Casequest Limited

Ashbourne House - Stockport

Inspection report

147-149 Gatley Road
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Tel: 01614911201

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18 October 2016

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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

The inspection took place on 18 October 2016 and was unannounced.

The home's last inspection report was published on 17 September 2014 and at this time the standard entitled 'quality and suitability of management' was not met. This judgement was made because a copy of the home's Statement of Purpose had not been sent to CQC and could not be located on the day of the inspection. At this inspection on 18 October 2016 the home produced a Statement of Purposes that was current and described the service.

Ashbourne House - Stockport is a care home without nursing registered to provide care and accommodation for up to twenty-three older people. There are four lounges and a large dining room, which opens onto an enclosed garden area. At the time of the inspection there were 22 people living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe and well supported by staff. Staff had received training in safeguarding. We found staff understood what actions to take if they thought people were unsafe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medicines in a safe and correct way.

The premises were clean and well maintained. We saw that equipment was in place to maintain the health and safety of people and staff, and were checked both by the service and approved contractors when required.

There was a process for managing accidents and incidents to ensure the risks of any accidents re-occurring would be reduced.

Staff employed by the registered provider had undergone a number of recruitment checks to ensure they were suitable to work in the service. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff told us they felt well supported by the registered manager and had received support through supervision and appraisal to enable them to care for people, although we found supervisions were not always formally documented.

Staff told us they felt they had the training and skills to respond to people's care needs. Training records demonstrated good levels of training and training had been planned to address any gaps in training undertaken.

We saw that people had person centred support plans that reflected their needs. These were reviewed regularly. Support plans reflected the person's needs and preferences.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

The care records showed us that people's health was monitored and health care professionals where involved where necessary for example: their GP, district nurse or social worker.

We saw a compliment and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

People also had access to advocacy services and safeguarding contact details if they needed it.
People told us the service was caring and that they felt well supported.

The service adhered to the requirements of the Mental Capacity Act. This meant people's capacity to make decisions had been assessed. Where required we found decisions had been made in people's best interests involving their family members and other professionals.

We found people who used the service, their representatives and healthcare professionals regularly asked for their views about the service.

There were quality assurance systems in place to ensure the effective running of the service, however we found that action plans could be clearer and more focused.

We found that the management and staff had a clear view of the ethos and purpose of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe.

Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

The premises were clean and well maintained.

Is the service effective?

Good

The service was effective.

People were supported to have their nutritional needs met.

Staff received regular and effective supervision and training to meet the needs of the service, although we found supervision was not always formally recorded.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Is the service caring?

Good

The service was caring

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff

they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home and in the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Ashbourne House - Stockport

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.

The inspection visit took place over one day on 18 October 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of two adult social care inspectors.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Prior to the inspection we contacted the local Healthwatch and commissioners. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We spoke with three visiting healthcare professionals during the inspection.

During the inspection we spoke with the registered manager, assistant manager and four care staff. We also spoke with six people who used the service and three relatives and visitors. We looked at records that related to the day to day running of the service and the care plans and medicine records for three people.

We spent time observing how staff interacted with people in the home and observed people, for example, taking part in social activities, eating meals and receiving medicines.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home, they told us; "I'm so happy, I feel secure. If I feel unsure or have an accident there is someone there straight away." We spoke with relatives who told us; "[Person] is safe, there are staff here twenty four-seven" , "They keep [person] safe, they help them to the toilet, [person] is slowing down." and, "We went on holiday for the first time in years knowing [person] is safe. We had piece of mind knowing [person] is safe."

We spoke with a visiting optician and asked if they felt the home kept people safe, they told us, "Yes they do. I'm supervised at all times, which is realty important when you are working with vulnerable people."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "Safeguarding, yes I've been on training. If I noticed anything I would report it to [registered manager's name] or [assistant manager's name]." Training records showed staff had received safeguarding training. Staff had access to information about the local authority's safeguarding procedures and we saw that staff had accessed training in relation to these. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and followed the local authority's procedures to monitor low level concerns. This showed us that staff knew how to recognise and report abuse.

During the inspection we observed that staff were able to respond to people's needs in a timely manner and that people were not placed at risk due to understaffing. One person told us; "staff help me, nothing is too much trouble." We saw staff interacting with people on a one to one basis and helping people to take part in activities. Staff were not rushed and had time to talk and laugh with people and relatives. Both staff, people living at the service and visiting professionals told us they felt there were enough staff. One visiting professional told us; "Staff spend a lot of time with the residents, there seems to be enough staff and enough time." The service had a staffing level tool which was based on dependency needs of people using the service and was reviewed on a daily basis. This helped the registered manager determine how many staff were required to meet people's needs. We saw from rotas that there was a consistent staff team. The assistant manager told us that the home had not needed to use agency staff in the last three years because there was sufficient staffing to provide cover arrangements within the existing staff team but had a single agency they would use if this became a requirement.

We looked at three staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

We spoke with the registered manager about recent staff disciplinary investigations and saw records to demonstrate that staffing issues, such as sickness absence, had been responded to appropriately.

People who used the service and relatives told us people were given medicines at the correct times. One relative told us, "Yes, they [staff] make sure [person] has their medicines." We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management. We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and people's preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what there were doing and asked the person's permission to give them their medicines. They offered people water to take with their medicines. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medications had received training and had their competency assessed.

The medicines fridge temperatures were monitored and recorded together with room temperature; and were within the safe temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

The registered manager was responsible for conducting medicines audits, to check that medicines were being administered safely and appropriately. Medicine checks featured in audits completed on a daily and a weekly basis. An external medication practices audit completed by the Clinical Commissioning Group in August 2016 showed the home had been compliant with the audit and gave no actions. We found that medicines were being managed appropriately and people were getting their medicines when they needed them.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as bath hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were reported to the registered manager, or identified by the register manager as part of daily checks, and we saw that action was taken in relation to any issues identified. Risk assessments were held in relation to the general environment and fire risks. These had been reviewed in September 2016 by the registered manager. Risk assessments were personalised to the service and contained mitigating actions to reduce the likelihood of any risks. Fire risk assessments and processes had been reviewed by the fire department following a recent fire and the registered manager told us feedback had been positive about the way the home responded to the fire. Records on file demonstrated that the fire department had only made minor recommendations to the home, for example improvements to the closures on fire doors, which were being addressed. We found that the registered manager kept track of premise safety checks and contractor inspections as part of the audit process.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw people's care files explained how to keep them safe and risk assessments had been developed where risks had been identified. One care file stated, "Make sure [person] can access the light at night if

[person] gets up to the toilet. [Person] has a nurse call bell." We observed that another resident had a sensor mat in use in their bedroom that was linked to the nurse call bell. The registered manager explained to us that the senor mat alerted staff that the person was out of bed and staff would then go to assist this person to access their commode safely. Each bedroom was fitted with a thermometer, carbon monoxide detector and a telephone (connected to an internal telephone system throughout the home) to help monitor people's safety. Staff we spoke with were aware of the procedures to follow in the event of an emergency, such as in the event of a fire.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines. Staff were able to tell us correctly about the type of PPE to be used and when it should be used.

We saw records that showed the service undertook regular cleaning, including deep cleaning when required. The registered manager completed daily checks of the home to ensure the home was clean and safe. An infection control audit had been completed in June 2016 by a visiting health protection nurse which had identified the home as being fully compliant with all the expectations of the audit. People and relatives we spoke to told us they thought the home was maintained to a high standard of cleanliness.

Good

Is the service effective?

Our findings

People we spoke with told us that staff knew them well. People told us; "Staff are very good, kind and helpful." A relative told us, "The staff are always training"

The registered manager showed us a training chart, which detailed training staff had undertaken during the course of the year. We saw staff had received mandatory training in health and safety, infection control, moving and handling, safeguarding, mental capacity, and fire safety. We saw the registered manager had a way of monitoring training and detailed training that was planned or on-going. The manager told us they used a variety of training methods including e-learning, face to face training and they also accessed training provided by the local authority and health colleagues. Staff we spoke to told us they received the training they felt they needed and had completed National Vocational Qualification (NVQs) in care, alongside other training as part of their development. Staff told us, and we saw records to demonstrate, that training needs were discussed with the manager.

All staff we spoke with said they had regular supervisions and records we viewed demonstrated that supervision meetings were meaningful discussions, which identified development areas for staff as well as providing positive feedback. Staff told us "I have supervision every three months." and another told us, "The manager keeps an eye on us, we talk all the time and have regular supervision and appraisal." A small number of supervision records from earlier on the year could not be located at the time of the inspection, however, the registered manager had put measures in place to address any shortfall in recorded supervision sessions by developing a clear supervision plan and delegating some of the responsibly for these sessions to the assistant manager. The registered manager was able to demonstrate that the home was now meeting the supervision plan. It was evident that both the registered manager and the assistant manager were present in the home on a daily basis and staff told us they would not wait until their supervision to discuss any issues, they would approach the manager about these as and when they arose. Records demonstrated that appraisals were completed on an annual basis and had last been completed in 2015; this year's appraisals were planned for completion in October and November 2016. We therefore found that staff were supervised and felt supported by the manager and assistant manager.

We saw that new staff completed the Skills for Care, Care Certificate induction process. The assistant manager demonstrated they were in the process of completing a skills analysis for each existing staff member against the requirement of the Care Certificate to see if there were any gaps in skills. When this analysis was complete staff members would be required to complete the relevant sections of the care certificate to enhance their knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We found that staff had recent training around MCA and DoLs and could explain the principles of this to us. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that there was a DoLS in place for one person in the home. Staff we spoke to were aware of the DoLS that was in place and the requirements of this. We found the provider was following the requirements in the DoLS.

We observed that people were asked for their consent prior to care being provided. We saw consent forms on the care files and where people did not have capacity to give consent it was explained who would be involved in decision making in their behalf.

We saw, and were told, that people had access to a choice of nutritious meals and snacks. One person told us, "Food is delicious here, very good. The cook is wonderful, the cakes are lovely." and another told us, "If you want anything in between meals they get it for you." A relative told us, "[Person] loves the food here. We can come and have meals with people if we want."

The registered manager told us that although no one in the home was at high risk of malnutrition, or had any specific dietary requirements, they were looking to develop training for staff around nutrition. New staff completed nutrition training as part of the Care Certificate induction process and existing staff would also be required to completed this is they did not have other current training relating to nutrition. We saw on the training matrix that dates had been arranged for this training.

We saw that the home was using external guidance about food and nutrition, including using fortified food to reduce the risk of weight loss and poor nutrition. People had their weight monitored monthly and their risk of malnutrition was assessed using the Malnutrition Universal Screening Tool (MUST). We saw a document called a 'residents food and nutrition communication card' which gave details of the persons nutritional risk, diet type, the assistance with eating and drinking, likes and dislikes and the texture their food should be.

We observed that people were supported at mealtimes and were given the encouragement and practical assistance needed to eat and drink. At both the midday and evening meal the tables were set attractively, people were given a choice of food and there was a relaxed atmosphere in the dining room.

We saw records of regular staff meetings and the most recent meeting was held in June 2016. We saw from the minutes that staff meetings were well attended and covered staff training, development, staff roles and responsibilities, medication and other issues regarding staff and the running of the home.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, and their doctor. People were supported and encouraged to have regular health checks. Staff told us the service was aligned with one GP practice. The registered manager explained they had a very good relationship with this GP and this had improved communication around people's health. People could also choose to remain with their own GP. We spoke with a visiting district nurse who said the following about the service; "They [staff] work with us. They phone if they have any concerns about pressure sores or wounds. The GP comes round once a week, any concerns they speak to them. There are no pressure concerns in the home currently. If skin is breaking down they phone us straight away, they elevate the legs and use barrier creams. I've no concerns about them." and the visiting optician told us, "Staff are really good. They contact

us if they have any concerns." This showed people's healthcare needs were monitored and addressed.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring, one person told us, "I think it's excellent. I find that they [staff] attend to you and keep an eye on you" and another told us, "Staff are all very pleasant, so kind. I'm not just saying that, they really are." One relative told us "People get the love and attention they need" and another said "They [staff] have become her friends ...they make her feel comfortable and dignified."

Staff told us "It's a home from home, everyone gets on so well." Staff also told us they had good relationships with other staff and that they found staff to be caring to one another. Visiting professionals told us, the home was, "Definitely caring." and "Staff are very good, welcoming and approachable. Very caring."

We observed staff interacting with people in a caring way. For example, we saw staff checked people were warm enough. One staff member asked people if they were ok, if they would like blankets and brought these to people. They assisted a person to put a blanket over their knees and asked if everything else was ok. The person said their legs were "bothering them" so the staff elevated their legs and told the person that a new medicines cream they were using needed time to work. The staff member was observed to offer care in a comforting way and the person and the staff member were observed to talk and laugh together. One relative told us, "Staff are lovely, they chat with us and [person] has a laugh with them." We also noted that people talked to the registered manager and it was evident that they knew people well.

We saw that explanations were given to people before care tasks were undertaken. We saw staff using people's preferred names and knocking before entering rooms. Relatives told us that staff respected people's privacy and dignity. One relative told us, "[Person] has privacy when they need it." We saw that people had been asked their permission for personal information to be shared when necessary. We saw that the home had policies and procedures explaining how staff should respect people's dignity, privacy and confidentiality and observed that staff were maintaining people's privacy and dignity.

People who used the service and their relatives told us they thought the service supported them to be as independent as possible. One person told us "I like walking and my confidence is right back up now, before I was frightened of falling and staff have helped me." A relative told us, "[Person needed two people to mobilise and now they can get up unassisted and can walk linking people. We think it's a miracle." We saw that some people were very independent and went out on their own during the day. We saw that these people were free to leave the home whenever they wanted, staff told us, "We have two people here who come and go as they please."

The registered manager told us that no one using the services currently had an advocate but contact details for advocates were available for people and staff should these be needed.

We saw that people had been asked their wishes around their end of life care and this was recorded in the care files. People had advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation orders had been completed (DNACPR). These were highlighted in the care file and staff we spoke to confirmed that they had read about these in the care files.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes and also whether they actually wanted support from care staff.

People told us their relatives and friends were encouraged to visit them within the home and one relative told us, "we can come in and out when we want." The home provided facilities so that people that used the service and relatives could help themselves to hot and cold drinks. One relative told us, "We can help ourselves to drinks; staff don't have to do it." The home had a pet cat. One person told us, "We all like the cat." This showed us that the service was promoting a homely and caring environment.

Good

Is the service responsive?

Our findings

We looked at three care files and found that these were person centred. We saw people had their needs assessed and their care plans demonstrated a good understanding of their individual needs. This was evidenced across a range of care plans examined that included: hygiene and dressing, maintaining safety, communication, eating and drinking, elimination, mobility and sleep.

Each file contained a spider diagram with a photograph of the person in the centre. These included details about the person's hobbies, food, past occupations, family, history, visitors and additional information about the person. We could see that these documents had been developed with input from relatives.

Care plans included the person's needs, their goals, the care and actions needed and risks. We found these to be detailed and they included information about people's preferences. There was evidence of regular reviews, updates and evaluations of care plans taking place. This meant staff were given guidance about how to meet people's individual and specific needs. Risk assessments had been implemented where risks had been identified in the care plans, for example around mobility issues. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. This meant staff had information on how to respond appropriately to people's needs.

We saw information about activities in the home on a notice board, including trips outside of the home. This included photographs of people taking part in recent events. The home used its monthly newsletter to let people know about the activities on offer and had established a residents committee with a view to developing what was available. The registered manager told us, "We have local churches coming in, lay preachers, residents go out to the village, local schools come in and do a carols service and we go out to the comprehensive school events."

On the day of the inspection the activity was a visit from a pianist. We were told this was a regular activity in the home. We observed that most people in the home joined in, for example, they suggested music to be played, guessed the songs, talked about their memories and sang along. Staff also took part in this activity and encouraged others to take part, making it an inclusive event. People told us, "I like the music and the sing-songs." and another told us, "I like the exercises they do. A man comes in once a month." A relative told us, "A pianist comes once a fortnight; they have parties for everyone's birthdays." And another told us, "[My relative] does keep fit now and has been on a barge trip. I want my name on the list to come here." All the people we spoke with expressed that they enjoyed the activities on offer.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed. They told us they were able to go to bed and get up at whatever time they wished, choose what they wanted for meals and how they spent their day. People's choices and preferences were indicated in their care plans and we also observed people being asked about their choices during the inspection. A visiting district nurse told us that people could choose to use the GP aligned with the home and that, "One

person wanted to stay with their own GP, so they were able to choose." People were encouraged to personalise their bedrooms and bring furniture from home. Some people used their own armchairs in the communal lounges.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority, the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw complaints were recorded, although no complaints had been received in recent months. We were told that historically there had been complaints about the laundry and we saw that a housekeeper had been employed to try to improve oversight of the laundry system and prevent any items going missing. We were told that complaints in relation to the laundry had reduced. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. For example, "If we are not happy we've been told to speak to the manager, but there is nothing not nice." This meant that there were procedures in place to listen and respond to comments and complaints.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered at this home with CQC since 13 July 2012. The home's last inspection report was published on 17 September 2014 and at this time the standard entitled 'quality and suitability of management' was not met. This judgement was made because a copy of the home's Statement of Purpose had not been sent to CQC and could not be located on the day of the inspection. At this inspection on 18 October 2016 the home produced a Statement of Purposes that was current and described the service; this meant that the home was now meeting this standard.

The registered manager told us they had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibilities. They told us they were supported in their role and felt able to approach the manager or to report concerns. Relatives told us, "The managers are lovely, sociable, chat with us, explain everything and they are on the ball.", "We never feel uncomfortable, we can approach the manager, we will recommend this place to anyone." and, "The manager is very approachable, they will stop what they're doing if you want them, they make time for relatives."

Staff told us they felt supported by the management and told us, "Yes, the manager is supportive." and another told us, "We have meetings sometimes. We get questionnaires and paper work all the time." Staff told us they received regular and meaningful supervision. There was a supervision tracker in place and the management had identified improvements to supervision processes to ensure that supervision records were kept on file to demonstrate the level of support staff received.

The home had a Statement of Purpose which stated "Ashbourne House Residential Home aims to provide whole person care, support and assistance by addressing its resident's physical, emotional and spiritual needs. We place people's rights and dignity at the forefront of our philosophy of care and invite residents to make a real home here at Ashbourne House as an active part of the community not as an alternative to it in a happy, secure environment in congenial surroundings." We found that management and staff also told us these were the aims of the service during the inspection. The assistant manager told us, "We want a home environment, as friendly and homely as possible."

The provider had a quality assurance system in place, which was used to help ensure people who used the service received the best care. We looked at the registered provider's audits, which included daily, weekly and monthly audits of care plan documentation, health and safety checks, compliance with external audits, monitoring of residents weight, pressure damage and complaints. All of these were up to date and included action plans for any identified issues.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt confident they could go to the registered manager or the deputy manager with any suggestion, concern or complaint and they felt their views were listened to and acted

upon and that this helped to drive improvement. We looked at the minutes from a resident's forum held on 27 May 2016. The forum was established to give people more say about the activities on offer in the home. The assistant manager told us it had been difficult to get people to take the lead in these meetings but they were trying to develop the meetings so that people were more involved.

Staff meetings were held regularly. We looked at the minutes of a meeting held on 6 June 2016. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Minutes from this and previous staff meeting covered a range of topics including, training and development, medicines management and health and safety. We saw that people and relatives were actively encouraged to rate the service using online feedback websites and to also provide feedback and makes suggestions while in the home. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had close links with the local community. The registered manager told us that people who used the service attended Stockport ballroom dances and events organised at a local school. The registered manager told us people were encouraged to access the local community and the community was invited into the home for events, for example for an upcoming Halloween party. Some people in the home regularly accessed the local community independently.

We discussed quality assurance with the registered manager and found that they had some clear targets and goals for development of the service but these were not always reflected in detail in the home's action plans. The registered manager agreed to update the action plans to give timescales for actions to be completed. One of the developments planned was to implement a new electronic human resources system in the home. This system would monitor systems such as, training, supervisions, rotas and the registered manager hoped would improve and consolidate existing quality assurance processes. The registered manager told us this system would be in installed on 17 October 2016 and training would also be given to staff on this day.

We found that the home had received positive feedback from external audits in relation to infection control, Clinical Commissioning Group medication audits, food hygiene and local authority commissioners' audits. The service demonstrated they had made improvements based on recommendations and actions from these audits. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 21 June 2016 and we reviewed feedback on on-line review sites, which was positive. We also saw the home had signed up to the social care commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. The assistant manager told us "We signed up to the social care commitment to show the community that we want people to come in. We want relatives, circles of friends to come in."

The home had been awarded Investors in People Status. This is an accreditation scheme that focuses on the provider's commitment to good business and people management excellence.

The home demonstrated good practice and effective joint working with the local authority's infection control unit as they actively encouraged influenza vaccinations for residents and staff. The registered manager told us that they had developed strong links and lines of communication with their local GP and district nurses. The district nurse we spoke to agreed that the home was working effectively and in partnership with themselves and the GP.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision,

service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.