Ashgale House Limited

Ashgale House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The unannounced inspection of Ashgale House took place on the 14 March 2017. At our last inspection on 28 October 2015 the service met the regulations inspected.

Ashgale House is registered to provide accommodation and personal care for fourteen people. The home provides care and support for people with learning disabilities who may have additional physical needs. The home is owned by Ashgale House Limited. On the day of our visit there were ten people living in the home and two people who received a respite service on a daily basis.

Since the last inspection a new manager had recently been appointed and at the time of our visit was in the process of registering with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who knew their needs well including people's individual ways of communicating. We saw staff engage with people in friendly and respectful manner.

Staff respected people's privacy and dignity and understood the importance of confidentiality. Staff showed us that they knew the interests, likes and dislikes of people and supported them to choose and take part in a range of activities of their choice. People were provided with the support they needed to maintain links with their family and friends.

There were procedures for safeguarding people. Staff understood how to report possible abuse and knew how to raise any concerns about people's safety so people were safeguarded. However, the systems and processes for handling people's monies were not effective as they did not ensure people were protected from financial abuse.

People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. Accidents and incidents were addressed appropriately.

Staff were available to meet people's individual needs promptly and demonstrated good knowledge about people living at the home.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice

when needed. People's dietary needs and preferences were supported, and they were encouraged to choose what they wanted to eat and drink.

Staff understood the importance of ensuring people agreed to the care and support they received and knew when to involve others to help people make important decisions. The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's management and handling of people's monies was not meeting legal requirements You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff knew how to respond in the event of any abuse but arrangements for looking after people's monies did not ensure financial abuse could not take place.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a range of meals and refreshments, and were supported by staff to make choices about what they wanted to eat and drink.

People benefitted from having access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care.

Staff understood people's individual needs and respected their right to privacy.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about people's individual care needs, interests and preferences, so people received personalised care.

People were supported to take part in a range of recreational activities.

Relatives felt supported by staff to raise any comments or concerns about the service. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. There were a range of systems in place to monitor the quality of the service. However these had not identified the concerns that we found in relation to the handling of people's monies by the service.

People, relatives and staff had opportunities to provide feedback about the service. Relatives were positive about the service and the way it was managed for the people that lived there.

Staff told us they enjoyed working at the home providing people with the care they needed, and felt supported by management staff.

Ashgale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was carried out by one inspector 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 looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. During the inspection the manager provided us with a Provider Information Return [PIR] which the manager had completed comprehensively. The PIR 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.

Most of the people using the service due to their needs communicated mainly by gestures, signing and behaviour and were not able to tell us about their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with two people using the service, the manager, deputy manager, senior care worker and a care worker. Prior to the inspection we had some contact with the host local authority about the service. Following the inspection we spoke with four relatives of people using the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

A person using the service told us that they felt safe living in the home. When we asked a person using the service if they felt safe they told us; "Yes I feel safe here, I like it here." They also told us they would tell the manager if staff did not treat them well or if they were worried about anything.

Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. People's relatives commented; "I feel [Person] is safe, I have no concerns" "I feel that [Person] is very safe at Ashgale house," "We do know what to do if we had a safeguarding Issue," "I believe [person] is safe and well from what I have seen" and "I feel that [Person] is safe, if I didn't, I would report it, but I haven't any concerns."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Staff knew about whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to management staff and were confident that any safeguarding concerns would be addressed appropriately by them. Staff knew they could report abuse to the local safeguarding team, CQC and the police. Contact details of the host local authority safeguarding team were displayed. Staff informed us they had received training about safeguarding people and training records confirmed this.

However, people were not always protected against the risk of financial abuse. People received a range of support with the management of their finances. The individual support people needed with their finances was described in each person's care plan and regularly reviewed. People's care plans showed that they were unable to manage their finances without staff support. Most people in the home were not able to give informed consent about their finances. We checked three people's financial records of expenditure and found records that indicated people using the service had paid for food for staff. This arrangement was not recorded in the financial care plans we looked at.

People's expenditure records we looked at were not clear about the food and drinks purchases people had made. Examples included; on the 19 February 2017 a person's petty cash slip recorded 'meal out' and included no other detail. The actual receipt indicated that eight people using the service plus staff had a meal out and the bill was divided between the eight people using the service. There was no detail about who had what to eat and how many staff ate a meal during that outing. Another meal out on the 9 December 2016 paid for by a person using the service included details that two meals had been eaten but no information on the petty cash slip or receipt about what the person had eaten and who had eaten the second meal. A meal out on 8 March 2017 indicated from records that four people using the service had a meal out with staff and each person using the service paid a quarter of the bill, however it was not clear what people and the staff had eaten and there were no details of the number of staff that had eaten a meal.

Also a petty cash slip recorded 'In house entertainment' for £8.75 but did not include detail about what the entertainment was. Another petty cash slip for the same person recorded £18 for 'Shopping Winter

Wonderland,' but did not include details of the items bought, or any receipt.

We also found from checking people's expenditure that people regularly bought large numbers of toiletries at one time such as on 1 March 2017 a person spent £48.29 on toiletries including three bottles of shampoo, three hair conditioners, three tubes of tooth paste, five shower gels and numerous similar items. Another person bought six body deodorants and three body sprays on the 22 January 2017. There was no inventory record of these items in the person's care records and as the supermarket was very close to the home it was not clear why toiletries were being bought for people in bulk. We also noted that inventories and checks of people's purchases such as clothes and toiletries were not in place, so there was no record to show that the person received their purchases.

This lack of clarity in expenditure receipt records and absence of information in people's financial care plans to show they had agreed to this kind of expenditure did not indicate people were always protected from financial abuse. Records did not show that people and their families, placing local authorities and those important to them [if applicable when a person's lacked capacity to decide and consent to how their money was spent] had been involved in decisions about the spending of people's money on food for staff during outings.

We noted that there was a financial policy in place that stated 'Service users should not be paying for food/general meals out and takeaways unless it is a special occasion as this is included within funding contracts. Food should always be provided by the home and taken from the home's petty cash. Service users should not be contributing to staff costs whilst participating in community based activities unless agreed by their care manager or included in their funding contract.'
As a result of this policy not being followed, there was no protection for people using the service against staff using people's money to pay for staff refreshments.

Also records showed that regular checks of people's monies had been carried out by management staff and the provider's quality assurance staff team. This included a recent check of people's finances on 24 February 2017 by a representative of the provider. However, concerns about the handling of people's monies had not been raised following these checks.

The manager told us during the inspection the practice of people's monies being used to pay for staff meals would stop immediately. This was confirmed by the area manager following the inspection, who told us money had been allocated from the provider for the service to pay for food eaten by staff when accompanying people on outings.

The deficiencies in the management of people's monies at the time of the inspection were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. People were provided with one to one care when this was required. During the inspection we saw that staff were available when people needed assistance and to support people to take part in activities. A person's relative told us they thought there were enough staff when they visited and told us there were always staff available to speak with about a person's needs. The manager told us the service employed some staff to work when permanent staff were not available and was in the process of recruiting more permanent staff.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day

living. People's risk assessments were personalised and included risk management plans in a selection of areas including; going out in the community, hand hygiene, mobility, falls, behaviour, medicines and risk of being scalded when having a bath or shower. A person's risk assessment showed they had little understanding of road safety, and detailed guidance for staff to follow when they accompanied the person out in the community was documented in their care plan. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems.

A fire/emergency plan including evacuation procedure was displayed. An up to date fire safety risk assessment and emergency plan was in place. Fire drills took place regularly to make sure staff were aware of the fire evacuation procedures. However, in 2015 and 2016 fire drills took place mostly during the early afternoon and never when night staff were on duty. The manager told us they would make sure night staff had the opportunity to take part in a fire drill so they were knowledgeable about fire safety procedures.

The staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People had a specific care plan relating to the management and administration of their medicines. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. A person using the service told us about the medicines they were prescribed and confirmed they received them on time every day.

Staff administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. We found there were accessible information leaflets about people's medicines and staff also had access to an up to date pharmaceutical reference book where they could look up medicines they were not familiar with.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons, and liquid hand cleanser was available to staff. Housekeeping duties were carried out by care staff.

Good

Is the service effective?

Our findings

Staff were seen to respond to people's individual needs in manner that indicated they had a good understanding of people's varied and complex needs. A person using the service told us they were happy with the care and support they received from staff, who they said were kind to them. Relatives provided us with positive feedback about the staff who they thought understood people's needs well. One person's relative commented "The care is very good. They [staff] treat person as a member of the family."

Staff spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the individual needs of people using the service and told us about the care they assisted people with. A member of staff told us team work was good.

Staff told us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. New care staff completed the Care Certificate induction which is the benchmark for the induction of new care workers as well as the service induction. A care worker told us they had recently completed the Care Certificate and had found it very informative and relevant to their role.

Records showed and staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, Control of Substances Hazardous to Health [COSHH], first aid, safeguarding adults, health and safety fire safety, infection control and food safety. Staff had also received training in other relevant areas including; diabetes, epilepsy awareness, mental health, medication, behaviour that challenged the service, nutrition and hydration, confidentiality/handling information, dementia, role of care worker, dying, death and bereavement and learning disability awareness.

Care workers had also completed vocational qualifications in health and social care which were relevant to their roles. Relatives of people told us they felt staff were competent and knew people well.

A member of staff told us they felt well supported by the manager. Staff told us they received one-to-one supervision with a senior member of staff to discuss their progress and the needs of people using the service. Records showed a range of matters to do with the service were discussed during staff supervision and staff meetings which included; training, time keeping, team work and people using the service. The manager told us staff appraisals were in the process of being completed.

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.

Staff understood the importance of ensuring people agreed to the care and support they provided. One member of staff told us, "We ask all the time for people's consent." People were provided with choice and decisions which care staff were seen to act on. For example, we saw people offered a choice of meals and activities, and their decision was respected and complied with by staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with and the manager knew about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Some people had DoLS in place and the manager told us they would submit further DoLS applications where assessment showed people were potentially receiving care that restricted their liberty.

Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Staff were also able to tell us about best interests meetings that had previously taken place to support people in making decisions. People's relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People received health checks and had access to a range of health professionals including; GPs, chiropodists, and opticians to make sure they received effective healthcare and treatment. Records showed health and social care professionals had visited the home to see people using the service. Relatives told us they were happy with the actions taken by the staff in monitoring and addressing people's healthcare needs. A person's relative told us they been promptly informed by staff when a person had recently required hospital treatment.

Information about the menu of the day was displayed in pictures to be accessible to people who were unable to read. Pictures of food were also available to support people with choosing meals. We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. A member of staff told us "We shop every day for fresh ingredients and make sure that the users have a healthy diet." A person's relative told us "We are happy with [Person's] diet and there is always a fruit bowl on the table." During the inspection a range of fresh fruit was available for people. Snacks were available at any time and people were offered a variety of drinks throughout the day.

Staff had knowledge and understanding of people's individual nutritional needs including particular dietary needs and personal food preferences. Staff told us how they supported people with their specific dietary requirements including those who needed a soft diet due to risk of choking. They were aware of the importance of following the advice of the speech and language therapy (SALT).

People were provided with the support they needed with their meals by care workers who provided this assistance in a positive and sensitive manner. Pureed meals were presented in an attractive manner. The food people ate was recorded to check that people received the nutrition they needed and people's weight was monitored closely. Staff knew to report significant changes in people's weight to other staff including the manager and to make an appointment with a GP if needed. We saw appropriate action had been taken in response to a person's recent loss of weight.

The environment of the home was suitable for people's varied mobility needs including those who were

wheelchair users. People told us they were happy with their bedrooms. People's bedrooms contained personal items including photographs of family members and other personal possessions. Some areas of the environment including the paintwork of the front of the house were tired looking. The manager told us there were plans to improve the signage in the home and carry out redecoration of some areas of the service including people's bedrooms.

Records showed that maintenance issues had been addressed. However, there were some recent maintenance issues that were unresolved. The manager told us a new maintenance person had recently been employed and would complete these jobs soon.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and respectful way. A person using the service told us that staff treated them well, listened to them and respected the decisions they made. Comments from relatives included "I feel that all the staff are really approachable," "[Person] is very happy at the house," and "The staff are very kind to [Person]. When I visit [Person] they [staff] are always really nice."

From observation and talking with staff we found that staff clearly knew people really well and showed from their engagement with them they had a good rapport with people and understood their varied and complex needs. A person's relative told us "The staff are always nice and seem to know [Person] well."

Care workers told us about how they encouraged and supported people to be fully involved in their care and other aspects of their lives. A person confirmed they were involved in decisions about their care and was happy with the care they received. Another person's care plan included information about encouraging a person to make choices and supporting the decisions the person made such as how they chose to spend their time.

During the inspection we heard and saw care workers offer people choices and respected the decisions people made. We saw that staff understood the different ways that people expressed what they wanted. For example, a care worker asked people what they wanted to eat for breakfast and showed them a range of different foods to help them choose what they wanted to eat. We saw a member of staff offer a person some toast, and the person indicated by gestures that they did not want it. The member of staff then offered an alternative which was accepted by the person.

Staff spoke to people in a friendly manner when they engaged with them and provided them with assistance. During the inspection care workers encouraged and praised people, frequently asked people how they were feeling and whether they wanted anything.

Information about promoting people's privacy and dignity was displayed. The privacy and dignity of people was supported by the approach of staff, we saw staff asking before entering a person's room and supporting people in a discreet way. A person's relative told us "[Person]is always dressed in clean clothes and is kept nice and clean." We saw that staff were respectful of people's privacy when they were talking with people or to other members of staff about people's care needs. Staff showed consideration to people who chose to spend time by themselves. For example one person chose to spend time in their room rather than the communal lounge and this was supported by staff. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People's relatives were free to visit whenever people wanted them to and relatives we spoke with said they felt welcomed. Relatives of people and records showed people had contact with family

members. A relative told us a person using the service was supported by staff to visit them regularly. They told us that they were also in regular contact with the person by telephone. Another person's relative told us that staff had been particularly supportive to them and a person using the service during a difficult time. Staff told us there was good communication with people's families, which people's relatives confirmed.

Staff and a person using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. Staff told us two people regularly attended places of worship

Care workers had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. A member of staff told us "Two of our residents only eat Halal meat and we have one who is vegetarian. We are very careful to make sure we respect their wishes". A member of staff told us that it was important to "treat people in the same way no matter what their beliefs, and not to discriminate."

People were able to choose the gender of staff that provided them with assistance with their care. For example a person received support from male staff at all times except in emergencies. A person's care plan showed their sexuality needs were understood and supported by the service.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's individual needs and recognised when these needs changed. They confirmed that they were kept informed of people's progress and of any changes in their needs and that staff were responsive in taking appropriate action including contacting health professionals and making health appointments for people when this was needed. During the inspection a staff member contacted a GP to ask that they visit a person who was unwell. Also records showed a doctor had visited a person on the day prior to the inspection because the person had not been well. A person's relative told us "They [staff] are quick to call the GP if [Person] has any medical issues."

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home or attending the service for respite care and support. Care plans were developed from people's assessment and identified the support people needed with their care and other aspects of their lives. The three care plans we looked at were person centred in containing detailed information about each person's health, support and care needs, what was important to them, their preferences, abilities and religious and cultural needs. For example a person's care plan included information about their specific communication needs such as 'I can understand sentences of about three words,' and 'When I am happy, I clap my hands very close to my face. I will also laugh and smile when I am happy.' People's care plans included a personal profile of people's background to help staff get to know them and information about what each person's goals and the activities they enjoyed. A person told us they were supported by staff to do the things they wanted to do such as arranging a holiday. Staff had signed they had read people's care plans.

We saw that care plans had information about the care and support people needed and how this should be provided. Staff we spoke with were knowledgeable about the guidance they needed to follow to meet people's individual needs such as particular care needs. For example a person's care plan included guidance that staff should use humour and encouragement when a person was reluctant to have a wash. Another person had a specific care plan for a person's behaviour needs, which included information about triggers and guidance for staff to follow to minimise escalation of the person's unsociable behaviour. A member of staff spoke knowledgeably about a person's significant behaviour needs and about the strategies in pace to manage this behaviour. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour or health

Staff told us and records showed people's needs were monitored on a day to day basis and during the night. Staff had a 'handover' prior to each working shift when they shared information about people's needs and discussed any changes to ensure people received the care and support they needed. Care records were completed during each shift and included details about the activities people took part in and any changes in people's health, mood and care needs so staff had up to date information about people's current needs. Staff told us and records showed monthly reviews of people's needs were carried out. However, a person's care records indicated that the person had not had a monthly review of their needs since 17 June 2016. The manager told us she would look into this and check that these reviews were taking place for each person using the service.

People had a key worker. A key worker is a member of staff allocated to a person to offer them support, advice and promote a good quality of life. A care worker told us about their key worker role in supporting a person using the service which included making health appointments, reviewing the person's care plan and supporting the person to maintain and develop their relationship with their family. A person using the service told us they knew the name of their keyworker and informed us they were kind and helpful.

People were offered a range of social activities in-house or in the community. People's activity preferences were recorded in their care plan and each person had an individual activity plan. Staff told us about the support people received to make sure they had the opportunity to take part in a range of activities including attendance at a day centre, outings, shopping, beauty sessions, exercises, art, massage, meals out, swimming and holidays. Relatives told us that people using the service had enjoyed a recent holiday abroad. A person's relative told us they had accompanied a person and staff to observe an activity that the person was participating in. They told us "We saw such great care from the key workers and we were very impressed. We think that there are enough activities for [person]."

The service has a small sensory room [designed to develop a person's sensory needs, usually through special lighting, music, and objects.] A member of staff told us "There are certain people that like to sit in there, they get a sense of calmness in the room."

We saw examples of people's artwork displayed in the home. The service has access to a vehicle which provided people with the transport they needed to enable them to access a range of community facilities and to take part on outings.

The service had a complaints policy and procedure for responding to and managing complaints. This was in picture and written format so it was more accessible to people who were unable to read. Relatives told us if they had an issue or concern they were happy to raise these with staff and they were confident they would respond appropriately. Relatives told us "I feel confident to contact the staff with any issues or problems that might arise"

Staff knew they needed to take all complaints seriously and report them to the registered manager. Two complaints had been received during the previous 12 month period and appropriate action had been taken to address them. The home had received some written compliments about the service they had provided to people.

Requires Improvement

Is the service well-led?

Our findings

People's relatives spoke in a positive manner about the home and the way it was managed. They told us they were aware there was a new manager and confirmed they found her approachable. A relative commented "We are very pleased with Ashgale House our [person using the service] is very settled there and is much happier than at his last place," and "It has got better since there is a new manager."

Since the last inspection a new manager had been appointed. The service has a clear management structure, which consists of the manager and deputy manager who directed the management of the service with support from senior care workers. We heard and saw the manager and deputy manager engage in a positive manner with people using the service.

Staff carried out a range of checks to monitor the quality of the service. These included reviewing people's care plans, completing fire safety checks, visual checks of bedrails, hot water checks and daily checks of the cleanliness of the kitchen, environment, and hot food and fridge/freezer temperatures. Daily and weekly monitoring checks of some areas of the service including medicines, cleaning duties and fire safety checks were also completed. The manager told us that she planned to develop the monitoring roles of the senior care workers so any deficiencies in the service such as with record keeping would be found and addressed quickly.

Quality checks of the service were also carried out by the provider's quality assurance team and other senior staff in a range of areas including; staff records, people's care plans, risk assessments, medicines, training and obtaining feedback from people using the service. Records showed that action was taken by the manager to make improvements to the service when shortfalls were found during quality checks of the service.

However, during the inspection improvements were found to be needed in the handling of people's monies. Checks of people's income and expenditure by the home's management and by the provider's quality assurance staff had not found deficiencies in the way people's monies were managed or in the way people's expenditure was recorded. Staff had also not implemented the provider's financial policy about the management of people's monies. There was also no indication from people's records that staff had involved people and their families, placing local authorities and those important to them [if applicable when a person's lacked capacity to decide and consent to how their money was spent] in decisions about the way people's money was managed. This indicated there was a lack of robustness and effectiveness in some of the provider's procedures and auditing systems, and showed improvements were needed to ensure people were protected from financial abuse.

We saw that for each shift a senior care worker took on the role of shift leader to make sure people received the care they needed and that other tasks were completed. An area manager visited the home regularly and provided operational support to the manager. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the management staff. Where incidents had occurred; detailed records had been completed and retained at the service. Our records told

us that appropriate notifications were made to the CQC as legally required in a timely way.

Staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Staff told us they were kept well informed about the service. Records showed best practice and other matters were discussed during team meetings such as; policies, team work, activities, record keeping and staff training.

People using the service had the opportunity to take part in residents' meetings, where they had the opportunity to be informed about issues to do with the service and feedback about their experience of aspects of the service such as activities.

People's relatives told us they had been asked for their feedback about the service and had recently completed a questionnaire. A person's relative informed us "We are sent a yearly survey." Relatives' feedback within the questionnaires was positive about the service and included comments; "I have found [Person's] care to be great. The staff have been caring to [Person] and myself, I can only praise them" and "I am happy with the service provided."

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation had a culture of openness and liaison with health and social care professionals. The host local authority had carried out a recent check of the service and found the deficiencies in the service they had noted in October 2016 had been addressed.

Policies and procedures were up to date. Staff had signed they had read a range of policies which indicated they were aware of the guidance they needed to follow to keep people using the service and others safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse as there were not effective systems and processes to prevent theft, misuse or misappropriation of money or property belonging to a service user. Regulation 13(1) (2)