South West Care Homes Limited

Ashfield

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

About the service
Ashfield provides accommodation and personal care for a maximum of 25 older people.
Some people who use the service are affected by dementia or physical frailty. The service does not provide nursing care. People who live at Ashfield access healthcare through the local community health team. At the time of our visit there were 10 people living at the home.

People's experience of using this service and what we found
People and their relatives gave us positive feedback about the quality of care and staff approach. We observed many caring interactions and people were treated with dignity and respect by kind and caring staff. Staff knew people well and understood how to care for them in a personalised way. Care planning had been addressed to ensure documentation relating to person centred care and risk assessments were up to date and gave staff the information they needed.

Staff training and staff supervisions were consistent, regular and meaningful with good support from the provider and management team during the Covid-19 pandemic. Staff had been recruited safely and completed a thorough induction when they first started.

Safeguarding concerns were being well managed and triggers were identified and pre-empted to ensure people were safeguarded.

Robust environmental risk assessments had been identified and much work had been done and was ongoing to ensure the premises were safe and homely for people. Thought had been given to adaptations for those living with dementia to promote independence, such as colour, lay out and noise levels. Activities and engagement provision was thorough, person centred, regular and showed clear positive outcomes for people.

Infection control and maintenance was well managed. There were no odorous areas and furniture with good continence management and a robust maintenance programme. The premises were homely, safe, clean and well maintained.

People's needs had been assessed and planned for before they moved into the service and kept under review. Staff supported people to access support from healthcare services when needed.

People enjoyed pleasant meal experiences throughout the day with their involvement and choices.

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

Medicines were well managed.

People and their relatives felt the service was managed well and that the manager and staff were approachable. The management team felt well supported by the provider. There was a complaints policy and we saw that procedures were followed when dealing with complaints about the service so that a positive outcome was achieved.

Rating at last inspection
We last inspected Ashfield on 4 March 2020. However, due to the Covid-19 pandemic we were unable to complete the inspection as it was initially planned. Due to the necessary changes made to the planned inspection process, the inspection was converted from a full comprehensive inspection, that would have normally been completed over two days, to a one-day targeted inspection. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections cannot change the rating from the previous inspection. This is because they do not assess all areas of a key question. Therefore, the overall rating for this service had to remain inadequate, as not enough areas were inspected in order to change the rating. This resulted in an inspected but not rated outcome looking at Safe and Well Led only.

The previous comprehensive inspection was carried out in June 2019. The rating was Inadequate overall, with inadequate ratings in Safe, Responsive and Well Led and Requires Improvement in Effective and Caring. We identified breaches relating to safeguarding and safeguarding notifications, person centred care, safe care and treatment, staffing and quality assurance. We also served a Warning Notice in with a timescale for compliance relating to Regulation 15 (Premises and equipment).

On 4 March 2020 we identified areas which still placed people at risk from unsafe care. We raised these concerns with the nominated individual and received a comprehensive action plan. During this inspection in December 2020 we found that the nominated individual, director of operations, new manager and management team had ensured all the breaches had been addressed.

CQC has received monthly action plans showing continuing improvement. CQC have worked closely with the local authority, including the commissioning team, to monitor the quality of care at Ashfield. Ashfield has not been under a safeguarding process since March 2020 due to improvements at the service based on feedback from health and social care professionals. The findings from this inspection in December 2020 confirmed there had been improvements in all areas of the service ensuring people received a good standard of care. The overall governance, oversight and consistent management was robust and resulted in positive outcomes throughout people's lives.

At this inspection in December 2020 we found there had been good, sustained improvement stemming from robust overall governance and there were no longer any breaches of regulations. The service is no longer in 'special measures'. The service has demonstrated improvements, it is no longer rated as inadequate for any of the five key questions. The Warning Notice had also been fully met.

Why we inspected
The inspection was carried out to ensure that improvements had been made.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

After the inspection

There are no longer any restrictions on placements. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Ashfield

Detailed findings

Background to this inspection

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

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

Inspection team
An inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

Notice of inspection
This inspection was announced with short notice.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and observed care and support in the communal areas. We conducted a full tour of the premises. We spoke with members of staff including the nominated individual, regional care quality and compliance manager, manager, deputy manager, senior care workers, care workers, domestic, maintenance person and the chef. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We did not carry out a SOFI due to restrictions and social distancing.

After the inspection
We received further positive information from six staff members and spoke to eight relatives on the telephone. We continued to seek clarification from the provider to validate evidence found. We reviewed evidence sent by the provider electronically. We looked at training data and quality assurance records. We looked at a recent report from health professionals who had visited the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. At the previous inspection in June 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our inspection in June 2019 the provider had failed to safeguard people, maintain effective staffing levels and manage risk. These were breaches of regulation 13 (Safeguarding service users from abuse and improper treatment), 18 (Staffing) and 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in March 2020, not enough improvement had been made and the provider was still in breach of regulation 13 and 12. We then recommended the provider introduced new measures to judge the competency of new staff, including staff from recruitment agencies. At this inspection all areas of safeguarding had been addressed to ensure people were safeguarded, risk was well managed and staffing deployment and levels had been provided to ensure peoples' needs were met by competent staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Ashfield. There was a calm atmosphere and staff were managing behaviours which could be challenging well, for example identifying and acting on triggers. A new wellbeing room had worked very well in distracting people and enabling them to have quiet time with one to one staff support if necessary. For example, two people who were friends living with dementia, both had scheduled one to one support with staff to ensure they had time apart from each other. Incidents had reduced since the last inspection as people were monitored by staff who were able to ensure they had adequate personal space and positive interactions. The manager and staff were very knowledgeable about people's individual personalities and how their dementia affected them. Care plans reflected their support needs.
- Staff had received training on safeguarding vulnerable people and information and guidance was available for them to follow. Appropriate action was taken by staff when such concerns arose. The manager and the provider worked with the local authority safeguarding team to ensure learning and improvements were made. There were no safeguarding issues at the time of the inspection and previous safeguarding processes had all been closed with positive outcomes.

Assessing risk, safety monitoring and management

- Relatives told us they felt the service was safe. They told us, "I can now walk away from her (at window visits) feeling happy as she walks away first". This relative thought their loved one had settled in really well. Other relatives said, "I feel [person's name] is safe there" and "The last 12 months have been the happiest of their life. If [the pandemic] had happened last year I would have felt I had to go in regularly to check she was ok [but not now]".
- There were robust falls audits and preventative measures in place to keep people safe. Falls prevention devices were recorded as being checked to ensure they were working, including mattresses. The

environment and rooms were uncluttered and people had their walking aids to hand. Falls had reduced since the last inspections. One relative said, "[Person's name] was dangerous at home; we were called 26 times for alarms. They love it at Ashfield, loves the staff being around." Other relatives told us, "Staff have put a pressure pad near [person's name]'s bed so they know if they get up", "When [person's name] went in they had a fall, staff checked them and rang me at 11.00 pm, all ok and they were fine" and "Staff always let me know and will always ring."

● The home was well-maintained and safe for the people living there. The provider had completed extensive refurbishment of paintwork and décor, bathrooms, carpeting and the laundry and maintenance areas. Regular checks were carried out to ensure the safety of the environment and fire safety was effectively managed. These were documented, including an ongoing environment and maintenance audit. New signage was going up as the manager had noticed an area where a direction arrow could not be seen.

● People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. Research based tools were also used to assess risk such as for constipation and severe confusion. Risk assessments included a separate skin integrity section to monitor risk of developing skin pressure damage. No-one at the home had any pressure damage and people at risk were using pressure relieving equipment appropriately. One person had been having bruises as they had very frail skin, investigations had resulted in a foam covering being placed on the lower bed frame. They now had no bruises. There was also a separate oral care box with records of daily oversight for each person, how they were supported, dental professional input and different toothbrushes for individuals.

Staffing and recruitment

● Staffing and deployment had been re-assessed since the last inspections so that care staff were able to focus on providing care and support rather than other tasks, such as assisting in the kitchen. There were enough staff available to meet people's needs and the staffing rota and staff confirmed this. Staff responded quickly to call bells and people asking for help were attended to promptly. People told us there were enough staff at the home to help them when needed. They said, "Staff are always there." Relatives said, "Staff always seem to answer the phone quickly. I was worried because of the last inspections but now I have no qualms. [Person's name is looking so much better and is well kept."

● Staff were safely recruited and underwent a sufficiently robust recruitment process before being employed.

Using medicines safely

● Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills. The deputy manager was the medicines lead person who evaluated each person's medication. They were very skilled in this topic.

● The home had systems and checks in place to ensure the safety and quality of medicines administration was maintained. This included good information for staff about how and when to give medicines that might be needed 'as required'.

Preventing and controlling infection

There were robust infection control practices and staff were following them. The whole home was not odorous and looked clean throughout. Relatives said, "Every time I have seen staff they have personal protective equipment (PPE) on" and "It looks clean and nice (through the window) – the dining room and sitting rooms."

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Accidents and incidents were appropriately recorded and responded to by staff.
● Information was regularly reviewed to promote reflection and learning from what had occurred and to identify any emerging patterns or trends that needed addressing. For example, falls prevention equipment checks and investigating bruises, ensuring the equipment and location of peoples' rooms was safe for them if they mobilised unaided before staff could respond.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was not inspected. At the previous inspection in June 2019 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

At our inspection in June 2019 the provider had failed to ensure the premises were homely and well maintained, especially for people living with dementia. This was a breach of regulation 15 (Premises and equipment). At our inspection in March 2020, we did not look at this area in detail. At this inspection all areas had been addressed.

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

● People's needs were assessed and documented prior to them moving into the service, to ensure staff at the home were able to safely and effectively meet their needs. All people had a very detailed computerised care plan. A care needs summary also made it easy for staff, especially new and agency, to access important care information. The management team were particularly thorough when assessing possible admissions since the last inspection and ensuring they had any information, including from GPs and relatives. They made sure equipment and support was in place first. One relative said, "On first day I went up there as they had asked for clothes and toiletries, the manager came out and spoke to me for a good 20 – 30 mins about [person's name], she was very interested and asked lots of questions about what [person's name] liked".

● People's individual equality and diverse needs were considered during the assessment and the care planning process, such as age, disability and religion. This included how peoples' dementia affected them individually and how staff could promote a smooth settling in period and orientation. For example, memory boxes outside rooms helped people identify their rooms and one person had a lovely box full of their wedding mementos. Another person had their favourite tipple ready for them in the evening.

Staff support: induction, training, skills and experience

● Staff were very positive about the changes in the home and the support they received. One staff member said, "[Manager's name] is one of the best managers I have ever had, she is always there for the staff and knows each resident as a person not just as a service user. She is always wanting us to work at the best of our ability and if there is further training or support we need she is willing to go that extra mile for us to ensure everyone at the home is happy and contented. She isn't just a manager she is the core of the home."

● New staff received a thorough and supportive induction into their role and staff received ongoing training to meet people's needs. This included dementia care, pressure care, falls prevention and end of life.

● Staff felt supported with their performance and wellbeing through regular supervisions and appraisals. One staff member told us, "I feel respected and have been supported 100% when I moved from one job role to another."

● People and their relatives spoke positively of the staff and the support people received, using words such as , "Helpful", "Friendly", "Caring" and "Good".

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

● The manager and staff had worked hard to reassess how they could ensure pleasant and homely meal experiences. The lounge and dining room had been completely refurbished and rearranged to facilitate this. Meals were now an event with laid tables, roles for people and a lovely, unhurried atmosphere. People were able to help themselves and make choices as much as possible to maintain independence. One relative said, "The manager sent out a form to find out about people and what they like, they have looked at it and done something about it. Hats off to them."

● People benefitted from having a choice of freshly made appetising food at mealtimes. We observed people enjoying the meal-time experience and staff supported and encouraged people to eat and drink. Relatives said how well their loved ones looked and that they had put on weight, looking healthier. One said, "[Person's name] is like a different person since moving to Ashfield. I have had to buy bigger clothes, in a good way." Some people were living with dementia but were able to choose their meal by looking at a plate of food or using the picture menus and boards. The cook and staff knew peoples' preferences and diet requirements, clearly documented in the kitchen. A vintage cake stand was ready with home-made Danish pastries, ready for high tea during our inspection.

● People were offered regular drinks and could help themselves to snacks throughout the day. Food and fluid charts were completed as necessary and people's nutritional status was monitored. One person had been admitted on a liquid diet. Thorough assessment had determined there was no clinical reason for this and the person was now enjoying a varied diet. People told us, "The food is very good, we are offered a choice", "I occasionally have a cooked breakfast, we get a choice" and "I enjoy the roasts."

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

● People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed. Relatives all commented on how responsive staff were saying, "I have had a few calls to say their GP had been called and staff will always let me know what happened afterwards. Once, medication was changed, staff let me know, we weren't happy so the manager sorted it out." Another relative said, "Staff are trying to sort out some issues with the doctor about treatment and the doctor is going to ring me to discuss. The manager even rang to ask if the doctor had been in touch and will chase it up for me".

● People's health was closely monitored by staff. The deputy manager gave lots of examples of how they monitored people's medication and support, assessing and changing if necessary for people's benefit. They did research on people's medical conditions and discussed ideas with the GPs. For example, one person's skin condition had vastly improved due to sourcing effective treatment.

● There had been extensive work with the mental health team in relation to supporting a person living with anxiety. Staff had been trained in a relaxation approach as medication was not appropriate due to the falls risk. The person now used anxiety reducing exercises, breathing and counting distractions which had succeeded in reducing anxiety. Staff now used this technique with others. All staff had been trained in wellbeing and there was now a wellbeing lead. Wellbeing was now part of the home's ethos to promote positivity. This could include 'candle' breathing (a technique to encourage calm breathing) with a person or bringing in particular wool and chunky needles to keep people occupied meaningfully.

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

● A lot of work had been done and was ongoing to ensure the premises met people's needs, in particular promoting people's independence, especially for those people living with dementia. Rooms were clearly

identified, bathrooms and doors were coloured so they could be seen and found easily. There was plenty of direction signage, large clocks and calendars for orientation.
● People's had been supported to personalise their rooms to reflect their personalities and tastes. One person had chosen a colour and had been able to design their room with their family.
● The layout of the service gave people options of where they wanted to spend their time. There was now a large dining room with tables in the window which people were enjoying. A lounge, where thought had been given to the experience of watching the television without disturbance. Of the new wellbeing room, a person said, "I enjoy coming in here, it's a lovely room."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed, for example for pressure alarm mats.
● DoLS applications and authorisations were effectively monitored and managed.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was not inspected. At the previous inspection in June 2019 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

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

- All relatives' comments about the home were positive especially about the manager and the good communication they were getting from the service. This has been especially important for some families where they could not visit either because of distance or because they were shielding during the pandemic. Relatives said, "Staff are caring and have helped [person's name] make a friend", "Staff are very kind and make sure [person's name] looks nice and staff get to know them." People we spoke to during the inspection looked happy and well cared for. People's comments included, "The staff are all lovely here" and "We are having a lovely time."
- Staff and the wellbeing co-ordinator ensured people were having a good day and particularly noticed how people were reacting to their environment. For example, one person disliked too much stimulation. Staff now used a wellbeing room, with a dressing table, candles and attractive soft furnishings. The person had enjoyed quiet time and begun to play the piano again on a keyboard provided by the home.
- Positive and caring relationships had been made between people, staff and relatives. One staff member said, "I have only been at Ashfield a short time, but during that period I have been constantly impressed with the care, commitment and affection shown to all the residents by the staff." During the inspection, one person had not wanted to get out of bed so a staff member went to have a morning cup of tea with them so the person could wake up gently. Birthdays were celebrated, individual treats were bought for people such as their favourite food and drink and staff talked about using their skills and interests to enrich people's wellbeing.

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. People and all the relatives confirmed they had been fully involved in the care planning process.
- There were regular care plan reviews where people and their family could be involved, virtually if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. For example, as the hairdresser could not visit due to the pandemic, a staff member who had been a hairdresser had stepped in to make sure people felt good about their appearance. Staff ensured they

knocked and waited for a response before entering peoples' rooms.

● People were supported to be independent and we heard staff gently encouraging people. Staff were patient with people living with dementia and responding kindly to repetitive questions or offering reassurance.

● People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. At the previous inspection in June 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

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

At our inspection in June 2019 the provider had failed to ensure people were consistently receiving person centred care. This was a breach of regulation 9 (Person centred care). At our inspection in March 2020, we did not look at this area. At this inspection all areas had been addressed.

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

- All the care plans and risk assessments had been reviewed with staff who knew people well, resulting in very detailed records. People and their relatives were involved in the care planning and review process. People's care plans were up to date and very personalised, giving staff the information needed to support people safely and effectively. Records included pro-active measures to help prevent possible issues, for example, "[To prevent a previous oral condition], staff can ask me to follow a few simple ideas, to start treatment early which we did, to brush my teeth after each meal to stop the debris and germs being trapped in my mouth, also to follow the plan for a dry mouth and to brush them well before bed." Records then showed good oral care was happening with extremely detailed descriptions of the person's oral health condition with each entry.
- Staff responded to people's requests for assistance and showed individualised care towards people, checking regularly on people who were unable to use a call bell. One relative fed-back to the staff, "Thank you for being so amazing for all the time mum called Ashfield home. Thank you for all the Abba songs and watching Grease with her and making her smile again."
- Effective use was made of technology and people could access an electronic tablet to communicate with family if able with staff support and to gain further care information unaided.

Meeting people's communication needs

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

- People's individual communication needs were assessed as part of a pre-admission assessment and ongoing care planning process. People who wore hearing aids or glasses were supported to wear them and information was available in large print and illustrated with pictures. A notice board helped to show people what was going on and which staff were available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● People and their relatives gave positive feedback about the range of activities on offer. Relatives said, "They helped [person's name] write Christmas cards to her (relative) and to me – really thoughtful, nice staff, I have had a post card too which staff helped her do", "Staff do a lot of activities, they have musical instruments, sing songs, themed days of a foreign country with food from there, a Vera Lynn night with cream teas and war time music. In the summer people were in the garden, planting seeds." People appeared to be happy chatting with staff or reading a newspaper throughout the inspection. People had been coming together to make crafts and do art which was displayed.

● During the pandemic staff had ensured people kept in contact with their loved ones, facilitated safe window visits, including using phones so people could hear properly and supporting with technology. Relatives expressed how touching and welcome this had been. One relative said, "One time I phoned and [person's name] was playing bingo and said, 'I can talk playing bingo'" This person had previously rarely been out of their room. Many said what a change this had been as previously people had not had much to do.

● The manager said it was important for people to feel valued. They had created meaningful roles for people who were able. One person was enjoying being the 'Supper Chef assistant', going around and asking people what they would like for supper. The person was able to go to the kitchen hatch and ask the supper chef to make people a cup of tea, for example.

● There was a well-being co-ordinator who ensured activities were reviewed to ensure people enjoyed them. For example, residents' meetings covered activities, asking people if they would like to watch films in their rooms as well as the lounge. The activity programme was discussed with staff, so they knew what was happening each shift. The programme included an Alice in Wonderland day, making cards to send to families and friends, Portuguese Day to share staff cultures with people and staff had taken videos of interesting sights such as the Christmas decorations at Exeter Cathedral to share with people.

● Staff recognised the importance of preventing social isolation. We saw staff regularly taking time to engage with individuals and chat with them in their rooms. Records showed individuals' social needs were being met consistently.

Improving care quality in response to complaints or concerns

● Complaints were managed effectively. Records showed they were documented, investigated and appropriately responded to.

● People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. Relatives said, "The manager is very proactive and in contact with us, you can talk to her", "I am pleased with what is going on" and "The manager is doing an excellent job. I have never seen anything I am worried about".

End of life care and support

● No one was receiving end of life care, however, people's wishes on their end of life care, such as resuscitation, had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.

● The home had received positive feedback from relatives on their loved ones' care at end of life. One family friend had written, "Thank you to all the wonderful staff who showed love and care to my precious friend."

● Management and staff cared about people and their families. People's lives were celebrated within the home community. A memory tree was being placed in the front garden. In addition, a driftwood tree with hanging chimes for each person who had passed was a lasting symbol of those lives and a visual memory for staff and relatives.

● Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met. Advance care support plans were being compiled for

everyone as part of their care. An end of life box was available full of 'things for comfort', including essential oils, favourite songs playlists, oral tastes and other sensory items. People had coloured a person's favourite flower and sent as a bouquet following one person's passing.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was not rated. At the previous inspection in June 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

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

At our inspection in June 2019 the provider had failed to ensure there was adequate governance and oversight. This was a breach of regulation 17 (Good governance). At our inspection in March 2020, we did not rate this area as we only looked at parts of the key question. At this inspection all areas had been addressed to ensure safe, consistent systems for good governance were in place and effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives had confidence in the new manager and felt they were approachable. Relatives told us they knew who the manager was and found them easy to talk to. They said how well the window visits and regular communication had supported them. We saw positive interactions throughout our inspection between people living at the home and the managers. For example, chatting with people and welcoming them in the office.
- Staff were enthusiastic and positive about their work and there was a caring culture amongst the staff team, many having worked there for some time and reported seeing positive changes. Staff said, "Since new procedures have been introduced by the manager, Ashfield seems to work like a well-oiled machine, owing to the whole team working together." The management team had a good understanding of people's needs and the challenges staff faced on a day to day basis. For example, ensuring good management relating to a person whose health needs were increasing their behaviours which could be challenging for others. All staff knew the process to follow.
- The manager understood their responsibilities and a culture of openness and transparency was encouraged, for example including a more visible and accessible open office. People were seen popping in to chat with the manager and staff and encouraged to feel useful and valued for their contributions. Where issues could have been handled better the provider and staff team had discussed learning, for example allocating named staff to check on people's laundry and ensuring clear name tags. One staff member said, "I have been at Ashfield since February 2020, the difference I have seen in the home is amazing and I look forward to continuing working as part of an amazing team."

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

- People and their relatives were able to give their feedback about the service at one to one and regular

reviews and there was increased contact during the Covid-19 pandemic. People were kept informed of events at the service through a newsletter full of photos, such as 'Hats for Ascot'. Relatives said, "We get a newsletter with updates on visiting etc and their plans", "We get updates, monthly newsletters are very informative and then another with Christmas activities" and "The newsletters help, they thanked people for their patience with the pandemic and we are getting tested soon so we can visit."

● The manager and staff listened to feedback and looked at areas for improvement. People and their relatives told us management and staff were approachable, easy to talk to, they felt listened to and were able to resolve any issues raised with them. For example, relatives said, "If I had concerns I would go to any one of the staff, they all know [person's name]" and "It feels like staff do things for a good reason. [Person's name] knocked herself on a table and the manager let me know and explained she is now ordering a round table so no corners."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There was a regional care quality and compliance manager who showed us the weekly and monthly audits systems and spot checks in place. These were robust and included additional care plan spot checks and auditing of pandemic related tasks to keep people as safe as possible. There were clear systems in place to monitor, assess and improve the quality and safety of service people received. Audits within the home were comprehensive and sent on a regular basis to the provider management team for further scrutiny. The manager was well-supported by the provider and senior staff who all met virtually on a regular basis during the Covid-19 pandemic. The manager also regularly met and engaged with managers from other provider services to share knowledge, learning and ideas.

● The regional care quality and compliance manager told us, "I do virtual audits to ensure that managers are remaining compliant with all areas during the pandemic, as it's very easy to get side tracked with all the additional work they have been facing. Managers feed back to me every few weeks with actions they have completed. If I had a concern following my virtual audit, I would attend the service unannounced and investigate further. I offer support and guidance to the managers on the everyday running of the home and our systems and procedures as well as offering them moral support as it's been a very tough year with the pandemic and every changing guidelines."

● People, relatives, professionals involved in people's care and staff were all encouraged to give their views on the improvements they would like to see via a satisfaction survey or through regular contact. There were lots of examples where care had been adapted to suit people's individual needs. For example, ensuring different mobility equipment was sourced for a person with very frail skin to prevent bruising or recognising urinary frequency and discussing treatment with the GP.

● CQC had been notified of all significant events which had occurred as required by law and these were included in the audit process.

Working in partnership with others

● Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, referring appropriately to occupational therapists and the falls prevention team. Staff were also pro-active in researching how else they could make people's lives easier, for example sourcing effective topical creams and monitoring results.

● Links with the local community were being developed and the service was looking to increase trips out so that people had something to look forward to after the Covid-19 pandemic. This included a trip to some charity shops and forging links with local schools.