Mr & Mrs B & K Vijayakumar

Ashlodge

Inspection report

83-85 Cantelupe Road
Bexhill On Sea
East Sussex
TN40 1PP

Tel: 01424217070

Date of inspection visit:
17 May 2017
18 May 2017

Date of publication:
03 July 2017

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

Ashlodge provides care and support for up to 16 older people with care needs associated with older age. The needs of people varied, some people were mainly independent, some had low physical and health needs and others had a dementia and memory loss. The service provided respite care that included supporting people while family members were on a break, or to provide additional support to cover an illness. Some people had more complex care needs that were met with community health care support that had included end of life care when required. At the time of this inspection 14 people were living at the service.

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

Ashlodge was inspected in February 2016. We found the provider was in breach of three regulations. Improvements were required to quality monitoring systems to ensure the environment was safe and well maintained. Risk assessments to ensure emergency evacuation procedures needed to be reviewed and updated to ensure they were appropriate. Systems to ensure people did not have unnecessary restriction to their liberty needed to be reviewed and updated. The provider gave us an action plan on the day of this inspection. This confirmed they had addressed all these issues.

This comprehensive unannounced inspection took place on 17 and 18 May 2017. At the time of this inspection 14 people were living in the service. This was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. We found some improvements but the provider remained in breach of two regulations.

The provider had not identified, assessed and responded to all risks in the service, or ensured all health and safety legislation had been adhered to. The passenger lift had not been thoroughly checked in accordance with health and safety legislation. The risk of legionnaire's disease had not been fully addressed and hot water checks were not consistently completed. Medicines that were being stored under refrigeration had not been stored securely. Emergency evacuation procedures did not clearly clarify how people would be evacuated quickly and a contingency plan for guidance was not available. The provider had not ensured staff were clear on action to be taken following a foreseeable emergency. Therefore the provider remained in in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed or required improvements were responded to. The PIR was poorly completed and an action plan was not supplied following the last inspection report. A system to ensure required notifications were sent to the CQC was not established. The

service did not have up to date policies and procedures to underpin the care and practice within the service. For example, there was no staff supervision or appraisal policy or procedure that clarified how staff were to be supported. Therefore the provider remained in in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to live a life that they enjoyed. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service, and the approach of the staff. A visiting health professional was positive about the care and support provided. They told us staff worked with them to improve people's health.

People said they were 'lucky to be here' and told us they felt they were safe and well cared for at Ashlodge. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of both and followed correct procedures to protect people's rights. People's Medicines were administered and disposed of safely by staff who were suitably trained. People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported to maintain their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager. There was an open culture at the home and this was promoted by the pleasant staff and visible registered manager. Staff enjoyed working at the home and felt supported. People were encouraged to share their views though contact with the staff and registered manager.

People were very complementary about the food and the choices available. People needed minimal support with eating and staff were positive in their approach to promoting people's independence. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

The provider had not ensured the service had suitable health and safety measures in place to ensure people's safety

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's personal care needs.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Medicines were administered appropriately and safely.

Is the service effective?

Good

The service was effective

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs. Staff ensured people had access to external healthcare professionals, such as the GP and community nurses as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People told us they were able to make individual and everyday choices and staff responded to these.

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring. Clear policies and procedures were not in place to ensure a quality service was established.

The provider had not ensured clear systems that ensured the CQC was notified of incidents or provided with action plans as required.

The registered manager and staff were approachable and supportive.

Staff and people spoke positively of the registered manager and her approach when managing the service.

Ashlodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 May 2017 and was unannounced. This was undertaken by an inspector. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with eight people who use the service and three relatives and three visiting friends. We spoke with two care staff, the cook and the registered manager. Following the inspection we spoke with a mental health professional.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives were confident they were safe living at Ashlodge. They told us staff were attentive and attended to what they needed. One person said "The staff are always there for you, I feel safe knowing everyone is around me." Another person said "I was feeling unsafe when I was on my own in my flat. I feel much safer here." People told us staff responded quickly if they rang their bells or requested any support. Relatives and friends were positive about the safety of people. One said "I know when I go home she is safe and well looked after. I am relieved that she is living here now." A visiting health professional told us staff contacted them appropriately and this ensured people received safe care. For example staff asked for advice on any increasing mental health need.

At the last inspection in February 2016 the provider was in breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured people's safety and welfare at all times.

At this inspection we found the provider had addressed issues identified at the inspection and reduced the risks to people. However further areas of risks were identified at this inspection.

Although the passenger lift had been serviced regularly, there was no evidence it had been thoroughly checked to ensure it was safe. This check was required under health and safety legislation. This meant that people may be at risk from injury when using this equipment. Following the inspection the registered manager followed this matter up as a priority ensuring a suitable check was undertaken and planned for in the future. Whilst the water supply had been checked in the past for legionnaire's bacteria, systems to ensure people were safe from the risk of Legionnaires disease had not been established, suitable checks and safety measures had not been put in place. The hot water checks completed did not ensure all hot water accessible to people was being checked to ensure it was being supplied at a safe temperature and would not scald people. Medicines that were being stored under refrigeration had not been stored securely.

The fire risk assessment had been reviewed and updated along with people's individual emergency evacuation plans. These took account of people's limited mobility. However the emergency evacuation procedures did not clearly clarify how people would be evacuated quickly in the case of an emergency. For example one evacuation plan indicated sideways evacuation to a place of safety another indicated full evacuation. The registered manager confirmed they would seek specialist fire advice to ensure appropriate procedures were established. A contingency plan to guide staff on action to take if an emergency situation occurred was not in place. The provider had not ensured staff were clear on action to be taken following a foreseeable emergency.

This meant the provider was not ensuring health and safety legislation was being followed in all areas to ensure the safety of people and staff. That medicines were being stored safely or that fire safety regulations had been fully addressed. Therefore the provider remained in in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was safe recruitment practice followed. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. We found staff records included application forms confirmation of identity and the right to work in the United Kingdom. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed by the registered manager. The registered manager was familiar with the local safeguarding procedures and confirmed a new safeguarding procedure was to contain a clear flow chart with contact numbers for referral of any safeguarding concern.

Risks to people's safety and care were identified and responded to. Records confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. Equipment was used to assist people when moving from bed, this equipment had been supplied on an individual basis and reflected individual need. Staff were seen to move people safely and use equipment appropriately and safely. For example a handling belt was used to support one person when standing.

Medicines were administered to people safely. There were systems in place to ensure people received the correct medicine at the right time. People told us they received their medicines as required. For example one person who was on regular painkillers that had to be given at specified times told us "They make sure I get my painkillers when I should, they are very good like that."

Those medicines that did not need refrigeration were stored in locked cupboards and trollies with the keys held securely. Medicines were only administered by care staff who had undergone additional training and competency checks. When administering medicines, staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed.

Some people were on variable dose medicines and medicines that needed to be given at specific times, these were well managed. For example, some people had health needs which required a change to the medicine dose related to specific blood test results. These were accurately reflected on the MAR chart and we found medicines were given in accordance with any changing requirements. Other people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. When these medicines were given records clearly recorded why and when. Specific PRN guidelines were not in place for some people and this was identified to the registered manager to address.

Good

Is the service effective?

Our findings

People and their relatives had confidence in the skills and approach of the staff working at Ashlodge. People felt they were understood and had all their care and support needs responded to in the way that they wanted. One person said "I have my routine and staff know how I like things done." Relatives complimented the staff and told us they were involved as their relative would want. One relative said "They know my mum is likely to have regular infections, they watch out for them and also let me know of any changes in her condition." A visiting professional told us staff had the skills to look after people and responded to advice given.

At the last inspection in February 2016 the provider was in breach of Regulation 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that where people lacked capacity to make informed decisions the care and treatment was provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

At this inspection we found the provider had addressed issues identified at the last inspection and ensured people's liberty had not been restricted without consideration to the least restrictive options to people's freedom. There was a keypad lock to the front door for safety. People wanting to leave the home asked for the door to be opened. People told us this was not a problem and they did not feel restricted. One person said "I can come and go as I want to."

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. Staff understood the principle of gaining people's consent before any care or support was provided. People had their choices respected and were given choices throughout the day. For example, one person spent their time in her bedroom and most of her time in bed. This was an informed choice as they knew and understood the consequences of their choices.

When people did not have capacity to make decisions, staff worked in accordance with the Mental Capacity Act (MCA).The MCA 2005 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. The registered manager was clear when a DoLS was required and had applied to the local authority when necessary. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Staff were aware of these applications and restrictions in place relating to people's liberty to leave the service on their own, for their safety. People' representatives had also been consulted and any restrictions had been considered and assessed according to people 'best interest.'

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. New staff undertook an induction programme that included working alongside senior staff in a shadowing role and the completion of an induction checklist. A new staff member confirmed the induction

programme was full and comprehensive. Staff and training records confirmed that a programme of essential training was in place. This training included health and safety, infection control, food hygiene, safe moving and handling, dementia, equality and diversity, safeguarding and MCA and DoLS. Training was provided in a variety of forms including online training attendance at external training courses and internal training. Records and staff confirmed additional training was provided that gave staff the skills and competency to support people with a wide range of needs and conditions. For example, staff had recently attended training provided by a specialist health professional on people with a swallowing problem. Staff were familiar with the individual support people needed to eat safely. Staff told us they were encouraged and supported to undertake further professional development that included recognised training in health and social care.

People were satisfied with the food and choices provided to them. Food was reflective of people's needs and preferences. One person said, "The food is very good, the cook always finds something that you like to eat. I have actually put weight on since I have been here." Another person said "The food is wonderful. I have limited foods that I want now and they always get me what I want."

People could eat their meals where they wanted to, with most people eating in the dining room. Staff were available and supported people if they needed assistance, but encouraged people to eat independently and at the speed that suited them. For example, one person with poor eyesight was given a description of where the food and drink was and had their meal in a dish to support independent eating. He was also supported to use a clothes protector which he requested.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments and observations including people's weights were used to identify people who needed close monitoring or additional support to maintain nutritional intake. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. One person had difficulty in swallowing and suitable soft meal was provided for them. The cook was clear on who was on a specific diet and was aware of people' preferences which were recorded in the kitchen. Where a need had been identified, staff monitored how much people ate and drank each day. Associated records were completed and included fluid charts to monitor how much people were drinking.

People were supported to maintain good health and received on-going healthcare support. People said staff ensured they could see the GP if they wanted to. Records and staff confirmed regular contact was maintained with the community health care professionals. Staff were vigilant and referred any changes in health care needs to health care professionals quickly. For example, when people showed signs of skin damage this was referred to the district nursing team for advice and guidance. Health professionals confirmed staff referred to health care professionals appropriately which improved health outcomes for people.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People, their relatives and visitors were very positive about the approach and care shown by the registered manager and staff working at Ashlodge. People told us staff were caring and always helpful. One person said "The staff are excellent. Nothing is too much trouble for the staff they are always willing to do anything for you." Relatives and visitors told us, "The staff are lovely the care and consideration shown is well above what you would expect," and "They are all lovely here, they bend over backwards for you here." They were impressed with the level of attention shown to people "There is nothing they will not do for people. "One visitor said "Staff show special care for example we bring flowers and staff take time to bring the flowers to her so she can see and smell them."

Staff were observant to people's care and support needs. The SOFI and general observations showed interactions between staff and people were caring and demonstrated a genuine warmness towards people. For example, one staff member was heard to ask one person how they were feeling and how their sore eye was and showed a real interest in their response. Staff communicated with people in a cheerful and reassuring way using a comforting touch and hug when appropriate.

Staff had a good knowledge of each person they cared for and treated them in an individual way. Staff took time to know people and who and what was important to them. One relative explained how staff paid attention to people's personal appearance ensuring facial hair was removed and hair and nails were well attended to. She confirmed this was important to her relative. People were supported to maintain their own standards of dress. People told us their laundry was washed appropriately and returned quickly in a good condition. One person told us "I have an individual wash bag and washing comes back very well." This was important to people who were able to dress according to their own choices and maintain their individuality.

People were encouraged and supported in maintaining links with their friends and relatives and to maintain relationships that were important to them. People were able to move into the service with their partners and shared a room if they wanted to. One person told us "I am very grateful that I could move in here with my wife." Relatives and visitors said they felt very comfortable to visit the service at any time and were always given a warm welcome. One visitor told us "Staff know who we are we are welcomed with a smile and treated as part of the homes family members." One person told us how they were supported to maintain links with their local church. "I have holy communion held in my room with my son and husband."

Staff respected people's privacy and promoted their dignity. People's bedrooms were seen as people's own personal area and private to them with staff only entering with permission. People's rooms were individual and contained items that made the room as homely as possible. This included items of furniture, pictures and photographs any item that made the occupant as comfortable as possible. For one person this included their own comfortable chair.

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned people's dignity. For example one person told us "They treat me in an individual way. When I am washed staff make sure that I am not left alone to wash the parts I can they ensure they have

enough time to be with me and support me throughout my wash which helps maintain my dignity."

People were supported to have any meeting with visitor or professional in private. Staff understood the importance of maintaining people's confidentiality. Records were kept securely within a staff only area and staff spoke about maintaining accurate and clear and professional records. Staff told us that information about people was only shared with staff and visiting health and social care professionals as appropriate. Records confirmed that staff received training on maintaining confidentiality

Good

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences and everyone was treated as an individual. People told us they were very happy with the care and support they received, and it was what they needed and wanted. One person said "I am really well looked after and happy to live here." Another said "I do not have to worry about anything now I live here." People and their representatives were involved in deciding how people's individual care was planned and provided. People said their choices were respected and they could do as they wished. One person said "You have a choice about everything food and what you do. You are not pushed into anything." People were free to spend time where and with whom they wanted. Some people choose to go out of the service on their own shopping and walking along the seafront. Others liked to spend time on their own in the service with one person choosing to spend all their time in their own room.

The registered manager carried out an assessment before people admitted into the service which included a meeting with the person and usually their representatives. This assessment was used to ensure the service could meet the persons identified needs and to formulate an individual plan of care. Plans of care were reviewed on a regular basis and updated when people's care and support care needs change. Relatives told us they were updated on people's health and emotional welfare as necessary and as people would want them to be. One relative said "My relative's needs have changed greatly recently and we had a meeting with the registered manager and the social worker to discuss these."

The assessment included people's individual needs, life histories, beliefs and cultural choices. Care plans gave clear guidelines to staff on how to meet people's needs, while promoting an individual approach and understanding their past lives and background. Communication between staff was established and ensured information was shared across the staff team. There were regular updates between staff and a formal handover between staff when changing shifts. The handover focussed on individual care and support which ensured this was responsive to people's changing needs. For example on the evening of the first day of inspection a person complained of discomfort the staff responded and by the second day suitable medication had been sourced and started to relieve any discomfort. A visiting professional told us staff knew people well and understood their needs. Staff were available to discuss health and care needs and responded to any recommendations that were made to improve health outcomes for people.

People were able to join in with the entertainment and activities provided by the care staff as they wanted to. It is important for people who live in residential services to have the opportunity to take part in activity that is meaningful to them. This helps people to maintain their health and mental wellbeing. Staff also told us that other activities included: a movie day that they did manicures, facials, puzzles, quizzes, crafts, bingo, reminiscence, skittles and hoops with people. Every two weeks there was an exercise class that was run by an external trainer. The registered manager confirmed further improvements to activities and entertainment are to be progressed to include more person centred activity and outings in the summer months. Staff spent time with people on an individual basis and provided some group activity in the communal areas. People told us the activities and entertainment was varied and kept them busy, although many people enjoyed providing much of their own entertainment. For example, one person enjoyed sports coverage on the

television and another loved reading books.

People and relatives said they would have no problem in raising any concern or complaint if they needed to. They expected that any complaint or concern would be dealt with quickly and correctly. People said they would speak directly to the registered manager who was always ready to listen. One person said "I have never had to make a complaint if you want something you just ask. I thought we should have horseradish with our beef and raised this with the manager and we now have it." Another said "If I had a concern I would raise it as I know I would be listened to." A relative said "I would speak to manager if I had any concern or complaint, she is very nice and would deal with anything immediately." People were encouraged to share their views on the service. There was a complaints procedure in place which was accessible to people. A suggestions box was also available in the front entrance of the home. The registered manager maintained regular contact with people and their relatives and often spent time talking to people to gain feedback on all areas of the care and support provided.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and visitors were very positive about the management of the service. They felt they could approach and talk to the registered manager and staff working in the service at any time. People were happy and content to be living in Ashlodge. One relative said "I know she is happy living here she would soon let me know if she did not." They were confident the registered manager who was also the owner had a good overview of people's needs and the service and managed it well. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere.

At the last inspection in February 2016 the provider was in breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have proper systems in place to assess, monitor or improve the quality of services provided.

Although feedback about the management was positive, we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas or that required improvements were responded to.

The registered manager completed a PIR but it was not detailed to demonstrate how the service was managed effectively. The provider did not provide an action plan as required following the last inspection. This should have been used to record and demonstrate how the provider was to address the breaches identified at the last inspection. There was no clear system that ensured the Care Quality Commission (CQC) was notified of all significant events which had occurred in line with their legal obligations.

The service did not have up to date policies and procedures to underpin the care and practice within the service that ensured relevant legislation was complied with. For example there was no policy and procedure for the risk management of legionnaire's disease, the complaints procedure did not provide additional external agencies that can be contacted. Records relating to complaints were not well maintained and recorded to demonstrate the investigation process.

All policies and procedures needed to be reviewed to ensure relevant. For example there was three different safeguarding procedures within the procedure handbook all with differing information. There was no staff supervision or appraisal policy or procedure that clarified how staff were to be supported.

These areas identified that the registered provider did not operate effective systems to assess, monitor and improve the quality of services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However in other areas quality monitoring systems were more thorough. This included health and safety checks on the environment an infection control audit and auditing on medicine records and stock checks. These were used to improve the service with the registered manager responding to issues identified within these checks including any area for general maintenance.

The registered manager sought feedback from people and those who mattered to them in order to enhance the quality of the service. She worked in the service on a daily basis. People, staff and visitors told us that she was always available and well thought of. They took an active role within the running of the home and had good knowledge of the staff and people. She had regular contact with people and staff and ensured people were at the centre of the care provided with individual choice given a high priority. She met with people on an individual basis and listened to what they wanted as part of their life at Ashlodge. One person told us "You can see the manager whenever you want, she often comes and sees us. If you want anything all you have to do is ask." A relative told us "The manager is very nice she falls over backwards to get things right for people."

Staff told us the service was well managed and they were fully supported and enabled to complete their role within the service. They said the registered manager was approachable and was readily available to staff and anyone wanting to talk to her. Staff team meetings were not held regularly but staff told us they were informed of any changes and discussed these with each other and the registered manager. They understood the purpose and philosophy of the service which was committed to individualised care. The staff team was cohesive and supported each other through the day to day work and covering any annual leave or sickness. Staff received supervision that was based on staff practice and observation. These sessions were used to assess staff competency and review staff progress and professional development. The registered manager provided the on call cover for the service and staff told us she or her husband was always contactable day or night for advice and guidance.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people's safety and welfare at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have proper systems in place to assess, monitor or improve the quality of services provided.