Alliance Home Care (Learning Disabilities) Limited

Ashdale House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an unannounced inspection at Ashdale House on 16 and 17 January 2017 to check that the provider had made improvements to previous concerns and to confirm that legal requirements had been met.

We had carried out an inspection on the 3 December 2014 to follow up on concerns identified to us. We found the provider had not met the regulations in relation to safe recruitment of staff, supporting staff, quality assurance and records. A further unannounced inspection and took place on 14 and 25 September 2015 where we found improvements were still required in relation to quality assurance and records. We also found improvements were required in relation to the safe management of medicines. The provider sent us an action plan and told us they would address these issues by 30 December 2015.

We undertook another inspection on 13 and 14 June 2016 where we found improvements had been made however not all legal requirements had been met in relation to quality assurance and people's records. We met with the provider and registered manager to discuss our concerns and issued them with a Warning Notice in relation to records and quality assurance. A Warning Notice is part of our enforcement powers. It informs the provider that we may take further action if they do not comply with the notice. It also gives the provider a timescale within which they must comply.

We also placed the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. Services in special measures are kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. At this inspection we found significant improvements had taken place and the service is no longer in 'special measures'.

Ashdale House provides support and accommodation for up to 11 young people who are living with a learning disability, autism and mental health issues. Ten people lived at the home at the time of our inspection and all required some assistance, including personal care and support to go out. People had a range of care needs, including limited vision and hearing; and some could show behaviour which may challenge themselves and others. Some were verbally unable to share their experience of life in the home because of their learning disability.

The home was a converted older building, with bedrooms on four floors, there was a lift to enable people to access all parts of the home. There was a secure rear garden where people could spend time outside.

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

We found significant improvements had taken place since our last inspection. The registered manager was aware of where improvements were required and was working to ensure these were made and embedded into everyday practice. There was a system to assess the quality of the service provided and this had improved since our previous inspection. However, the audit system had not identified the lack of 'as required' (PRN) protocols and guidance in relation to topical creams. This did not impact of people because staff had a good knowledge of their care and support needs.

People's care plans and risk assessments were detailed, they reflected their needs and daily notes showed what support people had received throughout the day.

Staff knew people well and had a good understanding of their personal histories, likes and dislikes and individual needs. They were committed to ensuring people were happy and enjoyed their life. Staff understood the risks associated with supporting people and knew what they should do to help people remain staff without limiting their independence.

People were given choices about what they would like to do each day. We observed staff supporting people appropriately throughout the inspection. People were supported to take part in a range of activities of their choice. Staff worked with people to ensure they enjoyed what they were doing each day.

People received their medicines when they needed them in a way that suited their individual preferences. People were protected against the risk of abuse because staff had a good understanding of the safeguarding process. They were aware of what may constitute abuse and what actions they would take if they believed people were at risk.

The recruitment procedure ensured only staff suitable to work at the home were employed. There were enough staff working each day to ensure people's needs were met in a way that supported their individual preferences and choices.

Staff received the training and support they needed to ensure they had the appropriate knowledge and skills to look after people. The manager and staff had a good understanding of mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) and how this may affect people.

People were supported to have access to healthcare services to help them maintain good health. They were given choice about what they wanted to eat and drink and were involved in planning their meals. Staff supported people to make healthy choices around their diet.

The registered manager was working hard to ensure improvements made were sustained and the quality of the service continued to improve. There was an open and positive culture at the home. This was focussed on ensuring people received good person-centred care. Staff told us they felt supported and enjoyed working at the home.

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

Ashdale House was safe.

Medicines were stored, administered, disposed of and managed safely.

Staff understood the risks associated with the people they supported and risk assessments were in place.

There were procedures to safeguard people from abuse.

There were enough staff, who had been safely recruited, to meet people's needs.

Is the service effective?

Good

Ashdale House was effective.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and DoLS.

Staff received the training and support they needed to look after people effectively.

Nutritional assessments were in place and people were supported to maintain a healthy diet.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

Ashdale House was caring.

Staff knew people well and treated them with kindness, respect and understanding.

People were involved in making decisions about what they did during the day.

Staff understood people's needs and preferences and communicated with them in a way that met their individual

needs.

Is the service responsive?

Good

Ashdale House was responsive.

People received the support they required and their needs were met.

People made individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in activities of their choice and try new activities. Staff supported them to participate when they wanted to.

There was a complaints policy and people approached the manager or staff with any concerns.

Is the service well-led?

Requires Improvement

Ashdale House was well led and was meeting the legal requirements that were previously in breach. However, these improvements need time to be fully embedded into everyday care delivery.

The registered manager was working hard to ensure improvements were sustained and the quality of the service continued to be improved.

There was an open and positive culture at the home. This was focussed on ensuring people received good person-centred care. Staff told us they were well supported by the registered manager.

There was an audit system in place that helped identify shortfalls and areas for improvement.

Ashdale House

Detailed findings

Background to this inspection

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

This was an unannounced inspection on 16 and 17 January 2017. It was undertaken by two inspectors. Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at three care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked 'three people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We met with everybody who lived at Ashdale House; we observed support which was delivered in communal areas to get a view of care and support provided across all areas. As some people had difficulties in verbal communication we spent time observing people in areas throughout the home and were able to see the interaction between people and staff.

Following the inspection we spoke with the relatives of three people who lived at the home and four health and social care professionals to get feedback about their opinion of support provided.

Good

Is the service safe?

Our findings

Throughout the inspection we saw people were comfortable in the presence of staff. We observed them approaching staff, and happily spending time in their company. Family members we spoke with told us their relatives were safe living at the home.

People received their medicines safely. Medicines were stored in a locked cupboard in the office and given to people individually. Some people knew when they needed their medicines and approached staff at that time. We observed one person doing this and they were fully engaged with staff throughout the process. Not everybody came to the office for their medicines. Staff took their medicines to them and made sure they had taken them before signing the Medicine Administration Record (MAR). Some people had been prescribed (PRN) medicines which they took if they needed them, for example if they were experiencing pain or were agitated. Although individual protocols were not in place, staff told us how they knew when these medicines were required. Care plans included information about how people would express themselves when in pain. One staff member told us how they were aware when one person was constipated, how this would be displayed and action they would take. If people declined medicines staff told us they would leave the person but try again later. If people continued to decline this was recorded and advice sought from the person's GP or on-call doctor.

One person had required a change to the dose of their prescribed medicines which had to be introduced over a period of time and included different dosage each day. Staff had worked with the prescribing doctor and pharmacist to ensure there was clear guidance in place and the MAR reflected what had been prescribed. Staff told us they followed the MAR, but checked the doctor's letter to ensure the dosage was correct. Staff recognised the importance of people receiving their medicines as they had been prescribed. Staff received training and had their competencies assessed to ensure they had the appropriate knowledge and skills to administer medicines.

Staff understood the risks related to people they supported. There were a range of risk assessments in place. The risk assessments identified the risk, who was at risk and what actions were required to minimise the risk. Risk assessment's included guidance about what action to take if people demonstrated behaviours that may challenge themselves and others. This included what may trigger the behaviour and steps staff should take to prevent it occurring. Staff were aware of what actions to take in given situations and there was guidance within the risk assessment.

Following an incident or accident staff recorded what happened and what action had been taken at the time. This was then checked by the team leader and completed by the manager to demonstrate they were aware and whether further actions were required. Some people displayed behaviour that may challenge themselves and others, which on occasions caused an incident to occur. This was recorded on a behaviour chart and included information about any triggers, what had happened and actions taken. Incidents were analysed for each person every month to identify and themes or trends. The registered manager had identified a trend for one person and measures had been put in place to prevent a reoccurrence. Information about accidents, incidents and behaviours was shared with staff at each handover. Staff were

aware of their own responsibilities for completing incident and accident forms and informing senior staff. Throughout the inspection staff supported people who lived with behaviours that challenged in a calm, appropriate and safe way.

People were protected against the risks of harm and abuse because staff knew what actions to take to protect people if they believed they were at risk. Staff had received training on safeguarding adults. There was guidance for staff to follow if a safeguarding concern had been identified, this included reporting to senior managers within the organisation. Staff were clear that safeguarding concerns must be reported to the local safeguarding authority and told us they would ensure this was done. Staff told us if they felt the registered manager or other senior managers had not taken their concerns seriously or if appropriate steps had not been followed they would contact the local safeguarding authority themselves.

People were protected as far as possible by a safe recruitment process. The recruitment processes ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Records included application forms, interview records, identification, two references and a full employment history. Each member of staff had a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or people at risk. Some staff had commenced their training and induction before their DBS checks had been received. They did not have contact with people during this time and we saw a risk assessment was in place to support the decision. The registered manager told us this practice no longer happened and DBS checks now took place before staff commenced their induction. Where staff were found not suitable to work at the service then appropriate disciplinary measures were taken and where necessary referrals were made to the DBS.

People received support from an appropriate number of staff each shift. Some people required one to one or two to one support and we observed there were enough staff on duty to ensure this happened. People had access to staff when they needed them and had the appropriate support when they went out. Agency staff at the home worked their permanently and knew people and the service well.

Regular health and safety checks included water and fire safety checks took place. There had been a recent fire risk assessment completed, we saw work was required but this was not urgent and would be addressed by maintenance staff. There had been a fire drill during 2016 which had not gone well, this had been repeated a few weeks later which the registered manager told us had been a great success. There were systems to deal with emergencies which meant people would be protected. There were detailed personal evacuation and emergency plans for everybody. The home was staffed 24 hours a day with an on-call system for management support and guidance. There was regular servicing for gas and electrical installations. The provider owned two vehicles which were used by staff to support people. These were regularly serviced and maintained to ensure they were safe and roadworthy. Day to day maintenance was recorded and signed when completed. The home was clean and tidy. There was evidence of ongoing maintenance and refurbishment throughout the home.

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had an understanding of how to support them appropriately. One relative told us, "The training seems to be ongoing; the staff need to have the right attitude." They went on to say, "The carers are comfortable around my relative and they treat (my relative) wonderfully." Another relative said their loved one was happy at Ashdale House and this had a positive impact on the whole family knowing they were happy.

Staff were able to tell us about the MCA and DoLS. However, the registered manager had identified some staff needed further training to gain a more in depth knowledge. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
There were currently DoLS authorisation and applications in place for people as they were under constant supervision by staff. There was information in people's care plans about their mental capacity, how the support they received may deprive them of their liberty and why these were in place. There was information to show staff had discussed these with people and the outcome. For example, one person had been unable to retain the information and another person had become distressed, so the process had been stopped. There were consent forms in place to demonstrate the person had agreed to have their photograph taken. The form stated if the person was unable to sign this could be done by their next of kin. Although the form had been signed by people's next of kin the registered manager had recorded this had been done following a discussion and was done in the person's best interests. The registered manager told us no-one was authorised to make decisions on people's behalf, therefore all decisions were subject to best interest discussions.

Care plans included information about decisions people could make for themselves. People were able to make decisions about everyday events such as what to eat and what to do. Care plans reminded staff to ensure people were given choice and involved in making decisions and this is what we observed throughout the inspection. One staff member told us, "People can make choices and that's what we let them do."

When staff commenced work at the home they completed an induction and 'shadowed' experienced members of staff for two weeks to ensure they were competent to work unsupervised. Staff spoke positively about the induction which included training, the opportunity to observe best practices and getting to know people to provide safe and high quality care. One staff member said, "For an absolute beginner the staff team were really great, they were a real help and it's never stopped." Another staff member who was new to care told us they had been supported to undertake their role and they did not work with people until they felt confident to do so.

There was an ongoing training programme and training updates were identified by the registered manager and completed by staff as necessary. Staff received training in relation to infection control, first aid and moving and handling. In addition they received training specific to peoples' needs, for example learning disability awareness, autism and Positive Behavioural Support (PBS). PBS training ensures that staff can effectively deliver person-centred support for people whose behaviour may challenge themselves or others. The registered manager told us the provider had changed the training company for PBS but this training had not been effective, therefore they had gone back to the original trainer. This meant staff received training that was appropriate to meet people's needs.

Some people used Makaton, or forms of Makaton, to help them communicate and staff received training to support people before they worked with them. Makaton is a language programme which uses signs and symbols to help people to communicate. The registered manager told us previously not all staff were able to communicate with one person. However, this had changed and all staff spent time with the person learning how to communicate with them. This helped ensure there were always staff on duty who had the appropriate skills to support people. Staff told us the training they received enabled them to provide people with the support they needed. Future training updates had been booked and there were reminders to staff to complete their online training. This included a date when it should be completed by.

Staff supervisions were completed regularly and provided staff with the opportunity to discuss any concerns, workloads, goals and personal development with their line manager. Records of the supervisions showed that they were also used to identify any further training required by staff. Staff told us they were supported by the registered manager, deputy manager and team leaders. One staff member said, "Everyone is really supportive."

People had a choice of food and drink throughout the day and were encouraged to eat meals that were nutritious and healthy. They were supported to choose and prepare their own breakfast and lunch with staff. People ate these meals at times that suited them. The main meal was eaten in the evening. There was one choice each day and this had been developed with people through discussion. People and staff had planned a four week menu which included meals most people enjoyed. The weekly menu and the menu for the day was displayed on the wall. Where people did not like the meal for the day or had very specific choices, these were respected and people were supported to eat food that they preferred. Some people enjoyed eating out during the day and this often included 'fast food' and this was included in people's daily activity plans. Staff were aware of the importance of healthy diets and ensured meals provided at the home were freshly made and as far as possible healthy. People told us, or indicated that they enjoyed their meals. Staff were aware of how people, who were unable to communicate verbally, let them know they needed something to eat or drink, for example standing by the kitchen.

Nutritional plans were in place and these provided staff with guidance about people's dietary needs and choices. Staff knew people well and understood these needs and preferences. Some people had specific dietary needs. Some people liked to drink a lot throughout the day and there was guidance in place about how staff should support them. For one person this meant putting a specific number of tea bags into a box each morning so they knew how much tea they were able to drink during the day. Some people had choking risk assessments because they were prone to eating their food too quickly. There was guidance for staff to remind people to eat slower and for others to ensure food was cut into bite size pieces. Where necessary, detailed fluid charts were in place to ensure people were drinking acceptable amounts. What people had eaten each day was recoded in their daily records.

People were supported to maintain good health and received on-going healthcare support. People were supported to maintain good health from the appropriate healthcare professionals. This included the GP,

dentist, optician and chiropodist. Where people had specific health needs they received regular checks and advice and there was a system to ensure people who required regular monitoring, for example blood tests received them. Where people's health changed they were supported to obtain appropriate care and treatment. Visiting healthcare professionals told us staff responded appropriately to ensure people maintained good health.

People had hospital passports which they took with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person. They include important information and provided hospital staff with a straightforward guidance about supporting the person. People also had health action plans. These had been discussed with people. A health action plan is a personal plan about what people need to do to stay healthy for example low sugar diet or regular dental check-ups.

Good

Is the service caring?

Our findings

Staff spoke about people with genuine care and affection. They told us the focus of each day was for people who lived at the home. One staff member said "Every staff member works to ensure each day is the best possible for people." We asked relatives if staff were caring. One relative said, "Staff are most definitely kind and caring and they most definitely, one hundred percent treat my relative with dignity and respect." Another relative said, "The most positive thing about the home is my (relatives) key worker. She is absolutely fantastic. I can't fault her at all."

People were treated with kindness, respect and understanding. Conversations and interactions between staff and people were positive, engaging and supportive. Relatives told us their loved ones were supported by staff who wanted to be with them. One relative said, "He is treated like there's nothing wrong with him, like a human being not as someone who has (a learning disability)." Another relative told us the most positive aspect of their loved one's care and support was that, "The carers want to do it and they enjoy it. It doesn't seem like a chore. They want to interact."

The atmosphere at the home was calm and relaxed. There was an open and friendly relationship between people and staff. Staff were attentive and supported people with good humour. During the inspection, we observed and heard a lot of friendly chat and laughter between people and staff. Staff knew people well and people were familiar with staff. They were happy to approach them if they needed support or had concerns or worries. Staff were alert to people, their needs and behaviours and were aware of what people were doing and how they could support them.

People were supported as far as possible to maintain their independence, gain new skills and choose what they did during the day. People got up at a time that suited them, we saw people coming downstairs to have their breakfast when they were ready each morning. Some people had chosen to have a 'lie-in' and this was respected by staff. Staff had a good understanding of people as individuals; they were able to tell us about their support needs, choices, personal histories and interests. People were involved in decisions about their day to day care and support and were able to decide what care and support they required. Where appropriate staff reminded, prompted and encouraged people to participate in their own support and this was recorded in their care plans.

People planned their week with staff and there were activity timetables for people. Although these activity timetables were in place, people were still supported to make their own choices. During the inspection one person was due to go out for the morning but decided not to and chose to stay at home and spend time with staff and other people. Other people were offered the opportunity to take this person's place on the trip out if they wished to.

People were supported by staff to dress according to their individual tastes. People looked well-presented and well cared for in clothes that were clean and well-laundered. Staff treated people with kindness, they respected people and helped them to maintain their own individuality. People's bedrooms were decorated in their own style, furnished with their own possessions and in a way that suited the needs of the person. For

some people this meant their bedrooms contained limited possessions to prevent them from injuring themselves or others. People's bedrooms had been decorated in the colour of their choice. Staff were supporting one person with their current redecoration.

People were treated with dignity and their privacy was maintained. Staff knocked before they entered people's bedrooms and spoke to them discreetly when they needed to. Staff supported people who displayed behaviour that may challenge themselves or others with kindness and understanding. This meant people maintained their dignity and helped to reduce or limit their distress. Relatives told us if their loved one displayed behaviour that may impact on their dignity, staff supported them appropriately and ensured there was minimal impact on their dignity.

People were supported to express themselves and communicate their needs. Where people were unable, or less able, to communicate verbally, staff were able to communicate in a way that met their individual needs. Some people used an adapted form of Makaton to suit them. One person required staff to speak using single words or very short sentences. Staff told us other people responded well to hand gestures as a way of communication. Communication passports were in place and included information about how people communicated. Communication passports are a tool which clearly explains the unique ways in which a person communicates. They are used to assist any staff member or professional to communicate effectively with them and are a person-centred way of supporting people who cannot easily speak for themselves. Care plans reminded staff to allow people time to respond both in what they said and what they did.

People were able to continue relationships with those who mattered to them. This included visits from their family and friends and time away from the home with family. Some people contacted their family by telephone and others had regular skype calls. Some people had advocates who supported them to make decisions and express their choices. The registered manager was in the process of arranging for another person to have an advocate to enable them to make specific choices about their future.

Good

Is the service responsive?

Our findings

People's care was personalised to their individual choices and preferences. They received support which met their needs and wishes. Staff knew people well and understood the support they needed. People chose how they spent their day, what time they wanted to get up and what they wanted to do. Staff consistently involved people in decisions about their day to day support. Relatives we spoke with told us they were kept updated about changes in their loved one's health or support needs. One relative said, "I think he has a care plan but we tell them our views anyway."

Most people went out during the day and took part in various activities or college courses. Some people had specific hobbies and interests which they were supported to continue. People enjoyed swimming and one person played football with a local team. A new member of staff had introduced people to sailing, a few people had participated and there were plans to offer this to more people. Staff understood the importance of supporting people to do what they enjoyed but also offer the opportunity to try new things. Each person had a key worker who supported them and identified what they may like to do each week. This included different college courses and activities.

For some people routine and structure were an important part of their day. Staff were aware of people's routines and how they needed to be followed to ensure consistency. One person's care plan reminded staff not to offer something to the person unless they knew it could be delivered. It also reminded staff if for example a planned activity had to be cancelled, a similar alternative must be provided to prevent the person becoming distressed. Some people liked to go out for drives and this was an important part of their day. Staff were clear about why people went out for a drive. They told us some people liked to go for a walk in a local forest with staff, another person would accompany them and although they did not get out of the vehicle they really enjoyed the drive there and back.

People received support that was person centred because staff knew them well and care plans reflected their needs. One relative told us of the positive impact their loved one's key worker had had on their life. They told us how the person had been supported to make choices and decisions. They said, "Having this key worker has made a big difference, he talks about her when he is home. Before, they were chopping and changing different carers and managers."

Care plans were developed and reviewed, with people as far as possible, and their representatives. One person's care plan stated their care plan had been explained to them but they lacked capacity to fully understand therefore it had also been shared with their representative. This had been recorded on the personal profile document, which gave an overview of the individual that they had not fully participated but contributed when asked about specifics such as their likes and dislikes. Care plans contained information about the support people needed. Each person had a detailed person-centred history about themselves. This informed staff about the person, their individual choices and preferences. Staff were updated about people's needs at each handover. Support was personalised in terms of an appropriate mix of female and male staff, to ensure people's preferences were met.

Some people lived with behaviours that may challenge themselves and others. Staff were aware of what may trigger people's behaviours and were attentive to prevent, as far as possible, this from happening. This included distracting people and offering assurance and support. Care plans included information about triggers and how staff should support people appropriately. Staff had worked with external professionals to support people and reduce the behaviours that may challenge themselves and others.

People and relatives were asked for feedback about the service through quality assurance surveys. Where issues had been raised, these were addressed with the person who raised them. The registered manager told us there had previously been residents meetings but these had not been effective. People were regularly asked for their feedback at key worker meetings and on a daily basis. There was a complaints procedure in place and complaint were addressed appropriately. The registered manager had identified that on occasion's comments made by people and visitors had not been recorded. Although these were not official complaints they were now recorded and addressed to identify any themes or trends across the service and prevent more formal complaints arising. It also demonstrated people and visitors were listened to and their concerns acted on. During the inspection it was clear people would approach the manager and staff if they had any concerns and these were addressed. Relatives told us they were happy to raise any concerns they had. One relative said their views and wishes were, "Most definitely" listened to.

Requires Improvement

Is the service well-led?

Our findings

We had carried out an inspection in December 2014 to follow up on concerns identified to us. We found the provider had not met the regulations in relation to quality assurance and records. A further unannounced inspection and took place in September 2015 where we found improvements were still required in relation to quality assurance and records. We undertook another inspection in June 2016 where we found improvements had been made however not all legal requirements had been met in relation to quality assurance and people's records. We met with the provider and registered manager to discuss our concerns and issued a Warning Notice.

At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

There was a quality assurance system to monitor the quality and safety of the service and make continuous improvements. A range of audits were carried out to monitor the quality of the service, this included infection control and the safety of the premises. However, we found the audit system had not identified there were no PRN protocols in place and no detailed guidance in relation to topical creams. This did not impact of people because staff had a good knowledge of their care and support needs. We identified this to the registered manager as an area that needs to be fully embedded into practice.

Relatives we spoke with told us about the concerns they had over the previous few years and how this had impacted on their loved ones and their own lives. It was clear this had been a distressing and worrying time for them. One relative said, the management has settled down. Eighteen months ago there was a problem with management. I have nothing but praise it has improved one hundred percent." Other comments included, "The home is very well managed, they have finally got people who want to do the job," and "The managers are brilliant, they have changed the place around." Relatives told us how this had impacted on their loved ones. One said, "Before, the respect was dreadful, now it is fantastic." Another relative said, "The most positive thing is that the carers want to do it and they enjoy it. It doesn't seem like a chore."

The registered manager had a very good oversight of the service and was aware of areas which needed further development. For example staff with key worker responsibilities were required to complete a monthly written review of the person they were supporting. This had not been completed for all people and for some others the review was not detailed. The registered manager had identified this and was taking action to ensure they were fully completed.

People's care plans and risk assessments contained all the information staff required to support people. Daily notes were detailed and described what people had been doing during the day, their mood and any incidents that may have occurred. The registered manager told us on occasions these still needed more detailed information and was monitoring the daily notes to ensure improvements continued and were fully embedded into practice.

There was a robust system to monitor accident and incident forms, they contained information about what actions had been taken to prevent a reoccurrence. The accident and incident forms were analysed each month to identify and themes and trends. Where people had a change in medicines or routines incidents were analysed to identify if they were related to the changes. This meant people were protected as far as possible from harm due to recurring incidents.

The registered manager worked at the home most days and was a visible presence there. People knew her well and she was approachable both to people and staff. The registered manager knew people well and had a good understanding of their needs and the choices they made. Staff consistently told us they felt supported by the registered manager and could discuss issues with her at any time not just during supervision. One staff member told us, "I can discuss anything with the registered manager, she's very open." Staff had completed a feedback survey where they were asked for their views on the service and the support they received. There were regular staff meetings where staff were updated about changes to the service and given opportunities to discuss people's care and support needs. Staff were aware of their individual roles and responsibilities and knew who they should report concerns or changes to.

There was a positive culture at the home and staff were focussed on improving day to day life and experiences for people. The registered manager was continuing to work hard to ensure the positive culture was sustained through staff recruitment, supervision and observation. Staff told us they enjoyed working at Ashdale House. One staff member said, "We're a close and connected team here, everybody is supportive." Another staff member said, "It's hard work but I look forward to coming to work. Management are really supportive."