

Alliance Home Care (Learning Disabilities) Limited

Ashgrange House

Inspection report

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Date of inspection visit:
30 September 2019
01 October 2019

Date of publication:
23 October 2019

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

About the service

Ashgrange House is a residential care home providing personal care for up to eight people who were living with a learning disability and may also be living with mental ill health. At the time of the inspection there were six people living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received support from staff who were kind and caring. Staff knew people well, understood their needs and how to communicate in a way that was meaningful to each person. People were involved in developing and reviewing their own care plans. This meant people received support that was person-centred and reflected their individual needs and choices.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working each shift to provide the support people needed, at times of their choice.

Risks to people were well managed. Staff understood how to support people safely and risk assessments provided further guidance about individual and environmental risks. People were supported to receive their medicines when they needed them.

Staff received training and support that enabled them to deliver the specific support that people living at Ashgrange House needed. People's health and well-being needs were met. They were supported to see their GP and access healthcare services, in a way that suited them, when they needed to. People were supported to eat and drink a variety of food that they enjoyed and had chosen. Nutritional assessments were followed to ensure people received the support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had good oversight of the home, people and staff. They were able to tell us about people and their needs and interests. They were working to continually develop and improve the service. There was an audit system which helped the provider identify areas which needed to be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashgrange House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashgrange House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager had also started to manage another local service which was run by the provider. A new manager had been appointed to Ashgrange House but had not yet registered with CQC. The registered manager worked across the two services and continued to support the new manager into their role.

Notice of inspection

We gave a short period notice of the inspection because some of the people living at the home could become anxious about people they did not know. They needed time and reassurance from staff about our visit.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care. We engaged with five people, we spoke with two visitors, and eight staff members. This included the registered manager. We also spoke with a healthcare professional who was visiting the service.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

After the inspection

We contacted a professional who was involved with supporting people at the service and a relative to ask for their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we asked the provider to make improvements to ensure staff had all the information and training they needed to support people who were living with diabetes and required insulin. At this inspection there was no-one who required insulin to manage their diabetes. However, staff had received training which had developed their understanding and skills about diabetes.
- Where people needed support with their diabetes there was information about what the range of blood sugars should be and what action staff should take if they fell out of these ranges.
- Staff told us the training had been informative and had improved their understanding of supporting people living with diabetes. One staff member said, "I often support [name] to attend diabetes appointments, I now really understand what is being discussed and how to advise [name] about diet."
- Individual and environmental risk assessments had been completed. These had identified risks and the assessments provided guidance for staff about the care needed to support people to stay safe.
- Individual risk assessments identified people's risks. These included risks associated with behaviours that may challenge, mobility and going out.
- The guidance to support people with behaviours that may challenge was clear. It identified potential triggers, how the person may present and how staff should support people during and after these events. This included reassurance and maintaining a consistent approach.
- Staff understood people, they knew about the risks associated with looking after people and what steps to take to minimise risks and keep people safe.
- Regular fire checks were completed. Fire drills had taken place, these had been evaluated to identify if further actions were needed. For example, at a recent fire drill one person had refused to leave the home. This had identified that in an event of emergency, this person may need extra support and encouragement.
- Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas and electrical appliances.
- Maintenance staff were employed at the home and responsible for the day to day upkeep of the home.

Systems and processes to safeguard people from the risk of abuse

- Not everybody was able to tell us if they felt safe at the home. However, we observed people were comfortable in staff presence. People looked to staff for support and reassurance and approached them if they were concerned.
- Staff had received safeguarding training and regular updates. They told us what actions they took to

protect people if they believed they were at risk of abuse, harm or discrimination. They told us they would contact the senior staff member on duty or the registered manager. One staff member told us, "We need to protect people's human rights so that they can live a life free from abuse."

- Staff were aware of their responsibilities in reporting their concerns further, if this was appropriate. One staff member told us, "We would always report, that's what we're here for."
- Where required, safeguarding concerns had been raised with the local authority, and notified to CQC, as needed. The registered manager and staff worked with the local authority to resolve and address issues that had been identified.
- Staff understood whistleblowing and there was a policy in place to support them. Whistleblowing is where an employee can raise a concern with the appropriate authorities if they think they have witnessed something wrong. The policy protects the employee from being identified.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met in line with their care plan.
- There were four or five staff working each day. This depended on what people were doing each day. Some people had been assessed as needing one to one support for several hours during the day. There were enough staff working to ensure this was met.
- The registered manager and deputy manager worked in addition to the support staff. They were available to provide support to people when necessary.
- Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely

- There were systems in place to ensure medicines were safely managed.
- Only staff who had received medicine training and been assessed as competent supported people with their medicines.
- Medicine records (MAR) were well completed and confirmed people received their medicines as prescribed. Once medicines had been given, the MAR was signed by a second staff member to confirm that medicines had been given.
- Regular stock counts of medicines were completed. This helped to ensure medicines had been given correctly.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed. Staff understood why people may need PRN medicines and when to offer them.
- Regular audits were completed to help identify shortfalls and areas where improvements were needed.

Preventing and controlling infection

- The home was clean and tidy throughout. People were responsible for cleaning their own bedrooms with staff support. Staff were responsible for cleaning and tidying the home.
- Staff completed infection control and food hygiene training. Protective Personal Equipment (PPE) such as aprons and gloves were available in the bathrooms and staff used these when providing personal care.
- There were suitable hand-washing facilities available throughout the home and staff were seen using these.
- Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment had been completed and regular checks such as water temperatures took place to help ensure people remained protected.

Learning lessons when things go wrong

- Following a safeguarding concern, accident or incident, staff were informed of what had happened and what steps had been taken to prevent a reoccurrence.
- Accidents and incidents were documented and responded to appropriately. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to reduce the risk of something similar happening again.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed.
- Staff were updated verbally about any changes throughout the day and at handover. Information was also recorded in the communication book for staff to review.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home they were invited to visit, to get to know other people to make sure they would be happy, and their needs could be met. There had been no new admissions to the home since our last inspection, but we were told that people had visited and spent time at the service.
- If people's needs changed, for example, if people had become more independent, or they needed more support, then assessments took place to identify a more suitable place for them to live.

Staff support: induction, training, skills and experience

- Staff who were new to the service completed an induction. This included an introduction to the home, day to day procedures and people. They also began their training program.
- Staff spent time shadowing experienced staff before they supported people independently. This helped to ensure staff had time to get to know people and understand their needs. Some people took time to get to know staff and this time allowed for relationships to be developed.
- Staff received ongoing training and updates that were relevant to their roles. This included learning disability awareness, mental health awareness and positive behaviour support.
- Following training, staff completed written accounts. These demonstrated staff understanding and knowledge. These were assessed by the training manager who would provide further support where staff had not demonstrated the appropriate knowledge.
- Staff told us the training they received supported them in their role. One staff member said, "The training is really helpful, it helps my understanding of what I am doing."
- Staff were aware of the importance of supporting colleagues who were new to the service. One staff member said, "We try to always be a good example to new staff."
- Staff told us they were supported by the registered manager, they received regular supervision and could discuss issues at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a wide variety of food that met their individual needs and preferences.
- There was a four weekly menu plan which had been chosen by people at a resident meeting. We saw adaptations had been made to the menu as people's choices and preferences changed. If people did not like what was on the menu they were able to choose alternatives.

- The menu for the day was displayed on the noticeboard. This was written and there was a photograph of the meal. We noted that the main meal photograph had been removed. The registered manager told us this meant one person did not want that meal and had therefore removed the photograph. Staff then discussed alternative choices with the person.
- People had their breakfast and lunch at times that fitted in with their individual routine. However, most people chose to eat their main meal together in the evening.
- Staff encouraged people, as far as possible, to make healthy choices in relation to their meals. At our last inspection, we saw that one person had lost a lot of weight, through healthy eating. At this inspection, they had maintained this weight loss and had won an award from their slimming club.
- Some people needed support with what they ate and drank each day. Staff were aware of the support people needed and this was provided. This included ensuring people did not eat or drink unsupervised.
- Care plans included nutritional guidance for staff. People were weighed regularly, this helped identify if people were eating an appropriate diet. Where one person had lost weight, they had been referred to the GP for further guidance.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities.
- There was a large lounge and dining area with plenty of seating for people to sit and enjoy each other's company or watch television.
- People enjoyed spending time in the garden, there was a basketball net and seating area.
- There were noticeboards throughout the home to inform people of what was happening. These were displayed in easy read and pictorial format to help people maintain their independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their physical and mental health. They were supported to attend healthcare appointments when they were unwell or to maintain their ongoing health conditions, such as diabetes.
- Some people did not like attending healthcare appointments, therefore alternative arrangements had been made, for example, the GP would visit the person at home.
- Staff were mindful of changes to people's health. For example, if a person displayed a change in their behaviour, staff would consider the person's physical and mental health.
- The registered manager had recently introduced an oral healthcare assessment. This helped identify what support people needed to maintain good oral health. Care plans directed staff about the support people needed, for example, reminding them to brush their teeth.
- There was information in people's care plans about their health needs and this included the healthcare professionals that were supporting them.
- People had plans in place to keep them well. These included health action plans which informed staff how to help people maintain good day to day health. People had hospital passports available, to help communicate their needs to health professionals in the event of hospital admission. They also had pain profiles which described how the person may present if they were in pain. These were specific to each person and were in an easy read format to support people's understanding.
- Staff worked with health and social care professionals to help achieve the best outcomes for people. One health and social care professional told us staff followed guidelines and specific care plans for a person they supported. Staff updated the professional when needed, and this may be daily. The professional said that the quality of life for that person had improved since they had lived at Ashgrange House.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a good understanding of mental capacity and received regular training updates.
- Where people lacked capacity, specific mental capacity assessments had been completed. These demonstrated how decisions were made were in the person's best interest. They showed the person, their relatives, or those important to them and relevant professionals were involved in the decision. This included choices around personal care, medicines and going out.
- DoLS applications had been submitted for people around any restrictions within their lives. Copies of the applications and authorisations were available to staff.
- There was information in people's care plans about any restrictions and limitations, such as the support people needed to go out, and how these could be minimised.
- Throughout the inspection we saw staff offering people choices and supporting them to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care. Staff knew the people they supported, well. They understood their daily needs and choices, their interests and how to communicate with them.
- There was a relaxed and happy atmosphere at the home. Staff engaged with people in a positive, friendly and approachable manner. People were pleased to see staff and they engaged with each other when staff came on duty following a trip out.
- One person was talking to us about staff, they named one staff member and said, "[Name] is my friend." They then looked at another staff member for reassurance, and the staff member confirmed this person was their friend.
- Staff were aware of maintaining appropriate boundaries with people. One staff member explained, "We work very closely with people, of course we will develop friendships but that doesn't mean we don't provide the support they need."
- Peoples' equality and diversity was respected. Staff had received training on equality and diversity and told us how they supported people's differences. For example, some people did not like new staff to support them. Staff spent time with people as part of the larger staff team to get to know people. Once the person felt comfortable they would receive support from the staff member.
- Two people had recently been on holiday with staff. They showed us photographs of their holiday. These showed the people were relaxed with staff and were enjoying themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about the support they received. Staff continually supported people to make their own choices and decisions each day.
- For some people it was important that they knew what they would be doing next. Staff reminded people when they asked and reassured them. People were also able to identify from their day planners what they were doing. If people wished to change their mind this was also supported.
- One person was due to go out but decided they would stay at home until the rain stopped. Another person told staff what they would like to do, but then added they would like to do it tomorrow. This was supported.
- People's care plans were reviewed with them every month. They looked at all aspects of the person's support needs to ensure they were still relevant and what the person wanted. People were also asked if they were happy at the home and well looked after. Where changes were identified, these were implemented.
- Some people liked reassurance from staff when making decisions. Staff provided this reassurance and

supported people to be confident in the decisions they had made.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Each person had a dignity risk assessment. The risk assessments identified that if people displayed behaviours that may challenge, they may not be aware of how this impacted on their dignity. The risk assessments contained guidance for staff about what steps to take to minimise risks to people. This included reassuring the person and keeping them safe.
- People's bedroom doors were closed before care or private conversations took place and discussions around care were done discreetly.
- Some people had been assessed as needing one to one support for several hours each day. Staff were aware how this could impact on people and were mindful about how this could impact on their privacy.
- People generally enjoyed having their one to one support, staff told us if people asked them to leave they would, as long as it was safe and appropriate to do so. We were given an example of one person who had chosen to stay in their bedroom had asked staff to leave. Staff had therefore, left the bedroom, and observed the person from a nearby communal area. This meant they could see the person and respond immediately when the person wanted support.
- Staff asked people for permission before entering their bedrooms. This included, entering their bedroom when the person was not present. Staff respected this.
- Staff and care plans encouraged people to develop and improve their independence. Staff prompted and encouraged people to do what they could for themselves. One person wanted a hot drink and staff supported them to make it themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's received support that was person-centred. It met their individual needs and reflected their choices and interests. Staff worked with people and their families to get to know people and what was important to them.
- Care plans and risk assessments included information about all aspects of people's physical, mental and social needs. The information was detailed and provided guidance for staff.
- Staff knew people really well. They told us about each person, their individual support needs and how people spent each day.
- Each person had a key worker. A key worker is a staff member who manages all aspects of the person's care. They build a relationship with the person and are a link to help ensure, as far as possible, their needs, preferences, wishes are listened to and actioned.
- People were supported to be involved in reviews of their care plans each month with their key worker to ensure these continued to reflect their needs and choices. These included a detailed record of what the person had done during the month, highlighted their achievements and set and reviewed goals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Care plans included information about how to support each person to communicate. Some people needed staff to speak in short simple sentences.
- Some people who were unable, or less able, to communicate verbally, were supported to communicate using Makaton, or an adapted form of Makaton. This is a language programme which uses signs and symbols to help people to communicate. One person used pictures to inform staff what they needed or to explain their choices.
- Staff understood how to communicate with each person, using the person's preferred method and by understanding the person. Staff told us these communication relationships developed over time. One staff member explained that as they had got to know one person, their personality and body language, they were less reliant on using Makaton for all aspects of communication.

- Staff used one person's knowledge of Makaton to improve and develop their own skills. One staff member told us they would often ask the person what Makaton symbol they should use for a particular object. This demonstrated that people's expertise was acknowledged and respected.
- Each person had a communication passport, this included details of how each person communicated. Communication passports describe the specific ways in which a person communicates. It is used to assist any staff member or professional to communicate effectively with them. They are a person-centred way of supporting people who cannot easily speak for themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were given the opportunity to take part in a variety of meaningful activities throughout the day. Each person had an activity program of what they wanted to do each day. This had been developed by the person with support from their key worker. Some people made different choices each day, others followed a more structured program.
- One person went to work, their program included activities that they liked to do in the evenings or on their days off. This person told us what they done each day at work and how much they enjoyed it.
- There was flexibility within the program so people were able to change their planned activities. For example, some people liked to go out in the car for a drive. Therefore, if a staff member was going out they would ask people if they would like to join them. Staff made these occasions meaningful for people. One person was attending an appointment and other people went with them to enjoy the drive. They then went to a café for a drink, whilst they waited for the person to complete their appointment.
- People enjoyed going out together and this often included an evening trip to a local pub. Staff had taken photographs of local pubs and other places that people might like to visit. This helped people in choosing where they would like to go.
- People were given opportunities to meet new people and develop friendships. Some people attended special Olympics at a local college and some people enjoyed going to discos.
- Some people liked to stay at home. They were supported to take part in activities that they enjoyed and interested them. This included art and crafts, pampering and a game of ping-pong. Staff told us people enjoyed spending time together and watching a DVD.
- Staff had a good understanding of what people enjoyed and were able to offer different choices and options to people who were unsure what they wanted to do.
- People were able to maintain relationships with their family and friends. Visitors were welcomed at the home. One person told us they enjoyed visits from their family and were pleased to see them.
- Staff told us how they had worked with one person and their family to enable them to have regular contact visits with support. Over time, the person and their family had grown in confidence and the meetings now took place without staff support.

Improving care quality in response to complaints or concerns

- There was a complaints policy which provided guidance for people. This was displayed at the home and was written in an easy read style which made it accessible to people at the home.
- People were regularly asked if they had any complaints or concerns. This was done as a group at resident meetings and individually when people had reviews with their key worker.
- People engaged with staff regularly throughout the inspection to discuss any worries or issues they had. People asked to speak with staff and staff were attentive to changes in people's moods or behaviours which may indicate they had a concern they wished to discuss with staff.
- Records showed that complaints received were recorded, investigated and responded to appropriately. They were analysed to identify any themes or trends.

End of life care and support

- The registered manager told us that people's end of life needs were considered. However, people were not currently living with poor physical health and they and their families did not generally wish to discuss end of life care.
- Some information was available, this included the person's next of kin and who to contact if the person became unwell. For some people there was also information about who would be responsible for arranging the person's funeral.
- Staff had completed end of life training. This helped to ensure they had some knowledge and skills to discuss end of life care with people if they wished to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection we found people's records did not contain all the information staff may need in relation to people's mental capacity and some of their support needs.
- At this inspection we found improvements had been made to people's records. Mental capacity assessments had been completed for each specific decision. People's records were detailed and provided clear guidance for staff.
- There was a quality assurance system which included audits and checks by staff, the registered manager and the provider. Information from these audits was used to develop and improve the service. A recent audit of care plans had identified areas which needed attention and the registered manager had started to address this.
- The registered manager had recently applied to register as the manager for another home owned by the provider. A new manager had been appointed as manager of Ashgrange House. The registered manager was working with the new manager to induct them to the new role and ensure they were confident and competent to manage the home.
- The registered manager was aware of their responsibilities including those under duty of candour. Statutory notifications were submitted to the CQC when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although not everyone could tell us their views about management, we observed that people were comfortable with the registered manager and knew who she was. People were pleased to see her when she came into the room and were eager to discuss their day with her.
- The new manager had spent time supporting people and working with staff. This enabled people to get to know her and develop a positive relationship.
- Staff spoke well of the registered manager. They told us Ashgrange House was a nice place to work. One staff member said, "We're a team." Another staff member said, "We're like a family."
- Staff told us they were well supported by the registered manager and their colleagues. They told us the registered manager was approachable and they could discuss any concerns with her.
- People's relatives spoke highly of the registered manager. They were aware of the future management

changes and told us they were in regular contact with the new manager. They said they felt enabled to contact her and would continue to feel supported with the care of their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager understood the importance of receiving regular feedback from people, relatives, staff and visiting professionals.
- Regular surveys were sent out to ask for people's feedback. These were provided in an easy read format to enable people to understand and complete them. Feedback surveys were also sent to relatives, staff and visiting professionals. Information from the surveys was then analysed to identify any themes or trends. Information from the surveys was displayed at the home.
- People were also asked for their feedback during provider audits. The area manager spent time talking with people to ask about their experiences at the home. Each month people had the opportunity to discuss their support needs with their key worker and identify any changes they may wish to make.
- There were regular meetings where people were updated about any changes at the home and were able to discuss issues that were important to them. These were often held informally as a coffee morning where people could chat and enjoy a drink and biscuit. If people did not want to attend, then staff asked them if there was anything they would like to contribute and feedback to them at the end of the meeting.
- The service had links with the local community. The town was within walking distance and there were also local shops and cafes that people could easily get to. Staff told us people liked using the local shops and cafes as they had got to know the people who worked there.
- The registered manager and staff were aware of the importance of offering and supporting people to try new opportunities. Before using a new venue, staff would visit the location, identify any hazards or triggers, such as long queue times, to make any trip as positive an experience as possible.
- Staff completed feedback surveys and staff meetings were held throughout the year. Minutes from staff meetings showed staff were regularly informed of what was happening at the home and reminded of their roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event reoccurring. This information was shared with staff to ensure learning and improvements had taken place.
- Learning from safeguarding concerns and complaints was shared with staff, when appropriate. Following a recent safeguarding concern staff told us how they supported a person with their drinks to help keep them safe.
- The registered manager had been working with the local authority Market Support team to improve and develop the service. They told us they had found the experience useful.
- The registered manager and staff worked in partnership with other services, this included the community learning disability team, mental health team and people's GP's.
- The registered manager continually updated their skills and knowledge by attending training, meetings and forums. They used the opportunity to meet other providers to share ideas and discuss concerns. Learning and ideas from the forums was shared with staff to improve and develop the service.
- The registered manager told us they also kept up to date with new practices and ideas through reading and using relevant websites. The registered manager was aware of the CQC review of oral health in care homes and had implemented an assessment of people's oral health.