Mrs Susan Newman

Ashton Manor

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

Summary of findings

Overall summary

Ashton Manor is a 22 bedded care home without nursing providing 24 hour care for people with mental health issues, dementia and older persons. The home is situated in Bognor Regis. At the time of our inspection there were 21 people living at the home

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

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date with refresher courses booked for people. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. Some people went out into the community independently while others required staff support. There were a variety of activities and

outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided information so that staff could support people in a person-centred way.

The majority of people were able to access the community independently, others were supported by staff. Activities were provided according to people's preferences.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service through regular meetings and by communicating their views to their keyworker.

Staff were supported to question practice and were asked for their views about Ashton Manor at regular supervisions and through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

Ashton Manor

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 inspection took place on 8 March 2016 and was unannounced. One inspector undertook this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we met with the eight people who used the service and three relatives. We also spoke with the registered manager, the quality manager, the cook and three support workers. We also received feedback from a health care professional who had involvement with people who lived at the service.

The service was last inspected on 29 April 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were supported by staff and people told us they felt safe at Ashton Manor. One person said "I am very happy here and feel safe and secure". Relatives had no concerns about the safety of their loved ones.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report any concerns to the manager or the senior person on duty". Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, psychological and financial abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding falls, using kitchen equipment, going out into the local community and maintaining a safe environment. The risk assessment provided staff with information and guidance to minimise any identified risk. For example one person's risk assessment stated that the person had a kettle in their room so was at a risk of scalding. The risk reduction measure instructed staff to encourage the person to only ½ fill the kettle when making a hot drink and staff were to carry out regular checks to ensure the kettle was in good working order. This meant the person could still have a degree of independence to make their own drinks and the potential risk to the person was minimised to help keep them safe.

There were also environmental risk assessments in place, such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recording in a maintenance book and were signed off by the maintenance person as they were rectified. There was a grab bag in the office which contained key information about each person such as a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. This meant that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager used a dependency tool to ascertain the care needs of each person. The results were then used to determine the overall staffing levels. A minimum of three care staff were on duty throughout the day from 8am to 8pm. In addition the provider had employed an apprentice care worker who worked 40 hours per week. The registered manager and quality assurance manager were also available to provide additional cover. From 8pm to 8am there were two members of care staff on duty who were awake throughout the night. The homes staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us that additional staff were organised as and when required to support people with appointments or for social events. In addition to the care staff the provider employed two cooks, two cleaners, an activities co-ordinator, a mini bus driver and a maintenance person. Staff said there was enough staff on duty to meet people's needs and our observations also supported this.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff confirmed this and said their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff authorised to administer medicines had completed training and this was confirmed by staff. Medication Administration Records (MAR) sheets were completed and showed that people had received their medicines as prescribed. There was a clear protocol for administering any PRN (when required) medicines however. However for Paracetamol PRN the MAR stated 'one or two to be give as required' the recoding stated the time the medicine was given but did not always state the dose that had been administered. We spoke to the registered manager about this who told us she would ensure that staff always recorded the actual amount given. She told us that they were in the process of changing medicine suppliers and the new system had clear recording systems. All staff would be undergoing additional training and competency assessments to use the new system to ensure medicines were ordered, received, administered and disposed of safely.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am well looked after, I have everything I need,". "The staff are pretty good they look after me well,". "I am quite happy here". And "I have everything I need and can come and go as I please"". People said the food at the home was good and they were able to make choices about the contents of the weekly menu. Relatives said they were generally happy with the support provided by staff. One relative told us: "The staff are good and know how people want to be supported". Another commented "Some staff are better than others and some have a better understanding of dementia than others, but I think the understanding of dementia is getting better". A health care professional we spoke with said, "The registered manager and staff are proactive in asking for advice and support and follow the advice and guidance given"

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing. There was a large picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home.

Training was provided to staff through e-learning, distance learning and face to face sessions. Training included emergency first aid, moving and handling, safeguarding, food safety, the Mental Capacity Act 2005, infection control,, health and safety, care planning, equality and diversity, substance miss use, HIV, mental health awareness and, understanding dementia. Therefore training included topics specific to the needs of people who lived there as well as provided information to staff on how to keep people safe. The provider had an online system to manage training. The manager showed us how the system generated alerts when training was due. On the system it was clear which training was soon to expire and we saw that refresher training had been booked. Staff said the training was good and that if they asked for any specific training this would be provided for them. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

The registered manager said that all new staff members would be expected to complete an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that new recruits who had not previously worked in care would be expected to complete the Care Certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people them effectively. The provider employed a total of 17 care staff. Records showed that four people staff were currently undertaking additional qualifications and 11 people staff had completed qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to

the required standard. The registered manager and deputy manager regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision and records were up to date. The registered manager told us they worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager, her door was always open. Staff said they were able to discuss any issues with the registered manager and felt that communication was good with everyone working together as a team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in this area. The registered manager had made applications under DoLS for seven of the people at Ashton Manor who had been assessed as lacking capacity and to date three had been authorised while the others were in progress..

The registered manager told us that although people living at Ashton Manor were living with differing degrees dementia or mental health issues, people were generally able to make day to day choices and decisions for themselves. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support to people. This meant that people were able to exercise as much choice as possible in their day to day lives.

We spoke with people and staff about the meals provided at the home. People told us the food was plentiful and good. Staff encouraged people to be involved as much as possible in preparing meals and drinks and we saw evidence of this during the inspection visit. People and staff said that breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was the main meal of the day and there was a three week rolling menu which had two choices for main course and dessert and these reflected people's own preferences and choices. Supper was a snack type meal such as hot dogs or egg on toast with sandwiches if requested. People were able to access the kitchen throughout the day to make themselves drinks or snacks. The kitchen was accessed via a keypad locking system for security and safety but staff would enable people to access the kitchen when requested. The cook told us that there was always a range of food in the fridge so that people or staff could make snack or sandwich for people at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People had access to healthcare professionals to ensure that their health needs were met. We saw that the registered manager had recently requested a Speech and Language Therapist (SALT) to see a person who was having some swallowing difficulties. Each person was registered with a local GP. Each person's care plan contained information about people's health needs and any other medical conditions. There were

contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff are very good and kind". Another said "Everyone is friendly and I am well treated". Relatives said they were generally happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "some of the staff are really kind but others are just going through the motions, although I have never seen anyone ill-treated". Another relative said "(named person) is always positive about the staff, it's clear he gets on well with everyone and has never had a bad word about any of the staff"

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engaged with them and checked if they needed any support. One member of staff told us, "We all get on pretty well, there's a nice atmosphere here". Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. For example one person was having a problem doing up his cardigan, he asked staff to help him and they explained that he had put his braces on over his cardigan and took him to his bedroom where they could sort out the problem for himhelp him discretely.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff during keyworker meetings to discuss any issues they had. These gave people the opportunity to be involved as much as possible in how their care was delivered. The one to one meetings discussed how people were getting on, what had been going well and what not so well. There were opportunities to plan future outings and trips and to get people's views on how they

wanted to spend their time. Monthly residents' meetings also took place and minutes of these meetings were kept. This was an opportunity for people to share ideas and make plans about menu choices and put their views forward on how the home was run.

Good

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said "If I ask the staff for anything they will always help me". Another said "They are very good, I get a bit confused at times and the staff sort things out for me" Relatives said generally staff knew their relatives well and were aware of their needs.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. This enabled people to remain engaged with important events and those important to them. .

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed and how support should be given. There was also information about people's specific care and support needs so staff could provide appropriate support to individuals. People had care plans for the following aspects of their care: Washing, dressing, choice of clothes, continence, maintaining body temperature, mobility, daily routines, pain assessment, risk assessments, crisis prevention and management, and personal hygiene. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. We saw that the majority of people were quite independent with their daily routines and were able to carry out the majority of care tasks themselves with staff providing advice and encouragement. However where people needed more support the care plan gave staff the information they needed. For example one person needed support to wash and dress. The care plan stated the person needed full staff support and informed staff to keep the person informed at each stage and explain to them what they were doing.

The care plan for another person around their sleep routine explained the person liked to go to bed at different time and staff should respect this. It stated the person would ring their call bell when they wanted to get up and staff should then bring their medicine up to them so they could take it before breakfast. These guidelines ensured people got appropriate support in the way they preferred.

Care plans were reviewed monthly by the person's keyworker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for. However the monthly reviews did not always provide an evaluation of how the care plan was working for the person. We spoke with the registered manager about this who told us that she would amend the form used for care plan reviews and speak with staff to ensure that recordings reflected the effectiveness of the care plan and to highlight if any changes were needed. Staff told us that the care plans reflected the current support people

needed.

We also saw that formal reviews were carried out to discuss people's care needs, future goals and aspirations. The person concerned, staff, the person's care manager and relatives were invited to these reviews so that they could have input into the review process.

Staff said that people could express their wishes and preferences and these would always be respected. People were encouraged to express their views and we saw that one person had expressed a wish to move out of the service. The registered manager had contacted the person's social worker and had discussed the potential risks and provided the person with clear information so they could make an informed decision. As a result the person was due to move shortly to an independent living service.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met. For example one person informed staff that his knees were painful and requested pain relief. Staff were concerned that this was becoming a regular occurrence so had arranged with his GP for an x-ray to check if there were underlying issues that needed to be investigated.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by reading the handover file before commencing their shift. The handover file had a report for each person and included an update on each person together with any information they needed to be aware of. Information was also placed in the handover file if people's care needs had changed. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. The provider employed an activities co-ordinator for 18 hours per week and the registered manager told us that they will soon be employing an apprentice to support the activities co-ordinator. We saw that people took part in a range of activities including: Games, TV, DVDs, quiz, music, bowling, arts and crafts and cooking. On the day of our visit we saw people taking part in arts and crafts by making Easter bonnets and some people were making posters to advertise the Easter event. We observed a word game being played by people and one person was having a game of scrabble with a member of staff. A number of people were able to come and go as they pleased and we saw people accessing the local community independently. One person who needed staff support was being taken out by a member of staff to the local shops. Staff told us they encouraged people to take part in activities and once a week there was trip in the home's mini bus to a local destination. Input from resident's meetings had identified that people would like to go on a boat trip. This had been investigated by the activities co-ordinator and a date had been set for this to take place. A record of activities that people took part in were recorded in an activities file kept by the activities co-ordinator.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in

line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure displayed on the notice board at the home. Staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager had a complaints file and this showed that complaints received had been responded to according to the homes complaints procedure. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. One person said "If I am not happy I will say something to the staff and they will sort things out". Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run and were invited to reviews". One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to her on the phone or meet with her whenever I visit".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that she was open and transparent and worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said they and the deputy managers regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

We asked staff about the provider's philosophy. All staff said that this was to enable people to be accepted as meaningful individuals. People should be afforded the same rights as everyone else and they should be supported to exercise these fully. The registered manager said staff at Ashton Manor worked with people to maximise their potential. It was clear from speaking to the registered manager and staff that they all embraced this philosophy and were passionate about the job they did.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.
The provider also employed an external auditor who carried out quarterly visit to the service. These visits used CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. They also checked that the manager's quality audits had been completed. After each visit the auditor produced a report together with evidence to support their findings. If any recommendations or actions were required the registered manager produced an action plan to say how they intended to address the issues

and included timescales for their completion. The auditor checked that these had been completed at subsequent visits. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives and staff were supported to question practice and asked for their views about Ashton Manor through quality assurance questionnaires which were sent out by the provider throughout the year. Results of the most recent survey carried out in January 2016 found that people relatives and staff were generally happy with the service provided. Quality assurance questionnaires were also sent to health and social care professionals. We saw completed questionnaires from health and social care professionals and these were positive and complimentary about their dealings with the registered manager and staff at Ashton Manor. There were also regular service user and staff meetings carried out. These meetings enabled people and staff to make comments and influence the running of the home. They also enabled them to be involved in the day to day running of the home as much as possible. We saw copies of the minutes of these meetings and they included information on the topics discussed. However there was no information about the minutes of the previous meeting, so it was not clear if the issues discussed at the previous meeting had been addressed. We discussed this with the registered manager who said they felt these meetings were useful and constructive but agreed that information regarding the previous minutes would help to show that learning had taken place and the issues discussed had been responded to.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.