Care Quality Commission

Pathways Care Group Limited

Ashleigh House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 28 September 2015. The inspection was unannounced.

Ashleigh House is a residential care home for up to 30 people based in Darlington. The home provides care to people living with dementia and people with mental health problems. It is situated to the north of Darlington, close to local amenities and transport links. On the day of our inspection there were 14 people using the service.

The home had a registered manager. 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 spoke with care staff who told us they felt supported and that both the registered manager and area manager were always available and approachable. Throughout the day we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. The atmosphere was calm and relaxed and we saw staff interacted with each other and the people who used the service in a very friendly, positive and respectful manner.

Summary of findings

From looking at people's care plans we saw they were written in an easy to read and person centred way and made good use of photographs to describe their care, treatment and support needs. These were regularly audited and updated. The care plan format was easy for service users or their representatives to understand and we could see that some family members and people had signed their care plans.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: the mental health crisis team and care managers.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face training and eLearning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

We looked at how the service administered medication and how they did this safely. We looked at how the records were kept and spoke to the area manager about how staff were trained to administer medication and we found that medication administering process was safe.

During the inspection we witnessed staff have positive rapport with the people who used the service and the interactions that took place were natural. The staff were caring, positive, encouraging and attentive when communicating and supporting people.

We observed people were encouraged to participate in a range of activities that were personalised and meaningful to them. For example, we saw staff spending time engaging people with people on a one to one basis on an activity and others being supported to go out and be active in their local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices of drinks and the menu that also offered choice.

We found the building and outside garden area and smoking area met the needs of the people who used the service.

We saw a complaints procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services.

We found an effective quality assurance survey took place regularly and the results were on display. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People's rights and were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

Staffing levels were appropriate for the service and staff were recruited using robust procedures and safety checks.

Medicines were managed and stored appropriately.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

The staff had regular supervisions and training to support their role and further their personal development. Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

The registered provider understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were aware of, and had access to advocacy services that could speak up on their behalf.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People were assured that information about them was treated in confidence.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Summary of findings

Where appropriate, people had access to activities, that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends, relatives and the local community.

Care plans reflected people's current individual needs, choices and preferences

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs, activities and lifestyles.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

Ashleigh 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. At the inspection we spoke with five people who used the service, the registered manager, the area manager and two of the support staff.

Before we visited the home we checked the information that we held about this location and the registered provider. We checked all safeguarding notifications raised and enquires received.

The registered provider was not asked to complete a provider information return prior to our inspection (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the registered provider to tell us about the improvements they had made or any they had planned to make.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed staff training records, recruitment files, medicine records, safety certificates, and records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Following our inspection we spoke with two professionals from the mental health crisis team and the local authority social work team who have regular contact with the people who use the service and asked them to share their observations of the service and captured their feedback within our report.

Good

Is the service safe?

Our findings

The people using the service that we spoke to told us that they felt safe. One person invited us to see their bedroom and spoke to us privately and told us; "I'm safe here, the staff help me, they give me my meds." We saw in the recent survey results from the people who used the service that they had responded positively to the question 'Are things safe on your room, like your TV, clothes, money etc?' and 100% responded 'Yes always.'

This service was safe, because we found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounge and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. There was a newly appointed infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection.

Staff carried small alcohol hand gels on them to clean their hands. People and visitors were supported by staff in understanding the need for good hand hygiene and how this was promoted in order to reduce the risk of spreading infections. All shared areas; kitchen, laundry, bathrooms, toilets and shower rooms had access to hand washing facilities including use of liquid soap, hand gels and paper towels.

We saw the home had procedures and clear guidelines about managing infection control. The staff had a good knowledge about infection control and its associated policies and procedures. From looking at the staff training records we could see staff were trained in managing infection control. We saw that the home followed the Department of Health infection control guidance and had an infection control action plan in place and they were inspected by the Clinical Commissioning Group (CCG) infection control team regularly.

We found the location was close to transport links to the town centre. The layout of the home was peviouosly a residential home for the elderly and the service had made some improvements to make it suitable for the people who lived there. It is a double story building that is easily accessible, , safe, and well maintained. The home also had an outdoor area with seating and garden that people could access. We saw that there were no restrictions placed on people's movements inside the home, and people had access to the safe enclosed garden.

We saw that the care files held enough information about people's history, care, treatment and support needs before they were admitted to the service. This meant that staff had a good knowledge and insight about people's individual needs to enable them to keep people safe. We saw that people's needs were risk assessed and care was delivered in a way that enabled people to remain safe. For example; enabling an individual to have hot drinks independently by reducing the risks involved.

We saw up to date personal emergency evacuation plans (PEEPs) were in place in the care plans for people who used the service. These included important information about the person and information for staff and emergency services on how to assist each person safely and the assistance required for each individual.

We looked in the medicine storage room that was a locked room and saw that the cabinets were also locked and securely fastened. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees recommended guidelines. We saw the medicine records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We checked the medicines prescribed for three people; we found these records to be accurate. There was a medication communication book in the room that was updated and checked by the staff at the handover of each shift and this enabled staff to communicate any changes to medication. There was some liquid medication that didn't have an opening date on and this was discussed with the area manager who assured us that this would be addressed immediately.

There was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, as and when needed medication protocols. These were readily available within the MARS [Medication Administration Record Sheet] folder. However, we saw in the medication records that one of the protocols in place for administering "as and when"

Good

Is the service safe?

medicines needed was not updated and this was pointed out to the area manager by the inspection team. The area manager has assured us that the record would be reviewed and updated immediately.

Each person receiving medicines had a laminated photograph on their identification sheet and on their pack of medication. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet. We saw records to confirm that staff had received appropriate medication training. The area manager told us that they had recently changed to a new medication supplier and told us that, "This new system works much better, people can take a pack of what they need when they go out with staff or on holiday, it's so much, safer and simpler."

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve and keep people safe. When we asked the staff if they knew how to raise concerns they told us; "If I wanted to raise an issue and if things weren't right I would go straight the manager or the area manager"

The area manager and staff we spoke with told us there were enough staff to meet the needs of the people who used the service. One of the staff members we spoke with told us; "It would be better if people didn't call in sick, but we all cover the shifts. There is enough of us to help each other out and we do this." The area manager told us that; "We use a one member of staff to five people ratio to cover the shifts and when we have more people using the service we will recruit more new staff." We saw rotas that confirmed staffing levels were provided at the levels stated by the area manager.

We found staff had been recruited safely. All staff completed a formal application process and their backgrounds were checked to ensure they were safe to work with and care for people. This included references from two previous employers, checks for any criminal activity, and obtaining explanations for any gaps in employment history.

The service had a robust recruitment procedure in place that had the needs of people at its core. As far as possible, people who used the service were part of the staff recruitment process. A member of staff who had been interviewed by a person who used the service told us about her experience of recruitment; "The service user who interviewed me was fully involved and would tell me often that she 'got me the job' she asked me questions at the interview and later told me 'she loved taking part'."

We saw that the registered provider had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperature, safe waste disposal, room temperatures, cold water storage, and legionella risk assessment.

Weekly room checks were carried out by the maintenance worker and we looked at the records from these checks included the following; mattress checks, furniture, cleanliness, electrics and room décor.

Regular fire alarm testing was carried out in the home and we saw the records that recorded adequately this along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We also saw that the service had an business continuity plan in place and this covered a range of emergency situations, and held emergency contact details and actions to take in the event of; flood, fire, pandemic, staff absence, loss of telecoms, loss of the building or severe weather.

Good

Is the service effective?

Our findings

During this inspection, there were 14 people using the service. We found there were skilled and experienced staff to meet people's needs. We observed people throughout the day. We saw that when people needed support or assistance there was always a member of staff available to give this support. We spoke with three members of staff and they said they felt there were enough skilled staff to support people effectively. In addition when we spoke with the people who use the service they told us; "There is staff around to help me, staff help me to shop for food and to make the meals."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. They also completed induction training to gain the relevant skills and knowledge to perform the role. Staff had the opportunity to develop professionally by completing an NVQ (National Vocational Qualification) level 2 or 3 in health and social care. Training needs were monitored through staff supervisions and appraisals. One member of staff told us that; "The induction was good I spent the first week at Teesside University on different courses like safeguarding, dementia awareness and health and safety. After the course finished I was shadowing other staff until I felt more confident."

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; first aid, medication, suicide and self-harm, mental capacity and deprivation of liberty, fire safety. Other more bespoke training for the service included; alcohol and drug abuse and [MAPA] the management of actual or potential aggression.

When we spoke to the staff and they confirmed that they were attending ongoing training. One staff member told us that they were currently undergoing an NVQ in health and social care and told us; "A company comes in to assess me while I'm here at work, I get lots of support with training, I enjoy the training, its additional knowledge that's good to have."

We saw regular six weekly staff meetings took place. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. When we spoke with staff, they said; "Team meetings are regular, every six weeks and we can just tell the manager our ideas to make things better."

Individual staff supervision sessions took place regularly and staff told us they found them useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours. One member of staff told us how they used a team meeting to put access their ideas and told us, "We used to have a book of phone numbers and we decided it would be better to use a card index to save time especially when ringing round the staff, or finding numbers quickly."

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people helping themselves to drinks and snacks and being offered a varied selection of choices. Some people had supplies of drinks in their room of their choice. The menu that we looked at was balanced and offered two choices and was compiled by the people who use the service to reflect their favourite meals. The menu also offered a vegetarian choice to reflect people's choices and staff told us; "We have a take away night every other weekend. Everyone makes their own breakfast and we also get those who want to involve with preparing and cooking the evening meal."

We saw one of the people who use the service making their own bacon sandwich for breakfast and another was getting ready to go into town to buy ingredients for the evening meal that they were helping to cook later on in the day. One of the people who use the service told us "I choose to make my own lunch. I'm having beans on toast today, I'm happy here."

In the recent quality survey results that we saw on display reponses from the people who use the service to the questions; Do you have enough to eat? And is the food at the home good? 93% had responded 'Always'.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent

Good

Is the service effective?

or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so.

There was no one using the service at the time of our inspection that required a DoLS authorisation although were assured by the area manager that they were aware of the process involved and had submitted an application previously. We also saw in the staff training matrix that staff had received training on DoLS and the MCA.

Good

Is the service caring?

Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person told us; "I can go out whenever I want the staff are always here to help me, I like going out for fish and chips with the staff."

During the inspection we saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people sharing a joke together and having a laugh.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, "In the past year I have spent time getting to know the people living here and learned how to approach people. You can't force people, if they want to be alone you have to respect that and consider their wishes."

Throughout the inspection the atmosphere in the home was busy but relaxed. We found the service was caring and people were treated with dignity and respect and privacy was important to everyone. We spent time observing people in the lounge, kitchen and dining area. One member of staff commented, "I always ask people first 'do you mind if it's me' then offer choice and explain how they can lock bathroom doors for privacy and just be on hand if needed." Another member of staff told us that they always respect people's privacy by; "Not talking about the people to others that live here, we have our handover in the office, nothing leaves the building and we are careful with peoples' notes."

When we spoke to a care co-ordinator who work with the people who use the service they told us; "I'm made to feel welcome when I visit and the staff are caring they always find a way to find someone the help they need." The professional gave us an example of how the staff made arrangement for the nurse to come out and visit their client as they were too upset to go out to an appointment and the staff ensured that they received the correct care and treatment and they told us; "The staff are caring they find ways round things to enable people."

As part of the quality survey that we saw on display 93% of the respondents said that 'Liked the way that the staff spoke to them' and 100% responded that 'The staff always respect their room'.

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw that people who used the service were informed of how to contact external advocates who could act in their best interests. One of the people who used the service had an advocate currently and the staff we spoke to were aware of how to support others who might need one. One staff member told us; "One of our people has an advocate now and if someone needed an advocate we would speak to our manager then refer them to their care manager to arrange."

Following the inspection we contacted members of the mental health crisis team and the local authority social work team that regularly visit the service and work closely with the people who use the service. When we asked them; have you ever had to raise any issues with the staff, did they respond in a caring way? They told us; "Yes one of my clients needed to fill their time more and to be more independent and the staff supported them every step to get onto courses and get some voluntary work. I was impressed with how the staff responded."

Good

Is the service responsive?

Our findings

During the inspection one of the people who used the service showed us around the first floor of the building and showed us their bedroom. They were very proud of their room and showed us some new furniture and that they had just been tidying up and replacing their bedding with assistance and told us; " I can go out whenever I want, I like it here."

On the day of our inspection, six of the people who used the service were out on a day trip to the Lake District and this was an outing planned by everyone who attended. The area manager told us that the people who used the service had regular breakfast club meetings over some tea and toast and this was how they came together and made plans. The area manager told us; "Breakfast club works better than trying to hold residents meetings as no one would come, but if we put extra toast on and make it less formal people get more involved."

We could hear people who used the service enjoying music and playing instruments of their choice and this was encouraged by the staff. One person was using the new computer in the computer room to watch music videos on line and they told us, "I like the videos, I like it here, and it's alright."

The care plans that we looked at were person centred and included a good use of pictures and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, detailed communication plans, personalised activity support plans, risk assessments and daily routines. These plans gave an insight into the individual's personality, preferences and choices. The plans that we looked at all contained a 'This is me' hospital passport that was completed that gave an oversite of a person's likes and dislikes at a glance. There was, however, a section called a Health Action Plan that wasn't updated and we pointed this out to the area manager who assured us that they would be completed as they were new sections that they were in the process of introducing with people. When we asked staff how they would get historical information on the people they support they told us, "I would read it in the care plans and from getting to know people".

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's care plans included photos, pictures and were written in plain language. All of these measures helped people to be in control of their lives, lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact. The service enabled people to carry out person-centred activities within the service and in the wider community and actively encouraged people to maintain their interests. We saw that the registered provider enabled people to achieve their goals, follow their interests and be fully integrated into community life. We saw people had a variety of options to choose from if they wanted to take part including planned days out, gym, shopping trips, courses and voluntary work.

We saw staff communicated with people effectively. One person told us that they were getting ready to go into town with the staff for some steaks for the evening meal that they were preparing together. The area manager told us that there were plans coming up to hold a series of 'Come dine with me' style evenings where people took turns planning and cooking the meal, hosting the evening and the other participants eat and rate the food and the evening. The area manager said; "This was their idea and it's something to enjoy together".

Staff said that communication was good within the service. They told us they had a communication sheet that was used during staff handovers. They said this ensured everyone was kept up to date with any persons' changing needs and what activities and appointments were happening that day.

Good

Is the service responsive?

The registered provider promoted and maintained people's health and this ensured people had access to health and social care services to meet their personal assessed needs. For example, all people had access to their GP, care managers and the mental health crisis team.

We saw that information was available to people in a range of different formats so people could make decisions and take control of their lives. We saw how symbols and signs were used for information on a range of topics such as, advocacy and complaints. This meant people were supported by a range of communication techniques to keep them informed of information.

When we spoke with visiting care professionals they told us that they thought the staff team cared for the people who use the service in a person centred way that puts them at the centre of the care and support that the people receive, one professional told us; "All of the support offered is individually planned just for them, which is good."

We were informed by the registered manager that the hall ways had recently had a refurbishment on the ground floor and more developments were coming to the first floor. We were also told that there were plans in place to turn part of the first floor into self-contained independent living flats with a separate entrance. The area manager told us, "The plans will give people an opportunity to move on and gain new skills."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place that was new in post and registered since 2/9/2015. A registered manager is a person who has registered with CQC to manage the service.

We spoke with three members of staff and they told us they felt the registered manager listened to what they had to say. One staff member told us; "We can ring the registered manager any time and if we can't reach her we can call the area manager, there is always support available for us when we need it." We saw staff and people living in the home approaching both the registered manager and the area manager with ease throughout the inspection. We saw that they were supportive and took the time to listen to what people had to say. Another member of staff told us "I like coming to work, we have good bosses here, they listen and I don't feel like I'm walking on egg shells -I feel supported."

We saw the latest quality survey results were on display at the main entrance and this included the overall views of the people who used the service, the staff and family members. An example was about values in relation to dignity and independence was displayed in the lounge area of home. We discussed the values with the area manager and staff and they had a good understanding of how they needed to put these values into practice.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been no recent complaints made but there was evidence that the registered manager had investigated previous complaints appropriately.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the registered provider reported safeguarding incidents and notified CQC of these appropriately.

Regular staff meetings were in place and staff told us they could share concerns at these meetings and share ideas. They could also make suggestions for improvements and for the registered manager to manage the staff and the key working system. Staff recognised the visions and values of the home and their role. We found that staff regularly had the opportunity to express their views during staff meetings with the management team at the home. Staff at all levels recognised the risks associated with the home and also recognised the achievements which had been made. This meant the registered manager and staff were working as a team to achieve the objectives of the home.

Staff we spoke to told us of ideas they had shared at team meetings that had been taken on board. For example, one staff member told us; "We can go to the management with improvement ideas we have and they listen and act on them. It was my idea to remove rails in the hallways that weren't needed and this has improved the look and the people who use the service have chosen the colours we used, it looks so much better now, more space."

We found staff at the home worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service and these interactions and correspondence with partner organisations was seen in the peoples care plans including the mental health crisis team and care managers. One of the professionals we spoke with told us; "The atmosphere at Ashleigh House is good, the people I have placed there are happy and doing well. I know the manager is looking at a step down service too, providing flats to move the service on."

The service had an effective quality assurance and quality monitoring system in place. This took place monthly by a senior manager by carrying out a home visit that covered; general observations, CQC notifications, complaints, deaths, changes to the statement of purpose, safeguarding, incidents/accidents and care plans. In the monthly audit file we could see the last one took place earlier that month and no issues were noted.

We looked at two sets of staff meeting minutes and within them we could see that the registered manager had highlighted the following; safeguarding, infection control, health and safety and roles and responsibilities with the staff team. We could see clearly from the minutes that the registered manager had learned from incidents and events and this was shared with the staff at the team meeting.

We could see that that the staff had a good rapport with the registered manager and spoke highly of their work and commitment and they mentioned that the registered

Good

Is the service well-led?

manager would work shifts with the team and had an understanding of their role. One of the professional we spoke with told us; “I link with the manager often and she is very approachable.”