

Ashburton House Care Home Ltd

# Ashburton House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashburton House is a residential care home providing accommodation and personal care to up to 24 people. The service provides support to older people, including people who are living with dementia. At the time of our inspection there were 23 people living at the care home.

Accommodation is provided over the ground floor and first floor, including a recently adapted annexe. There were four separate staircases in the home and a passenger lift, which enabled people to access some areas of the first floor. The first floor could be accessed by stairlifts

Communal rooms included an open plan area, with two lounges and a dining room and interconnected by a gradual slope with handrails. There was also a separate lounge, which provided a quiet space for people and their families, as well as a space for religious worship or spiritual practice. Outside of the dining room was a patio and a large lawn.

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

Since our last inspection, the provider had reflected on their role and how the service was run and staffed. Consequently, there had been significant changes to the staff team, resulting in a positive impact on the quality of care and the running of the care home.

The new registered manager was popular with the staff group and relatives. People living at the home also responded well to the registered manager who knew them well. Staff said, "The registered manager is amazing... Staffing has totally changed, we work as a team, the new starters come together. Best job I have ever had." A relative said, "The home now has a manager who is working extremely hard to put good/safe practice in place, gaining the trust and respect of staff, residents and their families."

There was an improved approach to managing risks both to people and linked to the environment with improved recording in most areas. During and following the inspection, actions were completed to address other issues linked to potential risk, such as the layout of the laundry and the fencing around the garden.

There was improved oversight in place to ensure accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk. Since the last inspection, there have been no further safeguarding concerns. The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said, "I like it here, it's a nice space and they're always kind." Relatives said they would recommend the service to other families. For example, they said "Atmosphere is lovely, friendly and homely, staff always talking to residents, certainly I would recommend."

Changes were being made to how staff were recruited, including a new staff member to oversee the process. The staff team met people's care needs. For example, we saw staff were attentive, checking on people's

well-being and taking time to listen to them. People told us staff were friendly and kind. Relatives were positive about the skills and approach of the staff group. One noted there had been a number of staff changes but said all were caring.

Medicine records showed people received their medicines in the way prescribed for them. Staff support including training and induction had significantly improved since our last inspection. Most of the staff working at the home were new in post but we saw they worked well as a team to benefit the people living at the home. Staff looked calm, cheerful and relaxed during the inspection.

Improvements had been made to the environment. The large lawn had a perimeter fence and security had improved. The registered manager told the inspector there were further plans to enhance the area for people living with dementia.

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.

Staff spoke respectfully and with compassion about the people they supported at the home. Throughout our inspection, we saw gentle shows of affection by staff, both through their actions and their conversation and tone of voice. Staff showed a genuine interest in the well-being of each person. They recognised how the new registered manager had established an improved ethos at the home, which included celebrating people's difference. A staff member said, "I would just like to say how much the home has improved and is still improving. Staff are coming together as a good functioning team ensuring care comes first."

Care records information had improved, which was personal to each individual. This had been noted by a visiting health professional. We saw personalised information in care plans which gave important information to staff in how to work alongside people and maintain their dignity and trust. A health professional said the registered manager and staff went the "extra mile" to meet people's individual care needs and worked closely with families. There had been improvement to people's end of life care wishes. This meant people could receive the care and support they needed to reassure them, for example, the last rites or to listen to a piece of music which gave them comfort.

Social events were now delivered by a skilled staff member who treated people as equals. There was a good range of social opportunities for people, including visiting musicians, quizzes, trips to the pub and cafes.

The management of complaints was improving. For example, how they were recorded and the tone of the response. The registered manager was supported by the new operations manager which worked well. This meant there was increased oversight of concerns and provided an extra layer of response if complainants were not satisfied with the initial response.

Care staff recognised how important it was to understand and get to know each person so they could provide individualised care. Throughout the inspection, staff checked with people to ensure they had understood their wishes and had their consent. A person told us, "Nothing is too much trouble. They treat me with dignity and respect."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 25 October 2022).

At this inspection we found improvements had been made and the provider was no longer in breach of 8 regulations. This service has been in Special Measures since 25 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashburton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Ashburton 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors and two Experts 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.

#### Service and service type

Ashburton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashburton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the service was registered.

We spoke with health and social care professionals who are either in contact with the service or regularly visit the service.

We used all this information to plan our inspection.

### During the inspection

Two Experts by Experience spoke with 6 people living at the home and 15 relatives on 22 and 24 March 2023 to gain their feedback on the service.

We also used the Short Observational Framework for inspection (SOFI) on 24 March 2023. SOFI is a way of observing care to help us understand the experience of people who were not able to comment specifically on the service.

On the first and second day of inspection, we gave verbal feedback during the day to the registered manager and the nominated individual. The inspection concluded on 29 March 2023 when verbal feedback was provided to the registered manager, the nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection, we spoke with 12 staff and an additional 4 people living at the home. We reviewed a range of records. This included 6 people's care records and people's medication records. We looked at 3 staff files in relation to recruitment and looked at records relating to staff supervision. We reviewed a variety of records relating to the management of the service, including minutes from staff meetings, handover notes, rotas and audits. We completed a tour of the building, the laundry and the grounds with the registered manager.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service required further improvement

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, a number of steps had been taken to improve the safety of people living at the home. During the inspection, we discussed with the registered manager how decisions to mitigate potential risks were reached and recorded. For example, one bedroom contained French doors leading to an uneven and potentially unsafe outdoor space. There was no record to show how this risk had been assessed for the room's occupant. However, the registered manager said it had been discussed with the occupant and their family that the doors were only to be opened in emergencies.
- In a second bedroom, there were steps leading down into the room. Records did not show how the risk of falling down the steps by the occupant or other people had been assessed. This was despite a previous incident in this room. However, there was a door alarm and CCTV, in use to notify staff when people went in and out of the room. Some areas of the home had key pads on doorways to reduce the number of people to access the area without staff support.
- In one section of the garden there was a metal railing to discourage people from accessing a slope and uneven part of the garden. The risk assessment for people potentially climbing over the railing to leave the garden was not recorded, nor the decision the railing was effective. A prebooked health and safety expert visited the service after the inspection and changes were made to the perimeter of the garden. The provider told us 'We now have further documentation to bolster our systems of recording... in line with best practice.'
- Following our discussions with staff regarding how often people at risk of pressure damage were moved and where this was recorded, the registered manager made changes to help audit re-positioning. Improvements had already been made to monitor equipment used by people at risk of pressure damage. For example, ensuring their specialist mattress settings corresponded with their weight to help reduce the risk of skin damage. A health professional confirmed staff consulted with them and followed their advice regarding skin care.
- Improvements had been made to make the laundry and garden shed safe, so they were no longer

accessible to people living at the home. This included locks on the doors. The security of the large bi-fold type doors in the dining room had also been improved to help keep people living at the home safe.

- In contrast to our last inspection, the atmosphere at the home was calm and organised. People looked relaxed with one another and with staff. People told us they felt safe, and most had call bells in reach to call staff, if necessary. A relative said, "Really impressed with the safety and care, ... she is unable to press her bell, but the staff check on her regularly, she is kept very clean, well looked after, I can trust and relax about her care, always see plenty of staff around."
- Risks to people's health were regularly monitored. People's weights and risk of malnutrition were regularly reviewed, and action had been taken to reduce or identify an increased risk. The Malnutrition Universal Screening Tool was used to monitor people at risk of malnutrition and with unplanned weight loss. Risks to people's health were regularly monitored and health professionals involved to help manage known risks.
- Fire safety and training had improved with a new system to record who was visiting the home to ensure everyone was evacuated in the event of a fire.

#### Learning lessons when things go wrong

- There was improved oversight in place to ensure accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk. There had been positive changes to the management team since the last inspection. All members of this team understood the importance of embedding these changes to continue to increase people's confidence in the quality of the service.
- Where necessary, the registered manager had implemented changes to practice to reduce the likelihood of a reoccurrence.

#### Systems and processes to safeguard people from the risk of abuse;

- Since the last inspection, there have been no further safeguarding concerns. A decision had been made to fit audio and visual cameras to communal areas. We were told people and their families had been consulted about this change. However, the home's service user guide did not detail the use of cameras; this was addressed during the inspection.
- The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said, "I like it here, it's a nice space and they're always kind."
- Relatives said they would recommend the service to other families. For example, they said, "Atmosphere is lovely, friendly and homely, staff always talking to residents, certainly I would recommend."
- The provider and their staff team have worked closely with health and social care professionals, including commissioning and hospital discharge teams as part of the whole home safeguarding process. Feedback from these professionals highlighted how much attitudes had changed following the recruitment of new staff who were open and honest in their relationships with professionals outside of the home. A health professional said they worked alongside the registered manager to assess people for admission and ensure staff had the skills to meet their care and social needs. They said the registered manager had done a 'remarkable job' in turning the service around.
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.

#### Staffing and recruitment

- Changes were being made to how staff were recruited, including a new staff member to oversee the process. We looked at recruitment files for previously recruited staff and identified further information was needed to ensure people were suitable to work at the home. For example, how references were sought. This was addressed during the inspection.
- There had been significant staff changes since the last inspection, both in management and care staff. The

staff team met people's care needs. For example, we saw staff were attentive, checking on people's well-being and taking time to listen to them. Despite national staffing shortages, the management team and provider had worked hard to attract new recruits, who worked well together.

- People told us staff were friendly and kind. Relatives were positive about the skills and approach of the staff group. One noted there had been a number of staff changes but said all were caring.
- During our inspection, call bells rang intermittently, and we saw staff respond to them. Call bell records showed good response times, although on the odd occasion waits could be longer. A person who had experienced a longer response time said, "When staff do come, they couldn't be more helpful. The care I cannot fault, they are very cheerful." Two people could not reach their call bell; staff said they would address this but assured us people who chose to stay in their room were checked regularly.
- Relatives told us they were reassured by the regular checks by staff on people who chose to stay in their room and were unable to use a call bell to contact staff. Staff were described as "caring and sensitive" with "good eye contact."
- Relatives commented on the friendliness of staff. They encouraged people's friendships and were careful to ensure all the people using a communal space felt included.

#### Using medicines safely

- Medicine records showed people received their medicines in the way prescribed for them. This was confirmed by records, people living at the home and their families. For example, one relative said, "I am quite happy with the home, very good in their treatment of him and monitoring his medication. Very happy with his general care."
- Medicines were safely stored, managed and administered by staff who had been trained with their practice and records audited. This included ensuring medicines were stored at safe temperatures.
- Current records showed people received their medicines in the way prescribed for them. There were protocols in place for medicines, which were administered when required.
- Conversations with staff showed they were up to date in changes to people's health and subsequent changes to their prescriptions. Staff were proactive in following up with the GP or pharmacy if there were delays in prescription.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On the first day of the inspection, we saw improvements were needed to ensure the kitchen and laundry were thoroughly clean. This was addressed and a subsequent visit from a relevant agency confirmed infection and control was being managed safely. Relatives shared positive comments about the cleanliness of the home.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. They advised how they were working to address an odour in one person's bedroom, and we saw staff were guided how to work with the individual to encourage and support them in sending soiled clothes to the laundry. This approach was discussed with a social care professional to ensure they were taking the most appropriate steps.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting. Relatives told us they were welcomed by staff.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained and supported. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff support including training and induction had significantly improved since our last inspection. Most of the staff working at the home were new in post but we saw they worked well as a team to benefit the people living at the home. Staff looked calm, cheerful and relaxed during the inspection.
- Staff confirmed their induction had been supportive and informative. They described how they built up their confidence as they observed and then worked alongside team leaders learning how to vary their approach for each individual. This was particularly crucial for staff who had not worked in care before.
- Staff were paid to complete care training, for example on-line courses. There was also access to the face to face training, for example moving and handling techniques. Staff confirmed they could not move people until they had passed this specific training. The new management team were keen for staff to experience a variety of training methods, which included working closely with health professionals visiting the home. A health professional who regularly worked with the staff team said the registered manager and team leaders were knowledgeable; we saw this skill demonstrated throughout the inspection.
- The new management team now recognised the strengths of their staff group helping them to discover new roles and responsibilities. A health professional described one staff member as 'blossoming' under this new approach. Other staff were also supported to change roles when they felt too overwhelmed by former responsibilities. Staff said they felt supported and listened to by the new registered manager.

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

At our last inspection the provider had failed to ensure the premises and ground kept people safe and comfortable. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to one bedroom so that an additional window had been added to ensure the room could be ventilated easily. Another bedroom had been made more private for the occupant who said

they were happy with the room.

- The layout of the laundry had been changed to make better use of the space, although the space was small, staff said it was manageable.
- The large lawn now had a perimeter fence in most places and security had improved but during the inspection we discussed with the new management team how the area could be further improved to provide more stimulation and to add areas of interest for people living with dementia.

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

At our last inspection the provider had failed to ensure people's capacity to consent to care was assessed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Minutes from staff meetings promoted people's rights, for example if they were assessed to need bed rails, staff were reminded to consider whether a DoLS application was required.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The quality of assessments had improved. The new management team now worked closely with the hospital discharge team and the local authority commissioning team to ensure they understood the needs of people who had been assessed as needing care within a residential setting. This was part of a new pilot

scheme to ensure a planned hospital discharge and better continuity of care including reablement, which enabled some people to return home. Other people whose needs were greater had decided to remain living at Ashburton House rather than choosing another care home.

- The new management team recognised the previous impact of people moving to the home whose needs could not be met on staff and other people living at the home. They were therefore keen to assure assessments were more comprehensive so they felt confident people's care and social needs could be met.
- Health professionals had regular contact with the service. There was an improved working relationship with the new registered manager and the staff team. This meant people benefited from a co-ordinated approach when their health needs changed.
- During the inspection we saw staff picking up on changes in people's well-being and health and monitoring them more closely, including their level of pain, nutrition and hydration, and where necessary contacting health professionals.

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

- People received a choice of meals to suit their individual dietary needs and preferences. When people moved into the home staff took time to find out their likes and dislikes and the things they could not eat. During the inspection, improvements were made to how this information was recorded for kitchen staff.
- The staff group had been provided with additional face to face training by an NHS professional, which increased their knowledge on how to monitor the risks of dehydration and malnourishment.
- During a meal, we saw staff were attentive and responsive to people who needed additional support with their drinks and meals. People responded well to how staff interacted with them, and this enabled people to eat and drink more. There was no rush and people ate their meal at their own pace.
- There was mixed feedback regarding the quality of the food from people and relatives. For example, ranging from "She eats very well and has put on weight which is good" and "...awful to good." Some people's food and fluid intake were monitored daily by staff with concerning changes shared with health professionals. Relatives told us they were reassured by this level of supervision which showed people's appetite had increased.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

- Staff spoke respectfully and with compassion about the people they supported at the home. Throughout our inspection, we saw gentle shows of affection by staff, both through their actions and their conversation and tone of voice. Care staff celebrated people's appearance, for example those who had been to the hairdresser that day. People smiled and responded positively; their body language showed they were confident and enjoyed the praise.
- Staff showed a genuine interest in the well-being of each person. They recognised how the new registered manager had established an improved ethos at the home, which included celebrating people's difference. A staff member said, "I would just like to say how much the home has improved and is still improving. Staff are coming together as a good functioning team ensuring care comes first."
- We saw a change in how staff worked together regardless of their role to create a positive atmosphere. For example, a visitor described the lovely rapport between their mum and the maintenance person, who stopped by their room to chat with them.
- Staff recognised and enabled friendships between the people living at the home; people chatted with each other and looked at ease. Since our last inspection, we saw more people chose to stay in communal areas. Many people gravitated towards the end of the dining room which provided another lounge area. The layout encouraged people to socialise with each other and staff and was away from the busier thoroughfare in the main lounge.
- Since our last inspection, the engagement of staff with people as they supported them to move had improved. Staff communicated clearly and demonstrated which piece of equipment they were going to use. Staff were calm, confident, smiling and talked to the person at their level to maintain eye contact. We saw a person looking relaxed despite being transferred in a hoist into their wheelchair.

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

Respecting and promoting people's privacy, dignity and independence

- Care staff recognised how important it was to understand and get to know each person so they could provide individualised care. Throughout the inspection, staff checked with people to ensure they had understood their wishes and had their consent. A person told us, "Nothing is too much trouble. They treat me with dignity and respect."
- New staff told us how they had time to observe the care practice of more experienced staff to ensure they understood how people preferred staff to interact with them. A team leader explained how they worked

alongside staff to show them techniques that made people feel more relaxed which enabled care to take place. For example, some people living with dementia who struggled with accepting personal care, so it was important to offer support which did not make them feel embarrassed or less independent. A relative said, "Very kind and caring staff, of yes, all lovely, definitely show her respect, we are always made welcome."

- People received kind and compassionate care from staff who used positive, respectful language which people appreciated. For example, they said, "Staff go out of their way to make sure we're alright."
- Relatives felt reassured by the improved ethos of the staff group to maintain people's dignity and independence. For example, one visitor said, "I feel mum has been receiving excellent care and support." Another relative said, "It's been clear the staff are attentive to her needs and have been taking the time to get to know her."
- People had a sensor at the door of their room to alert staff if they left the room to reduce their risk of falls. This meant staff were not alerted if they chose to 'potter' around their room, which helped protect people's privacy.
- People's confidential information was stored securely or held electronically, which could only be accessed by people who needed to see it.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people were provided with person centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care records information had improved, which was personal to each individual. This had been noted by a visiting health professional. For example, how people liked to be supported, how they wanted to spend their time, what comforted them, and how their needs should be met. Care plans providing individualised preferences are important for people living with dementia who may no longer be able to express their wishes. We saw personalised information in care plans which gave important information to staff in how to work alongside people and maintain their dignity and trust.
- The registered manager and team leaders met regularly with a trusted placement assessor who worked for the NHS and local authority commissioning teams. A health professional said the registered manager and staff went the "extra mile" to meet people's individual care needs and worked closely with families. The registered manager worked collaboratively with the commissioning team to ensure they balanced complex needs with people who were recuperating and planning to return home. They were described as "very approachable and very honest", and team leaders were "knowledgeable." A community nurse fed back how a team leader had their "fingers on the pulse" whose practice was efficient and conscientious.
- There had been improvement to people's end of life care wishes. This meant people could receive the care and support they needed to reassure them, for example, the last rites or to listen to a piece of music which gave them comfort.

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

- Social events were now delivered by a skilled staff member who treated people as equals. A person who had just moved to the home told them "I don't want to be institutionalised." The staff member asked if they would like to go out for a shopping trip and for lunch, which the person indicated they would be interested in. The staff member engaged with the person about what was provided in a care home, such as meals and all the cleaning being done, which the person agreed with. They also shared their own personal experiences of being 'institutionalised' when in hospital for a stay which showed they could relate to the person's fears. Other staff commented on how much they had improved, and some relatives had noticed positive changes.
- It was clear staff knew people well and engaged with them about topics important to them, for example,

about their families, past jobs and where they used to live. For other people their national heritage was important to their sense of identity. For example, Burns night had been celebrated and a piper hired to pipe in the haggis with a toast of whisky. One person living at the home had chosen to wear a kilt and photos of the event showed it had been successful. There was a good range of social opportunities for people, including visiting musicians, quizzes, trips to the pub and cafes.

Improving care quality in response to complaints or concerns

- The management of complaints was improving. For example, how they were recorded and the tone of the response. The registered manager was supported by the new operations manager which worked well. This meant there was increased oversight of concerns and provided an extra layer of response if complainants were not satisfied with the initial response.
- Relatives told us the registered manager was approachable and responded quickly to concerns or complaints, which reassured them. However, prior to the inspection one family had contacted CQC when they were not happy with the initial response, which was then responded to by the operations manager.
- The service provided an intermediate care option to act as a stepping stone on discharge from hospital before they returned home. Some relatives were dissatisfied with the level of reablement provided by external staff and wanted more information about Ashburton House. There was a brochure for the service; it was agreed staff would ensure this was always provided to people when moving to the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We saw there were strong roles to support person-centred staff practice. Staff ensured their speech was clear and took time to ensure people understood their questions or conversation. We saw they understood the importance of engaging with people both through their words as well as their actions. People were valued and looked relaxed as they spoke with staff.
- Care plans provided staff with suitable guidance to respond to people's individual communication needs, including people living with dementia. For example, one person became anxious and responded well to staff singing their favourite songs with them. A team leader discussed with us how they approached people who struggled to accept help with personal care. They described different approaches based on the mood of the person in the moment. They also selected less experienced staff to work alongside them to help them gain confidence in their skills and gain the confidence of the individual.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems were effective to ensure good governance of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an improved approach to managing risks both to people and the environment and improved recording in most areas. During and following the inspection, improvements were made to address the issues raised in the Safe section of this report. These included the laundry cleanliness and layout of the laundry, and recording decisions linked to risk. During the inspection, the complaints and kitchen information, as well as the service user guide were updated in response to our feedback.
- Since our last inspection, the provider had reflected on their role and how the service was run and staffed. Consequently, there had been significant changes to the staff team, resulting in a positive impact on the quality of care and the running of the care home.
- The new registered manager was popular with the staff group. They said, "The registered manager has a unique way of supporting... He makes people aware of the standards we must stick to" and "The registered manager is amazing... Staffing has totally changed, we work as a team, the new starters come together. Best job I have ever had." At the inspection, the new registered manager said they were due to develop their role across all three of the provider's care homes to promote a consistent approach to care and quality assurance. They were supported by the director of operations, who had many years of experience in social care.
- A deputy manager had been appointed the same week as our inspection and was being mentored by the new registered manager with the aim for them to manage Ashburton House in the future. A new nominated individual had also been recently recruited; they had already built up a good working relationship with the provider, the director of operations and the registered manager.
- Most of the care staff had not been working at the home at the time of the last inspection. We saw they had established good teamwork in a short space of time and were keen to take up training and improve their skills further. There were team leaders with a strong focus on role modelling good practice to new care staff. They said, "I think it's a really good place to work, it's a happy place, with a nice atmosphere. Staff are really caring, there is strong and friendly management." Another staff member reflected on how they used to

be angry in the past because of poor care by colleagues, they embraced the ethos of the new staff. They said, "The new staff recognise it's the residents' home, not people living in our workplace... I think it's going really well, much brighter, most important, the people are happier, there's a lot of laughter."

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

- During the inspection, the provider told us they paid and subscribed to a policy company, but the account had not activated by the previous management team, so practice had not been based on key policies. This was now being addressed.
- Audits had been introduced or were being developed to be more effective and meaningful to achieve good outcomes for people. For example, using a 'Resident of the Day' approach meant that all aspects of the person's experience were considered, including their social and dietary wishes. Staff from different departments were involved in the review and told us their feedback was valued.
- There was also an audit tool used called 'Focus of the Week' for the staff group. The registered manager had introduced a style of interactive on-line training, which was engaging and was completed by the management team too. Audits were completed in line with Health and Social Care Act and risks were clearly colour coded as an easy reference.

Continuous learning and improving care; 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

- Systems to support staff were improving including regular supervision, observations and a range of training. Work was beginning to discuss staff taking on champion roles where they would lead on good practice, for example in infection control. Staff told us they were supported to develop their skills and confidence. This had led to promotion for staff in recognition of their care practice and leadership skills.
- Visitors whose relatives had lived at the home during the last inspection told us their confidence had grown again in the service. A meeting had been held where the new registered manager talked about the previous CQC inspection and reassured people about the changes made to improve the service. One relative wrote to us and said, 'I am firmly of the belief that Ashburton House has made a huge amount of progress since the last inspection...'
- Visitors told us they would recommend Ashburton House to others. For example, due to the "warm friendly atmosphere" and "Staff are looking after her in the proper manner, very pleasantly surprised, a breath of fresh air there." They also commented their relatives' reactions, which were positive.

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

- People looked at ease with staff and were given time to express their views and preferences on day to day choices. This included people living with dementia.
- Relatives were confident about expressing their views and giving feedback. They gave us examples where minor issues had been addressed. They said the registered manager was "very approachable and friendly."
- Visitors told us the communication from the staff team had improved which reassured them as they felt their role in their relative's happiness and well-being was recognised. They described staff as "pro-active with information and kept in touch." They were told of health changes or any incidents in a timely manner. Staff also kept them updated about social events and photographs were taken showing people's positive responses. The photos showed a variety of individualised and group social activities.
- Staff clearly felt they were working as a team with the same goal to provide a safe and caring home for the people living there. The atmosphere was noticeably different from our last inspection with staff engaging with people and working well together.

### Working in partnership with others

- The new registered manager had built good working relationships with health and social professionals to the benefit of people living at the home. For example, there was an improved admissions process which helped ensure people's care needs could be met. This allowed for a more considered approach which also balanced the needs of people already living at the home. Health and social care professionals shared their positive experiences of working with the new registered manager and the staff team with us.
- The staff team valued the role of external professionals and what they could learn from them. They described as having "a very good relationship with the district nurse team" and "working closely with professionals." A social worker said, "It's very refreshing to see the really positive outcomes we can achieve when we all work together."