people. Following the inspection, we were contacted by a visitor who wished to share their views. We also sought feedback from Health Watch and staff from the local authority on their experience of the service. Health Watch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change. The feedback we received is included in this report.

Good

Is the service safe?

Our findings

At our inspection in September 2017 this key question was rated Requires Improvement as improvements were needed to ensure people's health needs were appropriately risk assessed and managed safely. This inspection found that steps had been taken by staff to ensure peoples' health needs were managed safely and the rating had improved to Good.

People told us they felt safe. One person told us, "Very safe and secure, I love living here." Another person said, "I trust the staff implicitly, they take great care of me." A visitor said, "I have no worries and the staff keep me informed at all times." Another visitor said, "We have a few moans but that is natural, usually any problem is fixed immediately."

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health-related needs, such as skin integrity, nutrition, falls and dependency levels had been undertaken. Care plans demonstrated how people's health and well-being was being protected and promoted. Following assessment information about how to reduce people's risk of developing pressure wounds was developed. This included regular repositioning and the use of pressure relieving equipment. Where air mattresses were in place there was information about the setting requirements and these were set correctly. People were supported to move safely with the use of the appropriate equipment and support. Care plans included information about what equipment was needed and for example what sling size should be used for each person who required a hoist.

Some people lived with complex health needs that required specific care to keep them safe, such as receiving a percutaneous endoscopic gastrostomy regime (PEG). A PEG supplies nutrition and medicines via a tube straight into the stomach for people who cannot eat or drink. Care plans contained clear directives for enteral feeding and detailed the amount of nutrition to be given with fluid requirements. This was supported with fluid recording charts and a management plan for how to care for the peg, including rotation of tubing, balloon and water changes. The nurses were supported by visits from the Community Enteral Feeding nurses.

There were people who presented with behaviours that could be challenging and staff managed situations in a way that ensured people remained safe. Staff were observant but respected people's personal space and managed to de-escalate situations quietly and professionally. Staff used observation charts that they completed following an incident and these records were used to review triggers and the management of behaviours. The completion of these charts had improved since the last inspection.
The home was clean, and there were regular audits to make sure cleanliness levels were maintained. People told us, "Always very clean, never any odours." Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care, and used the relevant personal protective equipment (PPE) such as gloves or aprons when needed.

Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as

safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).

People received their medicines as prescribed. There were systems in place to manage medicines safely. This included the storage, ordering, disposal and administering of medicines. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN).The protocols for PRN medicines provided clear guidelines as to when they may be required and had visual cues for those people who were not able to verbally communicate. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration and frequency. People's medicines were now stored securely in their bedrooms. This had proved beneficial in improving medicine practices and reducing recording errors. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests.

The provider continued to follow safe recruitment practices to ensure new staff were suitable to work with the people. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. There was an up-to-date record of nurse's professional registration. Records confirmed that staff members were entitled to work in the UK.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. The rotas correctly displayed those staff on duty during the inspection process. The staff skill mix and the management of deployment within the service had been regularly reviewed along with the needs of the people they supported. The call bell audit had identified that there was a need to look at the staffing and arrangement of rooms for Willow Unit due to staff covering three floors. The registered manager said that they had decided to rearrange the units to ensure that call bell responses were improved.

The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a member of the management team out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service at this time to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. People also approached staff for support throughout the inspection process and were always engaged with promptly.

Good

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. The organisation had their own training department to support staff training. The training programme and individual certificates confirmed that staff received essential training and refresher training. Staff training included safeguarding, moving and handling, health and safety, infection control and fire safety. Following training, staff were observed working to ensure they were competent. Staff were encouraged and supported to continue their learning and development through further training. This included Diploma in Health and Social Care in levels 2, 3 and 5.

New staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role. The training manager confirmed new staff completed training in health and social care courses. Training was planned to support staffs continued learning and was updated regularly. This helped ensure staff had the right skills and knowledge to effectively meet people's needs.

Staff received supervision of their practice and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and, were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

People's health and wellbeing was monitored and when required, external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and work well with us." Another health professional said, "They are organised and seem to know their residents well."

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We were also made aware of people subject to DoLS authorisations. At the time of inspection the registered manager informed us some people had been referred for a DoLS authorisation but some were still pending. A file was kept and updated when the DoLS was authorised.

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People commented they felt able to make their own decisions and those decisions were respected by staff. Staff had received training and understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. Staff undertook a small mental capacity assessment for each person when they arrived at the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the registered nurse say, "Are you ready for your medicine now, and have you any discomfort." Care staff asked people, "Shall I help you to the bathroom," and "Would you like another drink." Staff were able to tell us it was always important to approach people and ask for their consent.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People told us the food was good. One person said, "The food is good, lots of choice, we can have seconds." Another one said, "Really good food." People's nutritional needs were assessed including any risks such as dehydration or not eating enough. Staff liaised with services such as the speech and language therapist (SaLT) team to assess people at risk of losing weight and was followed. People's weight was monitored and where appropriate their food and fluid intake along with any outputs. People were supported to choose their meals. Where people had specific dietary needs such as pureed diet or thickened fluids these were provided appropriately. Some people had complex nutritional needs and required PEG feeding. People received support to receive their nutrition this way and staff had a good understanding of how to do this appropriately.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. All rooms had an ensuite facility and there were specialised baths and wet rooms for communal use. People were supported to move around the home and were assisted to remain mobile by staff. Communal areas and most corridors were suitable for people who used wheelchairs and self-propelling wheelchairs. Walking aids, such as walking frames were provided and staff assisted people who were unable to weight bear to transfer using electrical hoists. The lift enabled people to access all parts of the home, however the second floor was currently closed. The garden areas were safe and accessible to people who lived at Ashridge Court and included a new sensory garden. People had brought their own ornaments, pictures and furniture to the home if they chose to and rooms had been personalised with pieces of furniture and photos of relatives and pets.

Good

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People continued to be treated with kindness, compassion and care. Comments included, "Very kind to me, couldn't ask for better care", "Always polite and most have a really good sense of humour," and "Very comfortable here, the best decision I made to stay here."

The home had a relaxed atmosphere. People were treated with kindness and respect and as individuals. People responded positively when staff approached them in a kind and respectful way. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "Really kind and patient" and "A nice atmosphere, everybody is very jolly." One person told us staff didn't try and rush them to get everything done. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) would you like me to help you" and "Would you like me to help you to the lounge now or would you prefer me to come back later?"

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. When people needed personal assistance in communal areas this was done discretely and with respect.

Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex, gender or race. People were supported to maintain their life in the way that they chose. There was information in their care plans and staff were aware of people's spiritual and religious beliefs.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. One person told us, "Staff are very patient, I take a long time walking sometimes but they walk with me and let me take my time, they never rush me or put me in a wheel chair, I want to keep independent."

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different; they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to sit and read, rather than participate in activities, were supported to do so.

People's rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones. Lounge areas were welcoming and we saw people enjoying spending time

in this area with visitors during the days of our visits. Newspapers and books were available.

People were able to express their views and were involved in making decisions about their care and support and the running of the home. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.
Staff understood and respected confidentiality. A member of staff said, "We do not talk about residents to anyone even people we work with unless they need to know." We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act. The registered manager and staff had an understanding of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff confirmed that they had received training in GDPR.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People told us they were listened to and felt involved in their care decisions. One person told us, "I talk to staff all the time about my health and how they support me but I'm not sure I have seen a plan." People commented they were well looked after by care staff and that the service listened to them. One person said, "There are regular meetings, we are encouraged to be involved in what happens in the home."

People's needs had been assessed before they moved into the home, to ensure staff could provide the support and care needed to meet their needs. The information from the assessment was used as the basis of the care plans. There was evidence these had been written with the involvement of people, and their relatives, if appropriate. Records confirmed that people and their families or representative had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

A computer system had been introduced in July 2017 that included an individual iPod for care staff to input care information as they completed care. Over the past year there had been improvements and modifications to the system to ensure it captured the care people received. At present it was agreed that further improvements were needed to ensure staff captured peoples' emotional needs and state of mind. The registered manager and management team were aware that care plans needed further attention and were progressing this with the computer provider. Care plans were written following admission and updated as people's needs changed and on a monthly basis. Reviews of care plans were completed in consultation with all staff. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We saw that staff sought accessible ways to communicate with people. We saw that people's communication needs were recorded in their care plans providing information and guidance on how best to communicate with people who had limitations to their communication. For example, we saw staff communicating with a person who had difficulty expressing themselves verbally. Staff spoke to the person slowly, listened and observed for facial expressions. Staff told us that they had received training in how to communicate with people with differing needs such as poor sight and hearing loss. This meant peoples' opportunity to communicate effectively had been considered by the staff.

Since the last inspection activities at Ashridge Court had continued to be developed. There was a dedicated activities team that ensured 'a daily programme of interesting and therapeutic activities designed around people's tastes and needs' seven days a week. The service employed five staff to organise and facilitate activities and entertainment. They knew people well and were attentive to people's individuality and differing needs and abilities. There was a full activity programme that reflected people's interests. This

included: quiz sessions, balloon tennis, flower arranging, visits out, pet therapy and external entertainers including golden activities for people who lived on the Hazel Unit.

There was a wish tree where people could add their wish and staff would try to ensure their wishes came true. One person had wanted to feel the grass under their toes and photographs of her in the garden bare foot with staff told us that this had been achieved. Communal areas, including Channel View and the Hazel lounges overlooked the gardens to the rear and when the weather was suitable, people enjoyed sitting out in garden areas, which were safe and wheelchair friendly, for alfresco meals. A café style bar offered freshly baked cakes and drinks throughout the day, which was regularly refreshed. Visitors and family told us that they found, "It's a welcoming environment, I join my mother for some of the activities." There were celebrations and events held in the home which were enjoyed by the people living in Ashridge Court. Photographs of people enjoying events both inside the service and at external venues were also displayed around the home. One person said, "I want to learn to play the piano… I love the singing sessions, it makes me happy." Another said, "I'm looking forward to making Christmas cards." We were also told that they enjoyed the shopping trolley as they could choose what they wanted. One to one sessions for those people who stayed in their rooms took place and this included music sessions, reading, and pampering sessions. The registered manager told us that a local group called Moos Music (Moo Music is a great fun and interactive regular music session for 0 to 5 year old children) would be visiting regularly and this would allow people to join in and be involved with the children. This would be very beneficial to people who lived in the home.

People had their spiritual needs met. Staff told us that the home can arrange visits by ministers of all denominations. We were also told that if a person wishes to attend a church service then this would be facilitated. Holy communion was arranged weekly and this was enjoyed by people.
Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. We looked at the care plan for one person who was receiving palliative care. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts.

Regular staff and resident/family meetings were held and we saw that times of meetings were displayed and details of suggestions and discussion points were recorded and actioned. For example, events and activities and meals. The registered manager was looking at ways to involve more people in contributing to the meetings and responding to the surveys.
The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to, with actions they were going to take. We did receive some negative feedback during the inspection and this was taken forward by the registered manager immediately. Some maintenance issues were dealt with immediately.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "I do complete surveys and I give feedback all of the time."

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated as Requires Improvement because there was a failure to consistently assess, monitor and mitigate the risks relating to the health, safety and welfare of all service users. This inspection found it had improved to Good.

Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable, keen and passionate about the home and the people who lived there. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved in the past year. They were committed to embrace changes and continue to grow and develop the service.

Staff told us that the philosophy and culture of the service was to make Ashridge Court a home. Staff of all denominations had contributed to developing values for the home. The core values were honesty, family, commitment and care. Staff spoke of the home's vision and values which governed the ethos of the home. The ethos of the home was embedded into how care was delivered and the commitment of staff to provide good quality and person specific care. The registered manager and staff had a strong emphasis on recognising each person and their identity. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was apparent staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly, by people and staff. The registered manager said their door was always open if staff, people and visitors wanted to have a chat with them. One member of staff said; "You're not going to get any better bosses," Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

Quality monitoring systems had been developed and sustained since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation. The registered manager said recording was an area that they wanted to continuously improve. The computer entries at this time gave a task based approach due to the computer care plan programme they used. This was known by the management team who were committed to changing this to reflect a more person-centred approach. All care plans however were person centred, up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as laundry service and menu choices.

Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a re-occurrence. Call bell responses were monitored to ensure staffing levels were sufficient. On discussion with the registered manager, they were aware that due to the arrangement of Willow Unit that call bells were not as quickly responded to as other units. A plan had been developed to change Willow unit to two floors rather than the current three floors. The amount of call bell usage was high, up to 140 calls within a 24 hour period and the majority of calls were responded to within five minutes. The consistent noise of ringing bells had been considered by the management team especially when people were unwell and they were considering different call bell systems such as a pager system which would reduce noise levels. People who lived at Ashridge Court had not mentioned the noise from bells, but some visitors told us that it sometimes caused distractions as they were very aware of the ringing noise.

The management team had been working consistently to develop the support and care provided at the home. The manager said, "Whilst we feel we have really improved, we want to continue to improve to deliver really outstanding care." Staff were proud of the improvements they had made, they said the morale of staff was strong and they worked as a team. All the staff spoken with were enthusiastic and felt Ashridge Court was a really good place to work. One staff member said, "The manager really supports us, not just whilst we are at work but our well-being as people as well. We get opportunities to discuss any problems." Another staff member said, "We are encouraged to develop our skills and our manager ensures we get the training we need."

The registered manager told us of the plans they had to enhance people's lives further whilst living at Ashridge Court. The management team has forged strong links with the local community. Ashridge court supports two charities and had undertaken fundraising events throughout the year to demonstrate support. Local groups are invited to join Ashridge Court for meetings and coffee mornings to further enhance community partnership. This allows Ashridge court to remain prominent within Bexhill. A local MP supports Ashridge Court and is a member of the disability confident program supporting those with disabilities into the workplace. Ashridge Court works in partnership with a local service and supports apprenticeships within the home to provide employment opportunities for individuals living with autism. Bexhill Art Society display their work across the home for people to enjoy and this provides an interest for people.

Systems for communication for management purposes were established and included a daily meeting with the senior staff. These were used to update senior staff on all care issues and management messages. For example, discussion around who had fallen and what risks had been identified. Staff felt they could feed into these meetings. One staff member said, "The manager is open to suggestions, staff meetings give us the opportunity to raise issues and solve problems." Each shift change also had a handover meeting so staff changing shifts shared information on each person. A handover sheet given to staff facilitated this process with key aspects of care being recorded. Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "As a staff team we discuss care and work together," "The management is really approachable and supportive" and "We feel listened to."

The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and "They listen, take advice and act on the advice."

The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be

open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.