Sanctuary Care Limited

Ashgreen House

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

Overall summary

Ashgreen House provides accommodation and support for up to 52 elderly people who have nursing, residential, or rehabilitation care needs. The home is situated in the Royal Borough of Greenwich, south London. At the time of this inspection the home was providing care and support to 40 people.

At our last inspection on 25 and 26 November 2014 we found that some equipment within the home was not functioning properly which posed a potential risk to people's safety and welfare. Systems for the management of medicines were not safe and did not protect people using the service. Accurate records had not always been maintained relating to peoples care needs, staff training and recruitment.

At this inspection, 1 and 7 December 2015, we found that action had been taken by the provider to make sure equipment within the home was functioning, serviced and maintained, systems for the management of medicines were safe, and records were maintained relating to peoples care needs, staff training and recruitment.

Summary of findings

The home did not have 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 previous registered manager left the home in August 2015. The current home manager started work at the home on 12 October 2015. They had applied to the CQC to become the registered manager for the home.

People using the service said they felt safe and that staff treated them well. Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals. Appropriate recruitment checks took place before staff started work. There were enough staff on duty at the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure in place and staff said they would use it if they needed to.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and acted according to this legislation. There were appropriate arrangements in place to ensure that people were receiving food and fluids in line with their care plans. People had access to a GP and other health care professionals when they needed it.

People's privacy was respected, and staff spoke to them in a respectful and dignified manner. People and their relatives, where appropriate, had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to support people with their needs. There were a range of activities available for people to enjoy, and they received appropriate end of life care.

Staff said they enjoyed working at the home and good support from the manager. There were appropriate arrangements in place for monitoring the quality of the service that people received. The provider conducted unannounced night time checks at the home to make sure people where receiving appropriate care and support. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Summary of findings

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. Equipment within the home was functioning, serviced and maintained.

Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals.

Appropriate recruitment checks took place before staff started work and there were sufficient staff on duty to meet people's needs.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

Appropriate procedures were in place to support people where risks to the health and welfare had been identified.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received regular supervision and training relevant to the needs of people using the service.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were protected against the risks of inadequate nutrition and dehydration. There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their care plans.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring. Staff spoke to people in a respectful and dignified manner. People's privacy was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

There were arrangements in place to meet people's end of life care needs.

Is the service responsive?

Good

The service was responsive. People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plan. Records relating to people's care and support needs were maintained.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Summary of findings

Is the service well-led?

Good

The service was well-led. The home did not have a registered manager in post. However the current home manager had applied to the CQC to become the registered manager for the home.

There were appropriate arrangements in place for monitoring the quality of the service that people received.

The provider carried unannounced night time checks at the home to make sure people were receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Ashgreen 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 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 unannounced inspection was carried out on 1 and 7 December 2015. The inspection team consisted of two inspectors, a specialist nurse advisor 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 the information we held about the service including notifications they had sent us. We spent time observing the care and support being delivered. We spoke with eight people using the service, the relatives and friends of two people, five members of staff, the manager and the regional manager. We looked at records, including the care records of seven people using the service, ten staff members' recruitment and training records, and records relating to the management of the service. We also spoke with three visiting health care professionals and asked them their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific 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

At our last inspection 25 and 26 November 2014 we found some equipment within the home was not functioning which posed a potential risk to people's safety and welfare. The call bells in one bathroom and nine bedrooms on one unit did not work. We heard alarms sounding on two fire safety door closure devices on two floors. This indicated the door closure devices were either low in battery or not operating correctly. We also found the lights on one floor did not work in the corridor making the area unsafe for anyone using it when it was dark. We asked the provider to make sure equipment was working properly.

At this inspection, 1 and 7 December 2015, we checked the call bell system on all units at the home and found the system was operating effectively. New fire safety door closure devices had also been fitted to all of the fire doors and were in good working order. We found sufficient lighting was available throughout the home. We looked at the home's maintenance records and saw certificates confirming that hoists and slings, portable appliances, gas safety, the fire alarm system, fire equipment, emergency lights, lifts and assisted baths had all been checked and maintained within the last year. We saw records of monthly checks made by the home's maintenance team on call bells, hoists, slings, beds and wheelchairs to confirm they were safe to use. Regular weekly fire alarm system checks had also been carried out at the home to confirm that fire doors and emergency lighting were operating effectively.

At our inspection on 25 and 26 November 2014 we found that people were not always protected against the risks associated with medicines because medicines were not always kept securely or stored safely. We observed that medicines trolleys were kept in the offices on the various units throughout the day. No temperature checks had been conducted in these rooms to ensure medicines were stored within the recommended temperature range in line with guidance from the Royal Pharmaceutical Society. Therefore there was a risk that people's medicines were not stored safely and could deteriorate. We asked the provider to make improvements on how medicines were managed.

At this inspection on 1 and 7 December 2015, we found that medicines were kept in locked medicines trolleys and stored in a locked clinical room when not in use. Controlled drugs were stored in a cabinet in the locked clinical room. We saw temperature checks were being carried out and recorded for the clinical room and fridges to make sure medicines were stored within the recommended temperature range, in line with guidance from the Royal Pharmaceutical Society.

People told us they received their medicines when they were supposed to and when they needed them. One person said, "I get my medication three times a day. They never miss it." Another person told us, "I definitely get all my medication when I should." A third person said, "I always get my tablets when I need them."

Medicines were administered safely. We spoke to a nurse about how medicines were managed and observed a medication round. They told us that only trained staff administered medicines to people using the service. We saw competency assessments had been conducted to ensure trained staff were able to safely administer medicines. Medicines files were clearly set out and included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, and information about their health conditions and any allergies. We observed staff safely administering medicines to people in a caring and unrushed manner and noted that people's preferences in how they received their medicines were respected. For example, one person received their medication with a glass of warm water, in line with their recorded preferences. All medicines were reviewed regularly to ensure they met any changes in people's health needs. Allergies were clearly shown on people's records to reduce the risk of inappropriate medicines being prescribed. Regular audits of medicines were completed to monitor and reduce the likelihood of any risk. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

At our last inspection 25 and 26 November 2014 we found that appropriate pre-employment recruitment checks were being completed for new staff. However the required photographic identification was missing from four of the eight records we viewed. We asked the provider to make improvements with their record keeping.

At this inspection, 1 and 7 December 2015, we found the provider had an effective recruitment and selection process in place. We looked at the recruitment records of ten members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two

Good

Is the service safe?

employment references, health declarations, a recent photograph, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the nursing and midwifery council (NMC). The manager told us that the organisation's human resources team monitored each nurse's NMC registration to make sure they were able to care for people appropriately.

People told us they felt safe and that staff treated them well. One person said, "Yes, I feel safe here, I have no problems." Another person said, "I feel safe here from everything. The staff are great. They make sure I am safe." A relative said, "My mum is very safe here."

The home had a policy for safeguarding adults from abuse and the manager was the safeguarding lead for the home. We saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. One member of staff told us they had recently raised a concern to the manager who had subsequently reported this to the local authority safeguarding team. The manager said they, and the staffing team had received training on safeguarding adults from abuse which was confirmed by training records we reviewed. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection there were five safeguarding concerns being investigated by the local authority. We cannot report on this at the time of this inspection; however the local authority safeguarding team told us the provider had cooperated fully with their team and had addressed any concerns raised by them. The CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

The views of people using the service and staff about staffing levels at the home were mixed. One person using the service said, "There are enough staff and they are brilliant." Another person told us, "On the whole there are enough staff about. They do get a bit short staffed when there is illness." A relative said, "I think there are staff shortages at times." A member of staff told us, "When it's not busy on this unit I help out at lunch time on the next unit. There is always enough staff around to meet people's needs and make sure they are safe." Another member of staff said, "We need more support at meal times as so many people need support with feeding." The manager told us that staffing levels were constantly evaluated and arranged according to the needs of the people using the service. For example, if people's needs changed or they needed to attend health care appointments, additional staff cover was arranged. They said they were currently discussing staffing arrangements with people using the service and staff. They had made changes to staff arrangements on specific units and expected improvements to be noted by people using the service and staff.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. Staff training records confirmed that all staff had completed training on fire safety. We saw that call bells had been placed within peoples reach where required. We tested three call bells, one on each floor of the home and found on each occasion staff responded quickly.

Good

Is the service effective?

Our findings

At our last inspection on 25 and 26 November 2014 we found the provider did not have up to date training records available to evidence when staff had received training. We asked the provider to make improvements with their record keeping.

At this inspection on 1 and 7 December 2015, we found up to date records of training completed by each member of staff. These records confirmed that staff, including bank staff, had completed training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, infection control, first aid awareness, fire safety and food hygiene, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Nursing staff told us they had completed training relevant to their roles such as tissue viability, wound care, medicines management, care planning, phlebotomy and venepuncture. Some staff had also completed accredited qualifications relevant to their roles within the home. For example, some care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. One said, "I have worked here for two years. I get plenty of training." The local authorities Care Home Support Team (CHST) had provided training to staff at the home. One member of staff said the CHST were very supportive and the training was very helpful for staff. They told us they had received training from the CHST in first aid, medicines, pressure ulcer prevention and falls. Another staff member said, "I have done all of my mandatory training. I get regular supervision and I have an annual appraisal." All of the staff we spoke with said they received regular supervision and appraisals were well supported by the manager. We saw records confirming that staff were receiving regular supervision and an annual appraisal.

At our last inspection 25 and 26 November 2014 we found that where risk of malnutrition was identified food and fluid intake charts were maintained and monitored. However, three of the records of people's food and fluid intake had not always been completed or totalled to show the full intake for each day, and there were gaps in weight records for one person identified as at risk of losing weight. We asked the provider to make improvements with their record keeping.

At this inspection, 1 and 7 December 2015, we checked the care records of two people identified as being at risk of malnutrition. We saw that their weight was regularly monitored and that risk assessments were completed for malnutrition and dehydration. These were regularly reviewed. Referrals were made to the speech and language therapy team (SALT) for guidance with swallowing, and nutritional care plans were in place which provided guidance for staff on diet consistency. We also found that food and fluid intake charts were being completed and monitored by staff to make sure that any changes in the risk of malnutrition or dehydration were identified and addressed.

People using the service said that the food was very good and that it was always served hot and usually on time. One person said, "They ask you what you would like to eat." Another person told us, "The food's OK. The portions are big enough and I get enough to drink in the day." A third person said, "The food is perfect. I've put on weight."

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. Care plans included information relating to people's dietary needs for staff to refer to. For example, one person needed to avoid certain foods due to the medicines prescribed to them and this was reflected in their care plan.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. Some people ate their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. They were also provided with drinks, fresh fruit and snacks throughout the day which were available in the lounges on each unit.

We found there was clear and frequent communication between each unit and the kitchen regarding people's dietary preferences and requirements. Each person had a

Good

Is the service effective?

"dietary notification form" which allowed the kitchen staff to be aware of their dietary risks, personal preferences and cultural and medical needs. The chef said they accommodated people's personal preferences by offering range of choices each meal time. For example, they cooked separate meals if people requested one which was not on the day's menu. They told us they had attended training on how to prepare modified diets and showed us charts and references they used to fortify meals, modify textures and identify common food allergens.

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.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They said that most people using the service had capacity to make some decisions about their own care and treatment. Where people lacked capacity we saw that mental capacity assessments had been completed for specific decisions which were retained in people's care files. The manager worked in line with the MCA to ensure that where needed, decisions were made in people's best interests by involving them, their relatives (if appropriate), and any relevant health and social care professionals. We saw that a number of applications had been made to the local authority to deprive people of their liberty, where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed.

We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives where appropriate, and signed by their GP.

People said they were able to see health care professionals when they needed. One person using the service said, "I can see the doctor if I ask. The tissue viability nurse also visits me from time to time." Another person said, "I saw the dentist today and I have had my feet seen to. I get visits automatically and if I'm not well they would get me to see the doctor." We saw that GP and healthcare professional's visits were recorded in all of the care files we looked at. We spoke with three visiting healthcare professionals. One told us, "The staff are very good, they follow the instructions I give them. The nurses here are really very good. People get better care here than they would in hospital." Another healthcare professional said, "The nursing staff always make appropriate referrals to the practice and follow our advice. The care staff are also very good. They do a really good job of looking after the people who live here."

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "The staff are very good. They are kind and helpful. Nothing's too much trouble for them." Another person told us, "The staff are great. They are good to all of us. They are always asking if you need anything." A third person said, "The girls are wonderful. They divert my thoughts from my family problems. They are very kind and considerate." A relative said, "The staff are very nice. They get on with all residents. I've been very pleased with the care my mum gets." Two staff members told us they were proud of the care they provided in the home and said they would recommend the home to their family and friends. One member of staff said, "The care we provide here is good; we always involve people in reviewing their care."

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. Some people had visits from friends and family members. People were well presented and well dressed. They, their relatives and staff all appeared comfortable and relaxed in each other's company.

Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person using the service told us, "The staff always respect my privacy and my dignity. They know all our names." Another person told us, "I cannot fault the staff here they are great. They take their time and don't rush me." A third person said, "The staff treat me well; they make sure the door is closed when they help me with my care." A relative told us, "The staff are so courteous and respect my mother's privacy."

People using the service and their relatives, where appropriate, had been consulted about their care and support needs. One person using the service told us, "I was asked about what my needs were when I came here. I am aware of my care plan and what's in it." Another person said, "I am aware I have a care plan, but I don't think I get to see any changes. The nurses ring the family if I'm not well." A relative said, "I filled in a sheet about my mum's needs, likes and dislikes, diet, etc., and gave it back to the home. They keep in touch with me and would let me know if there were any changes in her care needs."

The manager told us they met with the relatives of people admitted to the home to discuss their loved one's care and support needs. We saw that people's life stories were recorded in their care files. These included their place of birth, details of relatives, their career history and their interests and hobbies. The manager said this provided staff with some background knowledge of the person using the service. There were memory boxes of significant items, and mementoes to aid memory and encourage interaction between staff and people at the service. There were also props on display throughout the service to encourage memories, such as a Punch and Judy beach scene and shopping street. People's spiritual needs were recognised and there were visits to the service from representatives of different religions.

People received appropriate end of life care and support. We spoke with a member of a local hospice palliative care team. They told us they were visiting the home following a referral from the manager to support a person who used the service with end of life care and pain management. They told us they had a good relationship with the home and communication was good. The manager told us they worked closely with the team. They said the palliative care team also provided training and support for staff on end of life care.

Good

Is the service responsive?

Our findings

At our last inspection on 25 and 26 November 2014 we found that staff did not always have accurate up to date guidance on how to provide care to people using the service. We asked the provider to make improvements with their record keeping.

At this inspection on 1 and 7 December 2015 we found that peoples care records included up to date guidance on how they needed to be cared for and supported. We looked at the care records of seven people using the service. These were well organised, easy to read and accessible to staff. People's health care and support needs were assessed before they moved into the home. The manager told us that people's care plans and risk assessments were developed using the assessments and information received from people using the service and their family member's. Care plans included detailed information and guidance to staff about how people's needs should be met. They described people's daily living activities, their communication methods and mobility needs. They also provided information about the support they needed with personal and nursing care, where required.

Support guidance provided to staff included, for example, making sure one person wore the correct foot wear when getting out of bed in order to prevent them from falling. Another advised staff how they needed to support a person who had poor vision. Changes in people's needs were recorded in their care plans. For example when a GP had prescribed an additional medicine for a person using the service, we saw their care plan and risk assessment were updated to include details about why the medicine was required, and instructions to staff on the management of the condition

People told us they received good care and support from staff. One person told us, "The staff are very good at looking after me. I definitely get the care I need here." Another person said, "I don't need much care, but what I get is good." The home had a 'resident of the day' scheme. Their care plan was reviewed and staff made sure all the information about their needs was up to date. Daily notes recorded the care and support delivered to people throughout the day. People were allocated key workers to coordinate their care and keep their care records up to date. All of the care plans and risk assessments we looked at had been reviewed and updated by staff on a regular basis and reflected peoples changing needs.

Some people told us they enjoyed the activities provided at the home. One person said, "There is enough to do and I can do what I want to." Another person said, "I need to move around in my wheelchair. The staff take me upstairs when there's bingo on and I go out into the garden sometimes." A third person said, "I occupy myself usually. Now and again we get entertainment upstairs". A relative told us, "There are plenty of things to do but my relative never wants to join in with any of the activities." We saw activities information displayed on notice boards in each unit. They included a knitting circle, puzzles, card games, music and movement, treasured memories and bingo. The home had an activities coordinator, who told us each unit had an activities pack containing games, exercises programmes and singalong materials for staff to use with people. We observed the activities coordinator engaging with the people on one unit and visiting people who were unable to get out of bed for a chat. We also saw posters with upcoming events such as a Christmas Eve Fair, planned trips to a garden centre, and a Pantomime and entertainers visiting the home.

A complaints system was in place and details of how to make a complaint and comment cards were displayed in the reception area. People using the service told us they knew about the home's complaints procedure and they would tell staff or the manager if they were not happy, or if they needed to make a complaint. They said they were confident their complaints would be fully investigated and action taken if necessary. The manager showed us a file with records of complaints received at the home. The file included details of complaints received and the actions taken by the home to resolve them. We found that when complaints were raised the responses to them had been thorough and timely.

Good

Is the service well-led?

Our findings

People told us they felt the service was well run and organised. One person using the service said, "The staff work well together and they are managed well. I am very happy living here; it's like one big family." Another person told us, "It's a very good home. I'd give it nine out of ten." A third person commented, "The manager comes round and says hello." A relative said, "The home is run well. I know the manager and she is always ready to help. I am happy my mum is here. She is better off here than at home."

The home did not have a registered manager in post. The previous registered manager left the home in August 2015. The current home manager started work at the home on 12 October 2015 and had applied to the CQC to become the registered manager for the home. The manager told us they were on their probationary period and the regional manager had been visiting them two or three times a month to provide them with guidance and support. Staff spoke positively about the leadership provided by the new manager. One member of staff told us, "The manager is very supportive, we are lucky to have someone like her. I can talk with her about anything at any time and I know she is listening to me and others." Another said, "The manager listens, tries to sort things out and has taken the lead in problem solving. She has an open door policy and is always visible and makes herself available throughout the home."

Quality monitoring systems were in place. Regular audits had been conducted in areas including health and safety, infection control, medicines, staff training and recruitment, and care planning. We saw a report from the regional manager's monthly compliance visit to the home in October 2015. The report covered the CQC's five domains of safe, effective, caring, responsive and well led and highlighted areas of good practice and areas where improvements could be made. The manager told us that actions had been taken to address these recommendations which we confirmed during our observations of the service. We saw a report from a joint night time unannounced visit carried out by the regional manager and an officer from the local authority in May 2015. The manager told us they planned to carry out unannounced night time and weekend checks to make sure people where receiving appropriate care and support. We were not able to fully assess the impact of these checks at the time of this inspection.

The manager and staff on each unit told us that meetings took place at 11am daily. These were attended by the manager, the clinical lead nurse, team leaders, the activities coordinator, the maintenance team, the chef and the administration team. The focus of these meetings was to communicate any new admissions, the needs of people using the service and any individual health issues they may have, such as pressure sores or weight loss. Information from these meetings was passed to staff on each unit. A member of staff told us these meetings were very helpful as everyone at the home was made aware of important issues relating to people's care and support needs. Staff said incidents and accidents were discussed at the 11am meetings.

A larger meeting was held on Mondays when a representative attended to put forward the views of people using the service. The manager attended coffee mornings on each unit throughout the week to meet with people using the service and to hear their views. We observed the activities coordinator meeting with people to prepare questions they needed to raise with the manager at the coffee morning the next day. They said the coffee mornings were good because they got to tell the manager what they wanted.

Regular monthly team meetings also took place. The minutes from the last meeting confirmed it was well attended by staff and discussions took place around areas such as recruitment, supervision and appraisal, training, safeguarding people from abuse and activities. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it.

Some staff at the home had been designated champions in specific areas of care and had received enhanced training in these areas. For example, there were champions in fall prevention and pressure ulcer prevention. We spoke with a member of staff who was a pressure ulcer prevention champion. They said it was their role to raise staff awareness of pressure ulcers and make sure staff knew what needed to be reported and recorded. They said being a champion was an important role and made them feel good. Staff told us they liked working at Ashgreen House.

Good

Is the service well-led?

One said, “The ethos of this home is kindness. If you are not a kind person you cannot care for people properly. I think we offer kind care here. I myself will always go that extra mile just to see someone smile.” Another said, “Kindness is the company motto. Its mine as well. My parents are old; I like to treat people as I would treat my parents. I love my job and that’s what motivates me.”