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Ashgrove House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Ashgrove House Nursing Home on 26 April 2018 and an announced visit on 27 April 2018

Ashgrove House Nursing Home 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. The home is registered to provide accommodation for up to 35 persons who require personal care. On the day of our inspection 34 people were living at the service.

At the last inspection, the service was rated Outstanding in the Caring, Responsive and Well led domains and Outstanding overall. At this inspection we found the service had continued to meet the characteristics of outstanding in Caring, Responsive and Well-led domains, they had also improved in the Effective domain from good to outstanding. The overall rating continues to be Outstanding.

People were at the heart of Ashgrove House Nursing Home. We saw examples of staff wanting to make a positive difference to people's quality of life. This reflected the values that staff held and the culture of the service 'being more than a job'.

Without exception people said and gave examples of where staff had gone 'the extra mile' to make their lives special. They told us they felt well cared for and were offered emotional support when needed. Relatives were enthusiastic about the support they received. They said they felt encouraged to continue to play an important part in their relatives lives and told us the service provided a holistic approach to care, which included them even after their loved ones had left the service. People's dignity was always respected and people were able to build meaningful, caring relationships with staff.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. 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.

The registered manager was very passionate about working with people and their aim was to ensure the service met people's physical and emotional needs. There was a culture of positive teamwork and empowering staff in line with the provider's values. There was a very high level of confidence in the leadership and management of the service expressed by people, relatives and staff.

The registered manager was supported by an owner and organisation that was committed to providing high quality, innovative care. There continued to be a culture of putting people first which was evident all the way through the service from the provider to the care staff.

The owner and registered manager worked proactively with other organisations to develop training and support which provided enhanced support for the people living at Ashgrove House Nursing Home.

The team worked closely with other agencies and promoted an open and transparent culture that promoted a strong emphasis on continually striving to improve the service. There were effective systems in place to monitor the quality of the service provided and appropriate action was taken promptly when required.

The atmosphere at Ashgrove House Nursing Home was one of caring, happiness and positivity. This enabled staff to embed a strong culture that valued people, relatives and staff and promoted a caring ethos.

People received exceptional care and support from staff who were skilled and knowledgeable and supported them on an individual basis. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People remained safe living in the home. There were robust staffing levels to meet people's needs and staff had time to spend with people. Risk assessments were carried out and these promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely. There was a robust recruitment process, which involved people as part of the decision making process.

The provider and staff continued to recognise the importance of a range of activities to support people to maintain their interests and wellbeing through mental and physical stimulation.

Staff knew people very well and continued to be sensitive and responsive to people's changing needs. Care plans continued to be comprehensive, detailed and well written. They continued to reflect people's individuality and personal preferences.

The registered manager saw feedback and concerns as a learning opportunity and complaints were managed in line with the provider's policy.

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 remains Good

Is the service effective?

Outstanding ☆

The service had improved and was outstandingly effective.

People, including those with complex needs, received exceptional care from staff who were highly competent and appropriately supported in their roles.

Staff worked collaboratively with other healthcare providers to achieve the best possible outcomes for people. Staff supported people effectively when they transferred between care services and went out of their way to make the transition as smooth as possible.

Staff acted in the best interests of people and followed legislation designed to protect people's rights.

Staff had identified innovative ways to encourage people maintain a healthy diet that meet their individual needs and preferences.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Outstanding ☆

The service remains Outstanding

Ashgrove House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 26 April 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted external professionals who have contact with people and the service to obtain their views. We heard back from four external professionals.

We spoke with eight people, six relatives, the registered manager, deputy manager, three care staff, the mental health lead, the clinical lead, the chef and the organisation's owner and quality lead.

During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included, "God yes as safe as houses" and "Yes, absolutely I feel totally safe". A relative commented, "Yes, I do definitely. The same staff seem to work with my husband and I feel that makes it safe".

Medicines were managed safely and accurately. Medicines Administration Records (MAR) were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

The service used the 'biodose' medicine system. This is a monitored dosage system that includes liquid medicines, in a prepared colour coded pack according to the time of day. This system enables efficient and safe administration of medicines and is associated with a lower risk of errors. We observed the morning medicine round with a nurse who was also medicines lead for the home. Medicines were administered in line with best and safe practice, and in regard to people's needs and preferences. Each person's consent was gained before administration. For example, the nurse asked a person "Do you need your laxative?", and was guided by the person's reply. Another person declined the medicines offered "I don't need them so I'm not taking them." Again, this was respected.

The service managed PRN 'as required' medicines safely and following best practice. There were protocols in place which contained clear directions for when these medicines needed to be administered. We reviewed two such protocols for a person whose needs might result in challenging behaviour. We also reviewed the behavioural care plan for the person which outlined the strategies to be used prior to administering medication. Records evidenced that staff had followed these strategies and the medicine had been administered when required. This demonstrated that the service ensured that the use of these medicines was controlled, but that people received them when they needed them.

Medicines requiring additional controls were stored in a locked cabinet within a locked room, and the balance was checked daily. This was in line with national guidelines. All the stock records we checked were complete and accurate. Where the service administered medicines covertly, we saw that they did so by following best practice and the appropriate legal framework. A mental capacity assessment (MCA) had been carried out, followed by a best interest decision. These were completed with the involvement of the person, their GP, relatives and a pharmacist.

Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding vulnerable people. Staff were aware of types and signs of possible abuse. One member of staff explained what signs might concern them if a person could not communicate that something had happened, "You might see physical changes; bruising, or you might see a change in how they present themselves, because you know them well". Staff were also aware of their responsibility to report and record any concerns promptly. One member of staff explained what they would do if they had concerns, "I would

go straight to the nurse or the manager, even if a little unsure. I'd go to the CQC [Care Quality Commission] if there was no action taken, I'd tell lots of people and make sure [my concerns] were written down".
The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Concerns were responded to in a timely manner and the registered manager had taken appropriate action to prevent further occurrences and submitted the correct notifications. People's care records contained individual risk assessments. These included risks assessments relating to the use profiling beds, skin integrity, medicines, and nutrition and hydration. People's risk assessments were reviewed when necessary such as when changes in a person's care needs occurred.

The registered manager had systems in place to ensure robust staffing levels. We saw there were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. We asked people if they had call bells, a person told us, "Yes, I have, and they come straight away, very quickly, and they're always smiling. It's never a problem; nothing is too much trouble for them". During our inspection we saw people's requests for support were responded to promptly. We reviewed staff rotas and saw that staffing levels were consistently maintained; in addition an extra member of staff was included in case a person needed to go to hospital.

The provider followed safe recruitment practices. Records showed that appropriate pre-employment checks had been made to make sure staff were suitable to work with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. A member of staff was an infection control lead. The home was clean and free from malodours. We asked people if they felt the home was always clean and one person commented, "Yes, always, they work hard to keep it clean". A relative told us, "[Relative's] room is always clean, and they clean it every day, this place is faultless it really is".

The service learnt from events and when things went wrong. For example Ashgrove House Nursing Home had recently experienced a flu outbreak. Although it had followed guidance supplied by Public Health England (PHE): Outbreak Management of Respiratory Illnesses in Care Home, the service completed a review to highlight any improvements it could make. Records showed that they had identified the need to "Be more proactive in asking the GP to review symptoms and prescribe anti-virals". This showed that the service was consistently looking for ways to make their care and support safer and more effective.

Outstanding ☆

Is the service effective?

Our findings

Everyone we spoke with told us Ashgrove House Nursing Home provided exceptional care and support to people, including those with complex support needs. People were supported on an individual basis by staff who were skilled and knowledgeable.

Staff had received highly effective training to enable them to support people's needs. The owner and registered manager have worked in partnership with an external training company to develop bespoke person-centred training for staff. As a result of the training staff had worked with people and their families to develop care packages, which were not only person centred but were also outcome focused to reflect what the person wished to achieve in all aspects of their daily life. This approach enabled staff to support people as individuals rather than focus on their 'medical condition'. In order to support this approach staff produced a one page profile for each person to provide a 'snap shot' of what was important to them and their personal wishes. For example. One profile reflected that the person wanted their curtains left open in the evenings and early mornings so that they can 'see the daylight and hear the birds'. It also identified the type of music the person liked and the fact they preferred to return to their room in the afternoon to sit quietly and listen to their music.

In addition to their routine training, staff could also access additional training focused on the specific health needs of the people they supported. For example, training in the use of emergency medication in epilepsy. This training was identified and delivered in line with best practice and focused on the individual and their needs. Other additional courses that related to people's conditions included dementia training, managing diabetes, stoma care or end of life care. Staff demonstrated an in-depth understanding of the training they had completed. For example, how they would support a person having a seizure.

The registered manager had arranged for the induction process for new staff to commenced even before they were recruited. The registered manager told us that all new care staff were invited to spend time in the home as part of the interview process and spend time visiting a nominated person using the service. Their feedback and observations by other staff was used as part of the decision making as to whether the staff were recruited. This approach also allowed the registered manager the opportunity to identify any additional training needs as part of their induction programme, in respect of their communication skills, empathy and how they interact with people. Once they were formally recruited, new staff attended a classroom based induction training run by the owner's own training department. The induction met the Care Certificate standards and included areas such as person-centred approach, moving and handling, medication, safeguarding, health and safety, food hygiene among others. The Care Certificate is a nationally recognised set of training modules that all social care workers need to adhere to in their work.

All training was refreshed on regular basis and staff also had opportunities to complete their qualification and diplomas. A member of staff told us, "We had lots of training, we shadowed [more experienced] staff; it was so valuable, I learnt so much". Staff training records were maintained and we saw planned training was up to date.

The owner and registered manager were proactive in working with a volunteer care support organisation to develop a video to encourage volunteers into the care industry. People at Ashgrove House were actively encouraged to take part in the filming of the video. The registered manager told us, "The residents really enjoyed being included in the making of this video; inclusion is an important aspect of their daily life at Ashgrove. They were all informed of the purpose of the filming and consent sought from all involved". People at the home were now starting to benefit from the recruitment of new volunteers, who received and appropriate induction and training programme. The Registered manager told us, "We have identified bespoke training for our in-house volunteers which is relevant to their role and has included moving and assisting delivered by our own physiotherapists".

Staff were appropriately supported in their role. A member of staff said, "I feel I can progress as I have had courses and training. I feel I can ask questions at any time. I'm learning every day". All staff received regular supervisions with the registered manager or a supervisor. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. In addition, staff who had worked at Ashgrove House for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year. The appraisal system linked back into the enabling staff to develop their skills and competence. Examples of this approach included, a nurse who had requested syringe driver training, a team leader who wished to develop their knowledge of the management of safeguarding and the Mental Capacity Act, a member of night staff who wanted to enhance their knowledge and undertake level 3 in end of life care training. Staff files confirmed that these training opportunities were facilitated and the training undertaken accordingly.

Staff were encouraged to take on lead roles within the home and become 'Champions'. In order to carry out this role they were encouraged to undertake addition training in the key area identified. Champion and lead nurses were identified in areas such as: End of life care, Continence, Catheter Care, Dementia, Nutrition and hydration and Infection Control. Champions and leads were then able to cascade their knowledge and best practice throughout the team. Clinical meetings were held six weekly and staff were given the opportunity to rotate their lead roles to refresh their specialist knowledge providing a team approach to delivering specialist care to people. The registered manager told us that one of her team had recently been awarded 2nd place at the Wiltshire Care Awards in the category of the Life time achievement.

Staff went the extra mile to make the transition of people between services as smooth as possible by carefully planning and coordinating arrangements. The registered manager explained how the home would provide transport to people and their relatives to facilitate their move into the home. They also worked closely with the person, their family and key health care professionals to ensure the move into Ashgrove House was appropriate and completed in a way that cause the least disruption to the person concerned. The registered manager gave an example in respect of an admission from a care home in Essex, which involved close liaison with a relative, who had the appropriate power of attorney, the manager of that care home and the GP in Essex. This approach facilitated an effective sharing of information, which ensured the staff at Ashgrove were able to fully support the person and meet their needs from the point of admission. On another occasion the admission of a person from their own home was facilitated by the use of Ashgrove House transport and the support of nursing staff as an escort.

When a service user was admitted to the Home, the registered manager allocated an extra nurse on shift to ensure they could provide dedicated time throughout the admission process thus providing a relaxed and thoroughly effective process. This person centred approach was extremely beneficial to the well-being of the person who may be worried or anxious during the transfer process and enabled them to have protected time and feel supported as an individual.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "People are able to make their own decisions, even if [we think] they're bad ones". Throughout our inspection we saw staff routinely seeking people's consent.

People's capacity to make decisions for themselves had been assessed in a range of areas, for example for large decisions such as whether to live in Ashgrove House Nursing Home, and for small decisions such as 'when to go to bed' and 'what to eat and drink'. Where people lacked capacity, family members, Independent Mental Capacity Advocates (IMCA) and Deprivation of Liberty Safeguards (DoLS) representatives were involved. If people's relatives had legal authorisation to make decision on behalf of their family member, for example Power of Attorney for property and finance, this was clearly documented in their care file. We saw that where people did not have relatives involved in their care, Ashgrove House Nursing Home had ensured that an IMCA was involved to ensure decisions were made in the person's best interests, for example when deciding to receive an Influenza vaccine.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS and all appropriate applications had been made and monitored to ensure the least restrictive practice was adhered to.

People's needs had been assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. This included people's individual preferences relating to their care and communication needs. Staff were aware of people's support needs and preferences and records confirmed these preferences were respected.

People were given choice and had access to sufficient food and drink. People's feedback in relation to food was universally positive. Comments included; "I think we get a good choice and you can always tell them if there's something you don't like, and they will make you something different"; "The food is very good, I always get a choice" and "The food is outstanding we get a wonderful choice of menu it's all homemade food good and honest food and we get a good choice at supper time and I don't get hungry at night but if I did you only have to ask, and they would get you something". Relatives were also extremely complimentary about the food and how staff supported their family members to eat, comments included, "The food here is brilliant [people] can ask what they would like it was, like the time my [relative] wanted fish fingers and they just made them for her" and "The food is very good, and my [relative] enjoys it and always gets a choice". Where people could no longer make or communicate their choice, their file contained a thorough list of their likes and dislikes, as well other preferences such as "I prefer to eat small amounts" and "likes strong tea with sugar".

The registered manager told us that staff often went the extra mile, trying different ideas to encourage people to eat their meals and meet their nutritional needs. They gave the example of a person who lacked the ability to communicate and would not eat a conventional meal and was losing weight. Staff worked with the person and their relative trying various alternatives, such as a soft diet, pureed food and soups. During these approaches staff identified the person's dislike of cutlery being used when they were being supported to eat. The staff came up with the idea of providing the person's meals as finger food and a fridge was placed in their bedroom to allow them to have access to food during the day and night. The person's relative told us, "My husband lost so much weight and [the head chef] came up with the idea of finger food for him and he's putting weight back on".

The home has introduced other ways to encourage people maintain a healthy diet through the use of food moulds for people having pureed foods. These enhances the visual presentation and made the food more appetising to people. The home also encourages people to be as independent as possible when eat through the use of specialist crockery and cutlery, such as, blue collared / rimmed plates for people who are visually impaired; red plates for people living with dementia to help them to recognise the food on the plate; and special heated plates to keep food warm for people who were slower when eating their meals.

We observed the dining experience, which was positive with people chatting with each other and staff. Where needed, staff supported people appropriately. We also saw members of staff joined people to eat with them. People's feedback on food was regularly sought and suggestions followed up. The head chef told us that the registered manager and owner did not put restrictions on the menu they offered.

People were supported to maintain good health with timely referrals made to professionals such as dietitians, GPs, district nurses and speech and language therapists. Visits by healthcare professionals were recorded in people's care plans. People were complimentary about how well staff supported them to see healthcare professionals when they needed to. Comments included, "The carer had seen that my feet had swollen, and I got to see the GP yesterday, they're so caring here". The registered manager told us that when a person was admitted to hospital, a member of staff from the Ashgrove House would visit them, on a daily basis wherever possible, to ensure they were supported and to facilitate liaison with ward staff to promote an early and safe discharge wherever possible.

The owner and registered manager had developed excellent links with a leading Consultant in the field of old age psychiatry who had attended a 'service user and relatives' meeting as a guest speaker and was happy to give guidance and answer questions. The registered manager told us, "People told us this was very informative and helpful. He has also delivered training to staff about dementia and benefits of reduction in the use of anti-psychotic drugs. This has been helpful in talking to our GP about medication reviews and focussing on individual people in a person centred way".

The owner had adapted the environment to ensure they were able to meet the needs of the people they supported. For example, the owner had purchased new fold back doors to the lounge extension, which provided a wide ramped opening enabling independent access to some wheelchair users. The owner had also purchased additional equipment to support the delivery of high quality care in a person centred manner. For example, different types of weighing scales: hoist scales; chair scales; stand on scales; wheel chair/ ramp scales to meet individual's needs. The registered manager told us that all the people using the service were assessed by in house physiotherapists in relation to safe systems of moving and handling. The owner had also obtained turn tables to support people with getting in and out of the service's vehicles.

Outstanding ☆

Is the service caring?

Our findings

At the last inspection we found the service met the characteristics of Outstanding in caring; at this inspection we found it continued to do so.

People continued to receive care that was personalised and met their individualised needs. People were enthusiastic about the support they received told us staff were exceptionally caring. One person said, "It's like living in a first-class hotel; they are brilliant, the staff are only a call bell away it's absolutely superb". Another person told us, "Everybody's so friendly open, caring and jolly and the staff are very open, and everything is kept on an even keel". A third person said, "The staff are amazing there is never any trouble for them, from the house keepers to the manager they are fantastic".

People shared many examples where staff continued to go above and beyond what they expected, for example, one person described how staff had supported them to visit their old home. They said, "Two carers came with me and one had [arranged for me to have] a wheelchair and they made sure I was ok". They added that staff had arranged for them to meet up with old friends, saying "they also laid on a tea party with some of the people that I grew up with in the coffee shop, it was fantastic". This support made people feel valued as individuals and enabled them to maintain relationships and their identity. This showed the service followed the NICE Quality Standard: Mental wellbeing of older people in care homes and had ensured that the person was able to maintain their personal identity.

The exceptional caring nature of the service and staff was also demonstrated towards people's families. Relatives were extremely positive about the care and support people received, and without exception they told us that the care and support provided by Ashgrove House Nursing Home was excellent. For example, a family member told us, "Every year they do [my relative] a birthday party with buffet food and they always make a cake with her name on it and we have it in the meeting room upstairs just for the family and they don't charge us for it, it makes her feel so special". Other comments from people's families included, "Nothing is ever too much trouble, no nothing" and "She is brilliantly looked after by all grades of staff and made to feel valued".

The level of care received had an impact on relatives even when their loved one was no longer at the home. For example, one relative shared, "All the staff go the extra mile to not only care for residents but understand how they and their relatives are feeling. After my Mum passed away, the support given has been amazing, even at busy times someone will find the time to speak". This caring support enabled relatives to feel part of the 'family' of Ashgrove House Nursing Home, and helped them to cope with their loss.

There continued to be a culture of putting people first which was evidence throughout the service from management to the care staff. Throughout our inspection, we observed many extremely positive, natural and caring interactions between staff and the people they were supporting, and we saw genuine warmth and affection being shown to people. This was evident throughout the staff team be they housekeeping staff, carers or the owner of the service. For example, a person told a member of housekeeping staff, who was working near them, that their drink was cold. The member of staff stopped their work, spoke with the

person warmly, and said, "I'm so sorry, do you want me to get you another one?". The person said they did, and the member of staff quickly made them a new one. All staff we observed were warm and natural, and put people at the centre of their work.

Staff told us how much they enjoyed and valued working at the home. One member of staff said, "We are a family, it's a lovely home. I view myself as part of the family". Another member of staff told us, "Its lovely and warm here, we care about [people] and each other; caring about each other transfers to the care [we give people]". A third member of staff said, "I have been working in care for 15 years and this is a very happy place to work in, the residents are fantastic".

We found that Ashgrove House Nursing Home continued to have a caring ethos that ensured staff were passionate about the values of kindness, respect and compassion which put people first and respected relatives' needs. They spent the time to find out about people's cultures, faiths, their friends, family and loved ones. This allowed them to ensure they could support the person with all aspects of their lives which were important to them. One member of staff told us, "We put [people's] needs first, and take time to build trust. We are able to spend time talking [to people] to ensure their emotional needs are met". Other comments included "We've got such lovely family members [relatives], they are part of the team" and "We have to ensure that [relatives] can trust us with their loved ones".

The provider continued to adopt an 'all inclusive' approach in respect of people living at the home. This meant that people were supported to access a range of services such as chiropody, hairdressing, physiotherapy, aromatherapy, transport and an escort to and from all appointments, all within their care package. The 'all inclusive' approach had been developed by the provider to ensure that people did not feel discriminated against and their access to individual services was not dependent to independent funding streams. The ability to be able to continue to interact positively with specialist services, such as physiotherapists and aromatherapists provided an opportunity for people to receive massages and relaxation, therapy which enhanced their wellbeing and quality of life.

The caring ethos was consistently held by both established staff who had worked in the home for many years and newer staff members. The registered manager had achieved this by ensuring staff demonstrated the right values during the recruitment process. The registered manager told us, "We look for a caring and compassionate nature, inexperience is okay, we can teach [skills], more important is a natural empathy. We observe interactions when we show [applicants] around, and [people] also ask questions". This approach enabled the service to ensure they recruited people with the personal qualities to support people with respect.

Staff continued to have a strong value base and were confident when promoting people's rights and respecting their dignity. Staff explained how they respected and maintained people's dignity. One member of staff said, "We spend time building relationships, you need to be someone they know if you're going to support them". Another member of staff told us, "It's really important to give people time to process what you've said too; we don't assume they know". A third member of staff said, "We talk and reassure them; it can be scary to have other people do things for you". Other comments included, "[We're] always gentle and never rush. Always let them know what's happening next, and let them decide what to do" and "[We] make sure they're always as covered as they can be during care". These comments were corroborated by our observations on the day of the inspection; staff were consistently and genuinely gentle, respectful and kind.

Staff spoke with us about promoting people's independence. Comments included, "If someone's able to do something, even part of something, by themselves, then we always encourage them". We observed this during our inspection, people were encouraged to complete those tasks they could manage for example,

choosing their clothes for the day. We also saw that staff gave people time to complete these tasks without rushing them. This person centred ethos to caring enabled people to maintain their independence and dignity.

Staff had developed close relationships and a good rapport with the people they supported. They understood people's individual communication need, abilities and preferences, which influenced how they engaged with people and treated them in a unique way. The staff's knowledge of the people they supported influenced development of their care plans, which contained information and guidance on how best to communicate with people who had limitations to their communication. During our observations we saw that people were given time to process questions and were never rushed.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality.

Outstanding ☆

Is the service responsive?

Our findings

At the last inspection we found the service met the characteristics of Outstanding in responsive; at this inspection we found it continued to do so. People continued to be at the centre of all aspects of the service provided by Ashgrove Nursing Home and received personalised care and support that was responsive to their individual needs and in line with their personal preferences.

People and their relatives were enthusiastic about their interactions with staff and told us they enjoyed all of the activities. One person said, "The activity girls are lovely, they listen to what we want to do. They are so positive and happy". Another person told us, "There is always something going on that I do like". Relatives continued to be very complimentary about the activities and explained how the activities had helped to keep their relatives engaged and mobile. One relative said, "The activities have been very good when they do movement to music and they get [my relative] to tap balloons". Another relative told us staff knew their relative's individual likes and preferences. They said, "Yes, they get out on trips out, but [my relative] won't go out she does painting and the tree in the garden they made and there's always something to do and some do pottery". A different relative explained their family member did not like lots of background noise; staff had spent time with this person finding out their interests and preferences and arranged for them to have headphones so they could listen to their favourite music. They told us, "Yes, he likes his music, classical and he has headphones and they try very hard to do something with him".

The provider and staff continued to recognise the importance of a range of activities to support people to maintain their interests and wellbeing through mental and physical stimulation. During the inspection we saw many examples of staff engaging with people on a one to one basis providing support and social interaction. In addition, we saw staff supporting people to take part in both group and individual basis activities. People were encouraged to feel part of the 'Ashgrove House family', for example, there was a large party for a member of staff who was retiring after 20 years working at Ashgrove House Nursing Home; it was also the head chef's birthday. The registered manager had turned this into a special occasion for everyone at the home. There was a buffet with a cake as well as champagne for people, relatives and staff. There was a joyful atmosphere shared by everyone involved including the manager and service owner. People continued to be encouraged to take part a broad range of activities, such as, music and movement, external entertainers, quizzes, and visits out into the community. There were also a range of activities available to people on a one to one basis, such as painting, card games, gardening, reminiscing sessions using photographs and memory boxes and staff spending time to have conversations with people about things that were important to them. Staff told us they spent time finding out everything they could about people to ensure the social activities people engaged in were meaningful to them.

Care plans continued to be comprehensive, detailed and well written. They continued to reflect people's individuality and personal preferences. Staff knew people well and spent time with them and their families trying to find out as much as they could about the person's life history, family, hobbies, work life experience and the things they like and dislike, such as their favourite film, music and books.

The staff continued to be responsive to people's changing needs. Records showed that when people's

health deteriorated, the staff referred people to appropriate health care professionals. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. Staff were kept up to date on people's changing needs through verbal handovers. These provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

The provider identified innovative opportunities to ensure they were able to support people in a caring and responsive way. For example, nurses at the home have been specially trained to enable them to take blood for analysis at the local hospital. This enabled blood tests to be completed in a timely manner, and reduced anxiety for people as the tests were carried out by people they knew well.

They have also identified the opportunities to ensure people received timely care and support through technology which enable their needs to be met in a way that minimise people's anxieties and disruption to their daily routine. For example. The provider was implementing a trial of equipment allows health monitoring data, for example blood pressure recording, to be sent automatically to the relevant healthcare professional, reducing the need for people to attend hospital or GP appointments, and improving timely access to treatment.

People using the service and their relatives knew how to make a complaint if they were dissatisfied with any aspect of the service. People we spoke with during the inspection told us that they had had no cause to complain, "The care is excellent, there's nothing to complain about". The complaints process was displayed within the home so that people could easily access it. We looked at the home's complaints record and complaints policy. When complaints had been made we saw that they had been managed effectively and in line with the policy. For example, a person had complained about problems with the hot water in their room. A member of staff apologised and explained what they would do to resolve the situation. They then checked later that the person was happy with the outcome.

No people were receiving end of life care at the time of our inspection. However, the registered manager explained how they would continue to provide their outstanding approach to supporting to people and their families, when necessary. Discussions had taken place with people about their wishes and choices should they require end of life care, and that consequently people had written plans in place. For example, one plan detailed that the person wished to be resuscitated if their heart stopped; If they were receiving end of life care they would chose to be cared for at Ashgrove House Nursing Home; and the person would like to see a priest and be buried in accordance with their faith.

People's relatives told us about how well the staff in the home supported people and their families during their end of life. The quality of care received had an impact on relatives during this time, and even when their loved one was no longer at the home. For example, one relative said, "All the staff go the extra mile to not only care for residents but understand how they and their relatives are feeling. After my Mum passed away, the support given has been amazing, even at busy times someone will find the time to speak". Staff were emotionally connected to the people they supported and talked of the impact on the home when people they were supporting passed away.

Staff could explain how they cared for people at the end of their life, their comments included, "You must involve relatives, and consider and meet their needs too", "Must make sure [the environment] is calm, and [the person] is comfortable and free from pain" and "Care should be given in their best interests". The provider recognised the need to provide a holistic approach to supporting people at the end of their life, their families, other people using the service and staff. They had established an annual memorial ceremony at Ashgrove House Nursing Home to remember people who had passed away. The ceremonies were

attended by people in the home, families and staff.

We also saw that someone who had a terminal illness had anticipatory medicines in place. These are medicines that are prescribed to ensure that the person has prompt access to medicines to reduce their pain and discomfort as they enter the end of their life. This approach is in keeping with the NICE guidelines: Care of the dying adult.

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager described people's individual diverse needs and how people were supported to follow their own faiths and religions. They also explained how the service ensured the service worked within the Accessible Information Standard (AIS) framework. 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.

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection we found the service met the characteristics of Outstanding in Well-led. At this inspection we found it continued to do so and had implemented a number of new innovations.

We had only extremely positive comments from people and their relatives about the management of the service. The comments showed there was high level of trust between the management, people receiving a service and their relatives. People told us, "I think [registered manager] is doing a marvellous job", "[Owner] is so approachable and kind, [they] are brilliant", "[Owner] genuinely cares, you can tell" and "You can always get to talk to the manager, her door is always open"
We spoke with a relative who visited frequently. They said, "[Registered manager] is doing a really good job, it can't be easy, she has a great team and everything works".

Ashgrove House Nursing Home is part of an organisation that provided innovative and high quality services, and earlier this year they successfully secured the contract with the Local Authority to become the Lead Provider of social care. It had identified the challenges in, and barriers to, supporting people effectively to a high standard, and made overcoming them its top priority. For example, the service had identified that discharges from hospital for elderly people do not always go smoothly. The provider had therefore employed a Hospital Liaison Discharge Co-ordinator to work within the local hospital and ensure that people's needs could be met by the proposed packages of care. This innovative and proactive appointment promoted better outcomes for people while working in partnership with other agencies to achieve this.

The wider organisation also provides an agency staffing service. This has enabled Ashgrove House Nursing Home to provide regular agency staff to fill any gaps in staffing and ensure that there were no reductions in the quality or quantity of care people received.

We spoke with the registered manager about their vision and values of the service. They said, "This is a unique home. We make sure there are plenty of staff to meet people's needs, and ensure that [people] always come first." The registered manager and owner shared their ethos of "Not No, How?". This ethos encouraged all staff to not look at negatives but instead to look at how to overcome problems, and, importantly, was supported by the management team. This was demonstrated in our findings during the inspection. The registered manager and the deputy manager lead by example by being good role models who promoted a positive culture meaning people felt positive and secure, and staff felt valued and enjoyed their jobs. This resulted in people receiving an outstanding caring approach and responsive care.

Staff understood their roles and responsibilities and were motivated and confident in the leadership of the service. There was a clear staffing structure that enabled people to lead in particular areas and effectively support the rest of the team. For example, there was a Registered Mental Health Nurse and Physiotherapist in post. This enabled people's needs in these areas to be assessed and met promptly, and staff to receive advice and guidance, both through structured training and 'ad hoc' advice.

The service recognised that the needs of the people it supported required robust staffing, which would meet

people's emotional as well as physical needs, and allowed for flexibility, for example having an additional staff member on duty in case someone needed to go to hospital. Since our last inspection the service had increased staffing as it had identified a need for an additional role; a 'Clinical Lead'. This role provided a link between the Nursing and care staff in all aspects of clinical care. The clinical lead's duties included, providing supervision to the nurse team, completing clinical related audits, such as Infection Control, and being a point of access for any of people's clinical needs.

Staff told us how they were supported to do their jobs and keep people's needs as their focus. For example, the chef told us that menu planning was centred on people's dietary needs and preferences, and not constrained by a budget they had to manage. "If they need or want something, they can have it. I can just get it; I don't have to worry about money". There was an ethos within the service of staff being empowered to meet people's needs, while senior managers dealt with the business side of the organisation.

Staff were extremely positive about the team work and support they received from the management and about the positive and empowering culture that was promoted within the team. Comments from staff included, A nurse told us "The support you get is fantastic.", "I can't ask for any better support professionally. I'm so happy here.", "I'm supported and valued, really happy. There's a genuine open-door policy. They support me in a social and work way", "[Owner] is always here or at the end of a phone, [they're] involved and really care" and "I couldn't find a better place to work in."

The service was open and honest with people and their relatives. This was exemplified by them encouraging people's relatives to be volunteers. We found this created a positive culture of openness. A relative told us, "Everybody is open and very transparent I'm a volunteer here, so they have to be, and you can always get to talk to the manager her door is always open".

We found that Ashgrove House Nursing Home was part of an organisation that not only worked in partnership with other agencies, but took a responsibility in developing the quality and effectiveness of social care. It had recently agreed a partnership with Age UK Swindon and Wiltshire and the Royal Voluntary Service to work together to ensure that people were at the centre with the various care services working together to achieve better outcomes.

We saw that Ashgrove House Nursing Home was fully involved in this and with the plans for further innovations. For example, implementing a trial of the use of Telecare equipment within the home; Telecare equipment allows health monitoring data, for example blood pressure recording, to be sent automatically to the relevant healthcare professional, reducing the need for people to attend hospital or GP appointments, and improving timely access to treatment.

The provider assessed the service's quality from people's perspective alongside other systems. People's views were sought at regular residents' meetings and relatives were also invited to these. Minutes of the most recent residents' meeting showed issues discussed such as upcoming shared activities, staff name badges and relatives' meals.

The provider continued to use an effective quality assurance system to identify and manage the quality and safety of the service. This helped identify what the service was doing well and areas it could improve on. Audits had been carried out monthly, including accidents and incidents, complaints, health and safety, infection control, medicines, staff files, dignity, tissue viability and nutrition. All audits carried out had been signed and were up to date. Audits were scrutinized to identify where any trends or patterns may be emerging.

The management continued to submit notifications to the CQC with information about the welfare of people and measures taken to keep them safe. The provider's audits were in line with our regulations and effectively identified how to meet each of them. For example, the service's most recent CQC rating was promptly displayed on the provider's website and in the premises.