Ashton Manor Care Home Ltd

Ashton Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook this unannounced inspection of Ashton Manor on 15 August 2016. The last Care Quality Commission (CQC) inspection of the home was carried out on 17 September 2013, where we found the service was meeting all the regulations we looked at.

Ashton Manor provides nursing, personal care and support for up to 39 adults. The service specialises in supporting older people living with dementia. At the time of our inspection there were 34 people living at the home.

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

People and their relatives told us they were happy with the standard of care and support provided at Ashton Manor. We saw staff looked after people in a way which was kind and caring. Feedback we received from people supported this. Staff spoke with people and their guests in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand.

People felt safe at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies. We saw the premises and garden were wheelchair accessible and had been suitably adapted with grab rails, a passenger lift and ramps to enable people to move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

Electronic versions of care plans had been developed for each person who lived at the home, which reflected their specific needs and preferences for how they were cared for and supported. These plans and associated risk assessments were reviewed regularly and kept up to date. This gave staff clear guidance and instructions about how they should care for and support people to ensure their needs were met.

People were supported to keep healthy and well. Staff ensured people were able to access community health and social care services quickly when they needed them. Managers and staff worked closely with other health and social care professionals to ensure that people were supported to receive the health care that they needed. People received their medicines as prescribed and staff knew how to manage medicines safely.

There was a choice of meals, snacks and drinks. People were encouraged to drink and eat sufficient

amounts to reduce the risk to them of malnutrition and dehydration.

We discussed the lack of clear signage in the home with the managers and activities coordinator who agreed to improve signage throughout the building to help people orientate themselves and identify important rooms, such as their bedroom, toilets and communal areas.

There were sufficient staff to meet people's needs, and staffing levels were flexible to provide people with the support they required. People told us there were always staff around and if they needed any assistance a staff member came to support them promptly. We observed staff spending time with people in communal areas.

Staff were clear about their roles and responsibilities. People received care from staff who received effective training and support from the management team. This provided them with the knowledge, skills and confidence to meet people's needs in a person centred way. There was a proactive approach to the personal development of staff and the acquiring of new skills and qualifications.

People were encouraged to maintain relationships with people who were important to them. There were no restrictions on visiting times and we saw guests were welcomed by staff. Staff encouraged people to participate in meaningful social, leisure and recreational activities that interested them. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

Staff supported people to make choices about day-to-day decisions. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Managers understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had an open and transparent culture. Managers proactively sought the views of people, relatives, visitors, staff and other healthcare professionals about how the care and support people received could be improved. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. Although there were few complaints and concerns raised the provider had a positive approach to using them to improve the quality of the service.

The management structure showed clear lines of responsibility and leadership and managers understood their roles. The provider had developed effective governance systems and there was a strong emphasis placed on continuous improvement of the service. Where the need for improvement was identified, the provider took appropriate action to make the necessary changes. Managers used learning from near misses, incidents and inspections to make improvements that positively enhanced people's lives.

We have made a recommendation about staff training on the subject of learning disability and mental health awareness and managing behaviours that challenge in a positive way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were safe living at the home. Staff knew how to recognise if a person was at risk of abuse or harm and the appropriate action they must take to make sure people were protected. There were enough staff to care for and support people. Safe recruitment practices were followed.

Known risks to people's health, safety and wellbeing were minimised and appropriately managed by staff. The environment was safe and maintenance took place when needed.

Systems were in place to ensure that people received their medicines safely and when they needed them.

Is the service effective?

Good

The service was effective. Staff had been suitably trained to effectively perform most of their roles and responsibilities. However, the managers agreed staff would benefit from receiving additional training in some aspects of their work and we recommend they find out more about in relation to the specialist needs of people living with a learning disability, mental health problems and behaviours that challenge. Staff were supported in their roles by managers and senior nursing staff.

Managers knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Staff supported people, where possible, to make choices and decisions on a daily basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People received the support they needed to remain healthy and well. When people needed care and support from community health and/or social care professionals, staff ensured people received this promptly. There was strong emphasis on the importance of good nutrition and hydration and a commitment to providing people with what they wanted to eat and drink.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about the caring and compassionate attitude of staff. We saw warm and friendly interactions between people and staff.

Staff knew people well and what was important to them in terms of their needs, personal preferences and routines. They respected people's right to privacy and to be treated with dignity.

People were fully involved in making decisions about the care and support they received. People were supported to be independent and to do as much for themselves as they could or wanted to do.

Is the service responsive?

Good

The service was responsive. People were involved in planning the care and support they received at the home. People's needs were discussed and care plans set out how these should be met by staff. Plans reflected people's individual choices and preferences. These were reviewed regularly by staff.

Staff supported people to live an active life and participate in stimulating social activities both within the home and the local community. People were encouraged to maintain relationships with the people that were important to them.

The provider had appropriate arrangements in place to deal with any concerns or complaints people had about the support they received.

Is the service well-led?

Good

The service was well-led. The management team demonstrated a strong commitment to providing people with high quality, safe and caring service.

Managers and senior nursing staff routinely monitored the quality of care and support provided. They analysed results from surveys and regularly undertook audits of the service. Managers took appropriate action if any shortfalls or issues were identified through checks and audits.

People living in the home, their relatives and staff views about the quality of the care provided at Ashton Manor were routinely sought and valued. Feedback was used to drive improvement. People using the service, their relatives and staff said managers were approachable, accessible and supportive.

Ashton Manor 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 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.

This unannounced inspection took place on 15 August 2016. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed information we held about the service, including any statutory notifications we had received from the provider. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the 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.

During our inspection we spoke with four people who lived at the home, six visiting family members, the provider's quality assurance manager, the home's assistant manager, the clinical lead nurse, three health care workers, the activities coordinator, the chef and a kitchen/laundry assistant. Records we look at included three people's care plans, three medicines administration records (MAR), three staff files and a range of documents that related to the overall management and governance of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunch. 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 consistently told us Ashton Manor was safe. One person said, "I definitely feel safe here", while another person's relative told us, "The environment is very safe. We sleep a lot easier at night these days knowing our [family member] is living at Ashton Manor."

The provider had safeguarding adults at risk and whistle blowing policies and procedures in place for staff to follow which outlined how and when to report any concerns they might have. These were included in the staff handbook, which were given to all staff when they first started working at the home. The provider considered it mandatory for all staff to receive on-going safeguarding adults at risk training, which formed part of their initial induction. Staff we spoke with were knowledgeable about how to recognise the signs that a person may have been subjected to abuse or neglect and were aware of their responsibilities to report any safeguarding concerns they might have to their line manager. A staff member told us, "I would tell my manager or the nurse in charge of the shift straight away if I saw anyone being treated badly." We saw that previous safeguarding concerns had been reported to the local authority and staff were working with the safeguarding team to follow any advice given to ensure people's safety was protected.

The provider identified and managed risks appropriately. Where there was risk of harm to people, there were plans in place for staff to follow and ensure these were prevented or appropriately managed. For example, people assessed as being at high risk from falls were always supported by two staff to stand and preventative measures were taken to support people identified as being at risk of developing pressure ulcers. Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from avoidable harm.

In addition, we saw risk assessments were used by staff to identify and help prevent or appropriately manage behaviours that might challenge the service, such as verbal or physically aggressive incidents towards other people using the service and/or staff. Information was included in people's care plans about what may trigger this type of behaviour and what positive action staff needed to take to prevent or deescalate a potentially hazardous situation in order to maintain the safety of the individual and others.

The provider dealt with accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to people's needs. Records were completed of all incidents that occurred and the action taken to support the person at the time, as well as additional action taken to prevent further incidents. The managers reviewed all incidents that occurred to identify any trends or patterns, including the time and location that they occurred.

The clinical nurse lead demonstrated a good understanding of the circumstances under which they might administer 'as required' medicines to de-escalate a potentially hazardous situation. However, no recorded guidance was available for nurses to follow to make it clear when they should consider using this type of medicine. We discussed this matter with the managers who agreed nurses would benefit from having clear protocols in place for them to follow which covered the reasons for giving this type of 'as required' sedative

medicine.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, a personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of a fire. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training bi-annually.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and maintenance checks were regularly carried out by suitably qualified professionals in relation to the home's fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked store cupboard when they were not in use.

The provider ensured appropriate recruitment checks were carried out on staff before they started working at the home. Staff records showed the provider undertook pre-employment checks in respect of its entire staff, which included proof of their identity, the right to work in the UK, relevant qualifications and experience, character and work references from former employers, a full employment history and criminal records checks. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work.

People's relatives commented that sometimes staff seemed to be over stretched, although they felt there were usually enough of them around to support their family members when they needed it. Comments we received included, "Staff are always so busy here, but there's normally plenty of them [staff] about", "I think the home is short staffed at the moment, but it doesn't seem to affect their ability to look after my [family member] properly. In fact the reverse is true" and "I've noticed a lot more agency staff working here lately, but they all seem very nice and I'm sure they know what they're doing". We observed staff on numerous occasions respond quickly to requests for help from people. For example, we saw one member of staff respond as soon as they could to a request made by a person who wanted help to leave the dining table. Staffing levels were determined by the level of need people required. Most staff felt there were usually sufficient numbers of staff working on each shift to enable them to undertake their duties and spend time interacting with people.

The service had experienced a high turnover of staff recently which had resulted in the home having higher than expected staff vacancy rates. Managers told us staff recruitment was underway to fill these vacancies and that in the interim these positions were being covered by agency staff to ensure adequate numbers of staff were working on each shift. The deputy manager told us they tried to use the same agency staff to ensure people received continuity of care from people who were familiar with their care needs and wishes.

Medicines management in the home was safe. People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were kept in locked medicines cabinets and trollies, which remained securely stored away in the lockable clinical room when they were not in use. Nurses authorised to manage medicines in the home used an electronic handheld device which contained information about people's prescribed medicines, their known allergies and medicines administration history. Checks we carried out on medicines stocks held in the home confirmed people were receiving their medicines as prescribed as indicated on the handheld electronic device described above. We checked controlled drugs administration in the home and saw it reflected current guidelines and practice. Staff

records showed nurses had received training in the safe handling and administration of medicines and their competency to continue doing this safely was assessed annually.

The building was kept clean and tidy. People commented on the cleanliness of the home. One person's relative told us, "Never known there to be any bad smells in the home and the place is always kept spotlessly clean", while another relative said, "The smell in some care homes I've visited hits you as soon as you walk in the door, but that's not the case here. The staff do a great job keeping it so clean." Cleaning staff demonstrated a good understanding of their responsibilities and the importance of maintaining high levels of cleanliness. We observed staff using hand gel before entering and upon leaving people's rooms. Staff wore personal protective equipment (PPE) as required. Staff followed appropriate guidelines in relation to the safe management of clinical waste and soiled linen. Regular audits were undertaken to review the cleanliness of the service and review staff's knowledge on infection control procedures.

Good

Is the service effective?

Our findings

People told us staff had the right knowledge, skills and experience to understand and meet their needs and preferences. A relative said, "Staff do a fantastic job looking after my [family member]", while relative told us, "Staff seemed well trained and have a real can do attitude."

Staff received a thorough three month induction that included shadowing experienced members of staff. Managers told us the provider had introduced the 'Care Certificate' and all new staff employed from now on would be required to work towards achieving this award. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One member of staff said, "The induction I've had since I started at the home has been excellent so far."

Staff records indicated that most staff had completed training in dementia awareness, person centred care planning, end of life care, fire safety, food hygiene, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, first aid, and prevention and control of infection. Staff spoke positively about the training they had received. Systems were in place to ensure staff stayed up to date with the training the provider considered mandatory for their role. Staff told us their training was always on-going and relevant to their role.

Managers told us the service supported a number of people who had a learning disability, experienced mental ill health or displayed behaviours that might challenge the service. They acknowledged staff had not received any formal training in any of the areas described above and agreed staff would benefit from receiving additional training in these aspects of their role. Three members of staff also felt they would have a better understanding of the needs of people they supported who had a learning disability, mental ill health or whose behaviours sometimes challenged the service. We recommend the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with a learning disability, mental health problems and behaviours that challenge.

Staff had sufficient opportunities to review and develop their working practices. Records we looked at and comments we received from staff indicated they regularly attended one-to-one supervision meetings with their line manager and had group meetings with their co-workers. Several members of staff told us they felt they got all the support they needed from their managers. Managers told us they expected staff to receive at least six supervision sessions a year, which included an annual appraisal of each member of staffs overall work performance in the preceding 12 months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 saw appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Managers had identified that some people required their liberty to be deprived in order to keep them safe and free from harm. The registered manager had applied to the local authority for authorisation to deprive people of their liberty and maintained records about the restrictions in place and when the authorisations under DoLS were due to be reviewed.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us the food they were offered at the home was "nice" and that they were always given a choice at mealtimes. One person told us, "If you ask for a larger portion the staff will get it for you." A relative said, "The food always looks and smells delicious here. I know the staff ask my [family member] to choose what they would like to have for their lunch every morning", while another relative told us, "The staff are so good at helping everyone who lives at the home to eat and drink the right amount of food and fluid, which is so important in the hot weather." We observed staff support people to make their own drinks or offer others who were unable to do this a range of hot and cold drinks throughout our inspection. Nurses liaised with Speech and Language Therapists (SALT) if they had concerns about a person's nutritional intake. People at risk of weight loss were weighed regularly and food and fluid charts put in place.

People were supported to maintain their health. Relatives told us they were kept updated about any changes to their family members' health and wellbeing. One relative said, "They [staff] always let us now straight away if there's been a change in our [family members] condition." Staff liaised with people's GP and other community health care professionals as required to ensure people's health needs were maintained. Several relatives told us staff were quick to get medical assistance for their family members when they had required it. We saw people's care plans contained important information about the support they needed to access healthcare services such as the GP or district nurse. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Staff maintained a daily electronic record about people's general health and wellbeing. Staff we spoke with were knowledgeable in recognising signs and symptoms that a person's health was deteriorating.

People told us Ashton Manor was a comfortable place to live. A relative said, "There's a lovely homely feel about the place whenever I visit", while another relative told us, "Staff told us we could personal my [family members] bedroom so I brought loads of family photographs and pictures from home to hang up in their room." We saw people's bedrooms were personalised and included all manner of possessions people had brought with them including, family photographs, paintings, ornaments and various pieces of furniture such as display cabinets.

We saw a red carpet had been fitted in communal areas and hand rails and toilet doors had all been painted red to help people orientate themselves and identify important rooms in the home. In addition, people's names were displayed on their room door and we saw a few easy to understand large pictorial signs had been put up on certain doors, such as the toilets near the dining area.

However, people's bedroom doors and entrances to some communal areas such as, lounges and the dining rooms, lacked any clear visual clues or signage to help people identify these facilities. We discussed this with

the managers who agreed clearer signage throughout the home would help people orientate themselves better. The new activities coordinator told us they were in the process of creating memory boxes to be displayed near peoples' bedroom doors that would contain family photographs or familiar objects of reference that were important to the individual. The activities coordinator also agreed clearer signage throughout the home would help people living with dementia have a better understanding of what facilities were available in the home and where they took place.

Good

Is the service caring?

Our findings

People spoke positively about the home and in particular the staff who worked there. One person told us, "To be honest I would prefer to be in my own home, but that's not to say this is a bad place to live", while another person said, "I'm well looked after here. The staff are wonderful." Feedback we received from people's relatives was equally complimentary. Comments included, "We're so glad we picked this place for our [family member]. The staff are so professional and caring"; "This is a marvellous home. The staff in particular always make time to sit and talk to my [family member] no matter how busy they are" and "The home is great. The staff have been absolutely amazing".

Staff treated people with respect and dignity. Several relatives mentioned how well presented their family members' always looked. One relative told us, "The staff are so good at ensuring people are dressed in clean, well maintained and ironed clothes", while another relative said, "My [family member] always looks the part in their pressed shirt. The laundry person does a good job." People looked at ease and comfortable in the presence of staff and we saw they supported people in a caring way. For example, we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. People who required assistance to eat their meals were supported by staff in a dignified way. For example, during lunch we observed staff sit next to the person they were supporting to eat their meal and always maintained good eye contact with them. Staff also used short and clear sentences to continually explain to the person they were assisting what they were about to eat or drink. The atmosphere in both the dining areas during lunch remained relaxed and congenial.

Staff ensured people's right to privacy was upheld. People told us staff were respectful and always mindful of their privacy. People said staff announced themselves and asked for permission before entering their rooms. We observed staff on several occasions refer to a person by their nickname, which their care plan clearly stated was the name they preferred to be known by. A member of staff told us, "I always make sure I close the bathroom door properly when I'm supporting people with their personal care."

It was clear from our discussions with staff that they knew the people they supported well. For example, staff were able to give us good examples of important events in people's lives, what food and social activities they enjoyed and what might upset them. The new activities coordinator told us they were in the process of writing up people's life histories with the involvement of people living at the home and their families. This information would help staff; particularly new members get to know the people who lived at the home.

People were supported to maintain relationships with their families and friends. Relatives told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. A relative said, "It's like one big family here. The staff are all so friendly." People's relatives and visitors were able to help themselves to refreshments in main communal areas which were shared with people living the home and staff. Care plans identified all the people involved in a person's life that mattered to them.

We observed staff offering people choices and respecting people's decisions. Several people told us they

could choose what they wore, what they ate and drank, and what activities they participated in. One person said, "I often go for a walk on my own around the garden in the afternoon to get some fresh air." During the morning we observed a kitchen assistant invite people to choose between a meat, fish and vegetarian dish to have for their lunchtime meal from that day's menu. People's care plans also instructed staff to discuss with people what support they were providing and how they wanted to be supported. For example, care plans specified people's preferences regarding the gender of staff who would provide their personal care. Staff were clear who had female only staff provide their personal care. We saw information at the service was available in easy to read formats that used plain language and pictures. For example, information about the activities people could choose to participate in that day was clearly displayed on a notice board in the main lounge. Managers told us about a newsletter the service now distributed once a quarter to help people keep up to date about what was happening at the home.

Staff encouraged and supported people to be as independent as they wanted to be. Several people told us they could move freely around the communal areas and the garden. We observed one person go for a walk around the garden without any staff support and another individual have a cigarette in the gazebo. There was a drinks machine and a water cooler full of juice in the main dining area which people and their guests could make their own hot and cold beverages whenever they wished.

People were supported to practice their faith in accordance with their religious and cultural preferences. Activity schedules we looked at indicated volunteers from two local church organisations regularly visited the home. Staff told us they had received equality and diversity training which helped them understand how to respond to people's diverse cultural, gender and spiritual needs. During our inspection we saw a group from a local Baptist church initiate a prearranged sing-along and musical session in the main lounge.

When people were nearing the end of their life they received compassionate and supportive care. Two relatives told us the end of life care their [family member] had received at the home had been "outstanding". One of these relatives went on to say, "Every single one of the staff have treated our [family member] in such a respectful, compassionate and dignified way. They [staff] have not only looked after my [family member], but us as well." The service had been accredited by the Gold Standards Framework (GSF) in care homes, which is a nationally recognised programme that aims to improve the quality of care for people nearing the end of their life. People were asked about their preferences in regards to their end of life care and staff documented their wishes in their advanced care plan. This included conversations with people and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff liaised with people's GP and the palliative care team if people's health deteriorated and had arranged for palliative care medicines to be stored at the service in preparation for when people required palliative care. Staff told us they had recently received end of life care training, which was confirmed by discussions we had with managers.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning and reviewing of their care. One person's relative told us, "I've seen my [family members] care plan and I feel involved in helping the staff keep it up to date because they always invited me to attend my [family members] care plan review meetings."

Staff were knowledgeable about people's needs and the level of support they required. Staff told us if they were unsure about the care and support people required, or if they noticed a change in a person's health, they would speak to the nurse in charge of the shift. Staff were able to describe people's daily routines and their preferences as to how they were supported and cared for. The activities coordinator gave us a good example of how they had been given the task to find out more about people's life histories from the people living at the home and their relatives in order to personalise their activity programme.

Care plans were detailed and provided clear information for staff about people's social, physical and health care needs, strengths, preferences, daily routines, food preferences, social interests, and personal goals. These plans were kept electronically on the provider's computer system. People's needs were reviewed at least once a month and any changes that may be needed to the care and support they received was updated on the electronic version of their care plan. This helped to ensure that staff had easy access to the most up to date information about people's needs.

People were supported to pursue activities and social interests that were important to them. It was evident from discussions we had with people's relatives and staff that most felt the range of meaningful activities people living at the home could now choose to participate in had significantly improved in recent months since the appointment of the new activities coordinator. Typical comments we received included, "To be honest when my [family member] first moved to Ashton Manor there wasn't much for them to do socially, but that's all changed now the homes got an activities lady who is marvellous", "The home has always been pretty good, but the one thing they definitely do better these days is the activities. My [family member] loves the music sessions" and "I know a lot of the people have been out on day trips with staff to the seaside a local carnival this summer, which my [family member] seemed to really enjoy".

During our inspection we saw the activities coordinator and several other members of staff arrange in the main communal areas a gentle exercise session, a reminiscence quiz and a word puzzle game, which reflected the activities displayed on the daily activity calendar in the dining room. Regular planned activities included exercise sessions, movie afternoons, aromatherapy, massage, manicures, pet therapy, sing-a longs, quiz's, word search bingo, internet and computer access, church services and Bible study classes ran by two local church groups, and various day trips to local places of interest. The activities coordinator had attended training provided by the National Activity Providers Association (NAPA), which is an independent body set up to promote meaningful and appropriate activities for older people.

Staff ensured they engaged and interacted with everyone who lived at the home, including those who preferred to stay in their rooms to stop people becoming socially isolated. Several relatives told us their

family member preferred to spend most of their time in their bedroom, but that staff regularly checked on them and engaged them in conversations. The activities coordinator said they always informed people about the daily activities taking place in the main communal areas and would offer people who did not wish to take part in the group activities, one to one activity session in their room.

The provider responded to complaints appropriately. People's relatives told us they felt able to raise a complaint if they had any concerns about the service. One relative told us, "I feel very confident that if I had an issue about the care my [family member] received here I would be listened to and the manager would put things right." The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and included in the service user's guide. The home's complaints log showed us any complaints the service received were acknowledged and fully investigated.

Where a complaint was upheld appropriate action was taken to address the concerns raised. We saw that outcomes from complaints were linked to change of practice when necessary. The managers gave us a good example of changes the service had made to the way they identified peoples' clothing after they had noticed a pattern emerging with regards the number of missing items.

Good

Is the service well-led?

Our findings

People felt the service was well managed. We received only positive comments from relatives about the leadership approach of the home's management team. One relative told us, "The manager is fabulous. Very supportive", while another relative said, "The managers here are so easy to talk to and always take their time to listen what you have to say, however busy they are." Managers were visible in communal areas throughout our inspection. For example, during lunch we saw the deputy manager and activity's coordinator help out at this peak period of activity by serving food or supporting people who needed assistance to eat their meal. It was also clear from the warm and friendly conversations staff had with people that they knew people living at the home and their visitors well.

Managers promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. People's relatives told us they were actively encouraged and supported to share their views about Ashton Manor. The provider used a range of methods to gather people's views and/or suggestions which included quarterly relatives meetings and satisfaction surveys. Several relatives informed us they regularly attended these quarterly forums. One relative said, "At the last relatives meeting I attended a presentation given by a dementia care specialist, which I thought was fascinating…So enlightening." After lunch we saw the chef ask people what they had thought about the meal they had just eaten and if there was any they could have done better.

People's feedback to the chef was recorded and managers told us they regularly reviewed these comments to see what people thought about the meals provided at the home. The record indicated that people were generally satisfied with the quality and choice of the meals they were offered at the home.

Managers valued and listened to staff. Staff spoke favourably about the management team and said they were always approachable and helpful. They told us that very high standards of practice and conduct were expected from them. Staff also described Ashton Manor as being a great place to work because they were being supported to achieve good outcomes for people. One member of staff said, "There's a great team spirit here. We all support one another", while another member of staffs told us, "I think we all work extremely well as a team. We all muck in together. From the laundry staff and cooks to the nurses and managers". Several staff told us the provider had introduced a staff forum group where staff could share their views about the home with management.

The provider had established good governance systems to routinely assess monitor and improve the quality and safety of the service people received at the home. Managers and senior staff conducted a range of daily, weekly, monthly, and bi-annual checks at the home that included; the accuracy of people's care plans and risk assessments, prevention and management of falls and pressure sores, the management of medicines, activities schedules, cleanliness and safety of the environment, fire safety, and staff training and support. Managers also told us the service had introduced daily 'walk about' checks undertaken by the registered manager or their deputy. In addition, the provider's quality assurance manager visited the service at least once a month and compiled bi-annual quality audits reports that detailed their findings. We saw a copy of the most recent 'home review audit' that had been carried out August 2016 which stated they had identified

no areas of concern.

The service learnt lessons from incidents and near misses that occurred and took appropriate action where necessary. The deputy manager gave us a good example of changes made to the way mealtimes were organised after daily monitoring checks showed the mealtime experience for people living in the home could be a little chaotic at times. We saw action was taken to designate a member of staff to oversee a particular mealtime and ensure there was good communication between staff working in the kitchen and those supporting people in the dining rooms. People's relatives and staff told us mealtimes had significantly improved since the introduction of the new mealtime coordinator. Staff told us any incidents were discussed at their monthly team meetings, which ensured everyone was aware what had happened and the improvements that were needed.

The service worked in close partnership with external agencies, such as the local authority and local fire brigade, as well as community health and social care professional, including GPs, district nurses and pharmacists. For example, during a tour of the premises we saw action had been taken to address concerns the local fire brigade had raised about the laundry room ceiling not being suitably fire resistant. This was confirmed by discussions we had with managers and fire safety records we looked at.