Ashgables House Limited

The Gables

Inspection report

Oak Lodge Close
Chippenham
Wiltshire
SN15 1NG

Tel: 01249658498
Website: www.alliedcare.co.uk

Date of inspection visit:
11 May 2016
12 May 2016

Date of publication:
05 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Ashgables provides care for up to 26 people. The home provides care for people with mental health needs and people with learning disabilities. On the day of the inspection there were 21 people living at the service.

The inspection took place on 11 and 12 May 2016 and was unannounced. The inspection was carried out by one inspector. At our last inspection in June 2014, we did not identify any concerns. This was the home's first rated inspection.

A registered manager was employed by the service. 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. The registered manager was present and approachable throughout our inspection. Staff and people who used the service told us the registered manager was always available if they needed to speak with her and had confidence in her abilities to manage the service. The relatives of people using the service were not available to speak to during the inspection however; positive written feedback was seen about the service from some people's relatives.

Many of the people currently living at the service have lived there for many years and have developed more specialist healthcare needs often associated with their increasing age. Due to this, in some cases people now require nursing care or care from staff with more specialist training. The service has started to address this and had already liaised with other healthcare professionals for support. They were aware they need to evolve to continue to provide effective support as required by the people living at Ashgables.

Risk assessments were in place but staff did not always have the full knowledge to support people in a way that would keep them safe from harm. Where some risk assessments had been completed there was not always a structured process in place to robustly monitor these risks. However, people told us they felt safe when receiving care and staff had the knowledge and confidence to identify safeguarding concerns and what to do if they were concerned about the safety and well-being of people using the service.

There were sufficient levels of staff and they were seen to be visible for people to call on should they need support. Staff recruitment records showed relevant checks had been completed before staff were employed at the home. These included employment references and Disclosure and Barring Service (DBS) checks. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Storage, disposal, ordering, receipt and administration of medicines were well managed.

The home was free from odours and appeared visibly clean with evidence of ongoing cleaning during our inspection.

Staff had completed mandatory training and training updates as required. The registered manager used a training matrix to manage the training needs of the staff team. Staff told us they received the training they required to give people the care they needed. Staff were also supported to carry out their role through regular supervisions (one to one meetings). It was noted however, that for more specific training such as management of people's specific medical requirements, staff required more training in these areas. We spoke to the registered manager about this and she confirmed that this was something they were aware of and looking into. Further training courses were identified to rectify this during the inspection.

People were able to make specific choices and decisions about their daily life. The registered manager was aware of the legal requirements to ensure decisions were made in people's best interests and was in the process of ensuring this was being met.

People had a varied diet and were offered choices in terms of food and drink and spoke positively about the food. However, some interaction from staff who supported people to eat their meals was not always done in a dignified manner.

During the inspection, there were some negative interactions between staff and people which did not demonstrate dignity or respect. However, people said they liked the staff and at other times during the inspection, staff were seen to be kind and caring towards people.

People were supported to have access to healthcare service and received ongoing healthcare support.

People were involved in developing their care plans and these contained information on their preferred routines, likes, dislikes and medical histories. Staff used these care plans to guide them in supporting people's needs. However, some care plans were seen to lack detail and guidance for staff to follow.

People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager also sought the views of relatives and professionals. The provider and registered manager had systems in place to monitor how the service was provided, to improve the quality of care provided.

Quality assurance systems were in place to regularly monitor the quality of the service. The registered manager worked with external services and organisations to share best practice and support.

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.

Staff were knowledgeable in recognising signs of potential abuse and in safeguarding reporting procedures.

There were sufficient numbers of trained staff to keep people safe and meet their needs.

The registered manager and provider carried out checks to assure themselves that staff were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People were supported to have access to healthcare services.

Staff were offered a range of training to help them do their job more effectively.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were usually caring and respectful towards people; however this was not consistent throughout the inspection.

Some staff did not display caring attitudes towards people. At times, we observed some negative interactions from staff towards people.

Interaction from staff who supported people to eat their meals was not always done in a dignified manner.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care plans lacked detail on how to manage specific conditions and on how to support people in accordance with their needs.

Although there was an activities program which included organised trips that people said they enjoyed, activities in the home were limited and some people said there wasn't enough for them to do.

People were involved in their care planning and these detailed their day to day preferences including their likes, dislikes and personal goals.

People said they were able to speak with the managers if they had any concerns or complaints. People were confident their concerns would be listened to and the appropriate action taken.

Is the service well-led?

Good

The service was well led.

The registered manager worked hard to continually improve the quality of care at the service.

The provider had a variety of systems in place to monitor the quality of care provided and made changes and improvements in response to findings.

People and staff expressed confidence in the registered manager and told us they were approachable.

The Gables

Detailed findings

Background to this inspection

The inspection was carried out 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 11 and 12 May 2016. This was an unannounced inspection. The inspection was carried out by one inspector. At our last inspection in June 2014 we did not identify any concerns about the care being provided.
Before the visit, we looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. 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, what the service does well and improvements they plan to make.

During the visit we spoke to seven people who use the service, the registered manager, five support staff, the cook and a member of staff from the maintenance team. Time was spent observing the way staff supported and interacted with people throughout the day. A range of records which included people's care plans and risk assessments, medicine administration records (MAR), staff personnel files, policies and procedures, complaint files and quality monitoring reports were also reviewed.

Care and support was observed in the communal lounges and dining areas during the inspection. People's experiences were observed at lunch time and the administering of medicines was also seen. The Short Observational Framework for Inspection (SOFI) was used. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. A SOFI was conducted on the second day of the inspection in a dining area.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and knew who to approach if they had any concerns. Comments included "I feel safe", "I feel quite safe and if I had any concerns I would speak to the manager" and "Staff always deal with things in an appropriate way to keep me safe".

Staff we spoke with could explain what keeping people safe meant. Staff were also able to describe for each person living at the home what they considered with regards to their individual safety and we saw they had responded to safeguarding issues in an appropriate way.
Staff were able to tell us how to identify signs of abuse when a person was not able to express this verbally, for example they said they would look for changes in a person's behaviour and body language. Staff also told us each person had a key worker who encouraged them to talk about how they felt by offering one to one chats on a daily basis. We saw from staff records they had received training in safeguarding adults from abuse and also in how to raise concerns. They said they would report abuse if they were concerned and were confident managers would act on this. Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with and could tell us who these agencies were. Where concerns had
been raised, the registered manager had worked well with the safeguarding authorities to address issues. The registered manager showed us a recent safeguarding referral which had been made concerning two people who used the service. This detailed the actions taken to support both people.

There were risks assessments in place within people's care records for personal care, nutritional needs and daily routines. For example a risk assessment had been completed for a person who wanted a kettle in their room. This risk assessment had determined the safety for the person and other people living at the home and was regularly reviewed. However, where other risks to people had been identified and assessed these were not always managed appropriately. For example, a person had an assessment which concluded they were at high risk of developing pressure ulcers yet there was no clear guidance in place for the continued monitoring of their skin to ensure problems were quickly identified. When we asked the registered manager about this they confirmed this person's skin integrity was checked on a daily basis and staff would report if there were any concerns. They agreed that a more robust process was required and confirmed this would be put in place straight away. The registered manager also told us they had already made contact with outside professionals to request nursing support for this person as their healthcare needs had recently become more complex and they were currently waiting for an outcome to this.

Sufficient staff were available to support people. The registered manager told us they rarely needed to use the service of agency workers as they are able to cover shifts with permanent staff. When days out had been arranged where staff were required to accompany people on day trips or holidays additional staff were added to the rota. People told us they were able to access help whenever they needed it. One person told us "When I needed to press my call bell, staff came quickly". We saw that people had access to staff and were routinely asked if they required anything.

Effective recruitment procedures were in place. Appropriate checks of employment history and other checks

to confirm a person was suitable to work in this environment had been carried out. This included Disclosure and Barring Service (DBS) checks and contacting previous employers for references. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff records demonstrated that DBS checks had been completed and references had been provided.

People's medicines were managed so they received them safely and as prescribed.

During observation of a medicines round it was seen that staff interacted positively with people and supported them to take their medicines. Staff explained to people what they were giving and sought consent before they administered medicines. They were patient with people and did not rush them, and they provided assistance when needed.

There were no people self-medicating at the time of our inspection however, staff told us people were asked every six months whether they would like to do this. Where people had the capacity they had also signed a consent form confirming this which was filed in with their care records.

All staff who administered medicines received training and undertook refresher training. There were processes in place to ensure staff were competent in administering medicines prior to doing this unsupervised. There was also regular supervision of staff to monitor their competency in administration of medicines.
People were clearly identified on the medication administration record with details of their date of birth, GP and any allergies. Medicines were correctly signed for and they were signed for only when medicines had been taken.

Systems were in place for the ordering, storage and disposal of medicines which included audits for administration, expiry of medicines and stock rotation. All medicines were stored as appropriate and stock balances tallied with medicines in storage.

Incidents and accidents were analysed and trends identified by the registered manager. The incident and accident file contained documents which detailed the people involved, event which took place and the actions taken to manage these. An example was seen of an incident between two people using the service. It detailed what actions had been put in place to support both people and identified ways to avoid recurrence of the incident.

The home was free from odours and appeared visibly clean with evidence of ongoing cleaning during our inspection. There were measures in place to manage infection control. There were sufficient supplies of Personal Protective Equipment (PPE) including disposable aprons and gloves and adequate provision of hand washing facilities and hand gel available in order to help prevent the spread of infection. There were cleaning schedules in place and evidence that these were being applied. The kitchen area was clean and well maintained. A cleaning record was maintained which showed a system was in place to ensure this was done. The kitchen area was clean and tidy and there was daily monitoring of food storage temperatures.

Good

Is the service effective?

Our findings

Staff were offered a range of training to help them do their job more effectively. Staff had completed mandatory training and training updates as required. This included training in safeguarding, manual handling, fire safety, infection control, dementia, managing challenging behaviour, mental capacity and as applicable, medicines management.

Processes were in place to monitor training and supervisions. This highlighted when refresher training and supervision meetings were due and these were up to date for most staff. Where staff had refresher training which was overdue, the assistant manager was able to give valid reasons for this and had plans in place to ensure those staff were supervised until training had been completed. The responsibility to perform supervisions and appraisals was shared between the registered manager and two assistant managers. Staff members said "Supervisions are an opportunity to request and revisit training and share best practice. I find them useful and I feel listened to" and "I have supervisions every three months. At the last supervision, I said I wanted to get more confident in writing care plans and (X) and other managers supported me with this".

Staff were able to describe how to care for the individual needs of people using the service however, this was not the case for all staff we spoke to. For example, two staff members were asked how they would support a person in the event of a seizure. Although these staff knew how to keep the person safe from injury during a seizure, they were not sure of other guidance that was available; for example, the need to note the duration of the seizure or how to provide appropriate care following this. When asked where they would locate the guidelines which detailed what to do, one staff member said "I think the guidelines are in the care plan but I am not too sure." However, they did confirm they would call for additional help and support in this or any such event where they felt further assistance may be required. This was raised with the registered manager during the inspection who said there was training in this area already scheduled for all staff to attend in May and December this year. She also confirmed that until then, she would make sure staff are reminded of the guidelines and aware of how to respond in this situation.

The service had recently recruited four new members of staff. There had been a formal procedure for the induction of these staff which included a three month period when they would read key policies and procedures, people's care plans and also complete essential training on meeting people's specific needs. These staff would then shadow experienced staff until they were assessed as being competent to work independently and would then have supervisions planned every two weeks for the first six months. The training matrix showed essential training at induction had been completed by these staff within the first 12 weeks of their employment. The assistant manager also said these staff would be completing the care certificate and had three months in which to complete this and the plan was to roll this out for all staff to complete this training. When specific training needs were identified by staff, these needs were met by the service. For example, the assistant manager said she had been supported when she had requested further training in human resourcing and that this training was now in the pipeline for completion.

People's consent to care and treatment was sought in line with legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of individuals who may lack the

mental capacity to do so for themselves. The Act requires 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 is called the Deprivation of Liberty Safeguards (DoLS).

The service worked within the principles of the MCA. The registered manager was aware of their responsibility to ensure they complied with the Act and was able to explain how, if someone lacked capacity to make a specific decision they would deal with this. They were able to say how a capacity assessments and best interest discussions took place with people, their relatives and appropriate professionals. There were records of when mental capacity and best interest discussions had taken place. Other staff members were able to confirm they understood the principles of the MCA. Applications to authorise restrictions for some people had been made by the service and were being processed by the local authority, the supervisory body.

Records seen evidenced people had made their own choices and decisions about their care.
For example, a consent form had been completed which detailed one person's wishes relating to specific decisions regarding their medical treatment. It gave instructions about what to do in the event they did not have the capacity to do so at the time this was required. Consent forms had also been signed where people chose not to self-administer their own medicines.

People were offered choices in terms of food and drink and snacks were available if requested. Healthy eating was encouraged but this did not prevent people being able to make their own choices if they preferred alternatives. People and staff told us they held regular meetings where food choices and menus were discussed. Following these meetings the cook was given a list of these choices which were incorporated into the menu. People spoke positively about the food. Comments included "I like the food", "The food is lovely and I get a choice of what to eat", "The food is beautiful and I get enough of it", "I get a choice of food, I like meat and potatoes and sometimes I am given it" and "We didn't have sprouts but (X) liked sprouts and now we get them".

People had access to sufficient food and drink throughout the day during the inspection. People had snacks available in their rooms, were also able to request snacks from the kitchen and there was juice available in the lounge areas. Meals were also taken when trips were arranged.

People had been assessed in terms of their risk of malnutrition and where required, care staff monitored people's weight and their food and fluid intake. This was to ensure people had enough to eat and drink and to put in place preventative measures if there were concerns about a person's weight.

People's care records showed relevant health and social care professionals were involved with people's care. Any changes in people's health or well-being prompted a referral to their GP or other healthcare professionals. The service also had its own transport which was used for taking people to healthcare and other appointments when required.

Requires Improvement

Is the service caring?

Our findings

During the inspection, we observed staff showing care and respect towards people, however this was not consistent. For example, a board game was being played by one person and a member of staff. During the game, there were nice interactions and encouragement however, another person was not included in the game. This person was unable to move closer to them without assistance and was unable to verbalise their wishes. The staff member playing the game and another staff member who was watching the game had their back turned towards this person and did not acknowledge them although it was clear from this person's body language they were interested in watching the game. This showed no respect for this person.

On the second day of the inspection, a staff member was observed moving a person who was sat in a wheelchair. They did not explain to this person what they were about to do and had walked up from behind them before taking them in the wheelchair to a dining table. Further to this, still without any comment from the member of staff, a plate of food was placed in front of them before the staff member walked away. This person required some support with their meal. During the meal two different members of staff supported this person on separate occasions with long periods of time when the person was left without support. During the time when they were left, other staff members were seen to be standing around talking between themselves and they did not involve this person in their conversation. When staff came to assist it was not done in a caring or dignified way. One staff member was seen to be standing next to the person whilst supporting them with their meal during which time there was no verbal interaction. The meal had arrived with this person at 12noon. At 12.40pm a staff member stood behind this person and stated "Is he still eating that?" The dinner plate was taken away at 12.47pm when the person had finished the meal. When the staff member returned they placed a bowl of yoghurt and fruit on the table. There was no interaction with the person apart from them saying "Pudding". They sat down and watched as the person tried to eat it. Without saying anything, the staff member took the spoon out of the person's hand and placed a spoon of yoghurt into their mouth. The person was not treated with respect and the support given was not done in a dignified way.
At 1pm, another person approached a member of staff and asked them to help them shave. The member of staff said their face needed to be wet so to wait until the evening when they had a shower or to wait until the next day. This staff member was not busy at the time and immediately prior to being asked for help had been standing around not doing anything. Two minutes after being asked for help, the staff member went outside and had a cigarette. This meant the person asking for support was not cared for in a dignified or respectful way.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (10[1])

Although there were concerns, in general, there were kind and warm interactions observed between people and staff. For example, one person said they were not feeling very happy following an incident with another person using the service. Staff offered reassurance to this person. They sat down with them and talked through possible solutions to help them feel better. Staff also supported a person who was concerned as they were unsure of the time of a forthcoming hospital appointment. The staff member reassured this

person by speaking to them softly and calmly and told them when their appointment was. They also explained they also had made an entry in the diary so all staff would be aware of the appointment. One person approached a member of staff and told them they had a hospital questionnaire to complete. Although the person had not directly asked for support with the questionnaire, the staff member saw they looked anxious. The staff member responded by offering support saying "Would you like me to help you with that?" and when the person said they would like help a time was agreed between both the person and staff member. The person said they felt happier knowing they were going to have this help.

People said the staff were caring and kind towards them. One person said how staff had helped them when they were unable to sleep and had discussed possible suggestions that may help with this. One suggestion had been to have a hot drink to relax them before they went to bed which staff bought for them. They said this "Worked a treat". Other comments from people included; "The staff are very nice, very kind and very helpful. I get on with them all", and "On my down days, staff talk to me and take time out for me". A satisfaction survey had been sent to all people using the service and their relatives. One person said in their feedback "I'm more independent and feel happy that the staff are there to support me". The overall feedback from relatives stated they were satisfied with the care that was being given to their loved ones. Although people's relatives were not seen during the inspection, people told us their relatives were able to visit whenever they wanted.

Staff told us they cared about the people they supported. We were told about a person who was using the service and how staff had helped them gain more independence which enabled them to move into supported living. One person said the day before the inspection, a trip had to be cancelled due to the weather but they'd "had a lovely day out" as staff had organised an alternative trip at short notice. Staff gave people choices and respected their wishes. People were able to choose where they spent their time. When people wished to remain in their rooms, staff respected their choice to do that. One staff member who said they were a key worker for a person who preferred to stay in their room said although they respect their wishes, they ensure they visit this person in their room to support them and have a chat about their interests to avoid them becoming isolated.

People's bedrooms were personalised and contained pictures, ornaments and things each person wanted in their bedroom. One person said of their room – "It is lovely, it's just like a bedsit and I have all my things in it".

Staff had all received training in dignity and respect as well as equality and diversity. One staff member told us they would try to promote this by encouraging people to be independent, allowing them to say what they would like to be included in and by encouraging them to make choices. They also said they would consider the wishes of people by supporting them to feel comfortable in expressing their needs. One member of staff said part of the training in using the hoist involved staff being hoisted. This meant staff were made aware of the experience and enabled them to know how a person may feel whilst being mobilised with the aid of a hoist.

Care plans were written in a respectful way and these were personalised for each person. For example, one person's care plan detailed their preferred daily routine including what they liked to wear and what they like to be reminded of when they go out. It also detailed guidance for healthcare staff during hospital appointments and explained how they like to listen to music when receiving treatment.

People were supported to be independent and were encouraged to do things for themselves. However, people said they liked staff to do things for them. Staff said they tried to encourage people to be more independent as many people had become reliant on staff to help them with their daily tasks. Although staff

said some people still carried out daily tasks such as putting their own clothes away and making their bed the registered manager told us many people who had previously been more independent, no longer did these things. This had happened in some instances due to a temporary change in a person's health which meant they were unable to do these things for themselves but that for some people, who had lived at Ashgables for a number of years, they had become accustomed to depending on staff to do these things for them. The registered manager said they were aware people needed more encouragement in regaining their independence had had ideas to promote this further. For example, although there was juice available in the lounge areas, if people wanted alternative drinks they would need to ask staff. The registered manager therefore planned to make a tea trolley available where there would be a range of drinks for people to help themselves therefore promoting their independence.

Care records showed people's wishes in relation to their end of life plan were captured. These included people's wishes in relation to their funeral arrangements for example, burial/cremation.

Requires Improvement

Is the service responsive?

Our findings

Some care plans lacked detail and guidance on how to manage specific conditions and how to support people. For example, one person's care plan stated they needed more support to help them communicate but did not give guidance on how this could be done. Another care plan stated a person had urinary incontinence and required support in going to the toilet however in their daily records it stated they had a catheter and therefore different support to that detailed in the care plan was required. This care plan also stated that this person's food intake was to be monitored but there was no instruction on how this should be done. This was discussed with the registered manager during the inspection. They said they were in the process of improving the quality of care plans and would ensure this was corrected straight away.
There was clear documentation for shift handovers for each unit. These included information on any changes to people's prescribed medications and any concerns such as people's dietary intake and emotional or sleep difficulties. Details in shift handover documents also detailed housekeeping notes, planned visitors and appointments.

Although some care plans lacked details on how to support people, they did have good information on a person's day to day preferences which included their hobbies and interests, likes, dislikes and personal goals. The registered manager said a new system was currently being introduced to document informal one to one daily communication with people. This had been implemented in response to an internal review of people's daily notes which had highlighted there was no clear structure in recording this dialogue. All staff were aware of the importance of this to ensure people were encouraged to be involved in their care. The registered manager said the information on this document would include discussion on people's care plans, what activities they would like to do, what activities they have done, how they felt about these and what suggestions and aspirations they have.

People were involved in their care planning and had signed to confirm after discussion with staff they agreed with what had been recorded. Relatives were also involved in helping to make decisions on the care of their loved ones. People said they were happy with their care plans and were involved when these were reviewed.

A new activity coordinator had been appointed but was on leave at the time of the inspection. The activity centre where daily activities usually took place was not in use and staff said this was due to it currently being renovated. At the time of the inspection, there were not many activities occurring in the home. People either sat and watched TV, chatted, read books and magazines or made jigsaws. There was an activity plan in place which included organised trips however, people said they missed the activity centre which had been shut for the last two weeks and said there hadn't been enough to do in the home since then. Staff said it was due to re-open on return of the new activities coordinator in the forthcoming week. People said they had previously enjoyed going to the activity centre which included modelling, painting, colouring and games. The cook said people had recently enjoyed helping out with a fundraising cake day and also decorating biscuits at Easter and staff also spoke about other past events including open days, bar-b-queues, sports days and celebration of various annual festivities.

Staff told us people were given the choice to participate in activities and trips but if they wished to stay in their room, they respected that. The activity plan incorporated day trips and holidays for people living at Ashgables. Regular meetings were held for people living at the home where ideas for trips and activities were discussed. Where people were unable or did not wish to attend these meetings, one to one discussions took place. This meant everyone living at Ashgables had the opportunity to choose what activities they would like to do. A list of activities was also on display for people to see. Trips included visits to the local shops, meals out, the local zoo, tourist attractions and museums. One person showed photos on the wall of their room of holidays and trips that had been organised by the home. They said they had really enjoyed these and said they were looking forward to a holiday in Dorset that had been planned for later this year. Some people said they also enjoyed regular visits to the local social and leisure club which included various activities such as fish and chip suppers, bingo and making crafts. Activities were offered on an individual basis. If people were able to, they would also visit the local shops independently or with a relative, friend or support worker if they wished to do so.

Staff had good links with other services and health care professionals. Where there were concerns or requests from people to access services, these were followed up.
There was a procedure in place which outlined how the provider would respond to complaints. The home had not received many complaints and when they had, these had been dealt with in line with the provider's procedure. There was a notice board in the home which displayed information for people on how to make a complaint. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. One person said they had not had to complain but would go to the manager if they were not happy. People said they felt comfortable speaking with the registered manager or a member of staff.

Regular meetings took place where people had the opportunity to express any concerns and make suggestions to enhance their satisfaction and experience of living at Ashgables. For example, in the minutes from a recent meeting, people had suggested they would like to see improvements to the look and accessibility of the garden. A member of the maintenance team told us that following this suggestion, plans were in place to add planters and also create easier access for wheelchair users in the garden area. A new, larger TV had also been requested for one of the communal areas. This was now installed and people said how pleased they were with it.
The home sought feedback from healthcare teams involved with the home including community psychiatric nurses, social workers and GPs. As well as encouraging people and their relatives to give ongoing feedback, a questionnaire was also sent out annually. Although at the time of the inspection, no one was using the services of an advocate, people were made aware of the opportunity to have the support from advocacy services should they wish to do so.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two assistant managers. All people who used the service and staff spoke highly of the support from the management team.
People spoke positively about the registered manager. Written compliments from people's relatives were also positive. People's comments included "She (registered manager) is brilliant – couldn't be better" and "If there is anything I am worried about, I can always speak to the manager". During the inspection, one person approached the manager for advice and support following an incident. The registered manager was able to reassure and calm them and showed kindness and compassion towards them.
Staff told us they felt supported by the registered manager. Comments included; ""She comes out of the office and is very hands on", "Positive changes have been influenced by the registered manager since she has worked here", "If staff leave, replacements are recruited straight away" and "She (registered manager) is very approachable".
The registered manager spoke highly of their staff and said staff worked hard and tried to make life as fun as possible for the people who live at the home. They said key assets of the service were the homely environment and the people who lived there.
Staff meetings took place every two months. These included the opportunity for staff to hold discussions and feedback on the service, discuss training requirements, propose activities for people and how to continually improve the quality of care. Since the recruitment of new staff, the registered manager had worked hard to build an effective staff team. Staff meeting minutes reiterated staff conduct, team work; helping each other and also on giving people freedom of choice. In recognition of additional training needs for staff in mental health awareness and person centred care, the registered manager also had plans for staff to complete further more comprehensive training in this area. Following the most recent staff meeting in March 2016, the minutes included the following statement: 'We are here to enrich the lives of the individual that uses the service'. Key workers also had weekly meetings with the registered manager where they were encouraged to share ideas to improve the quality of the service.
The provider had a system of quality management in place which was designed to identify areas for improvement in the service. Following review of findings during quality assurance processes, the registered manager had put corrective actions in place to correct issues, For example, it had already been identified that further training was required for staff in the management of epilepsy and this had been scheduled in the forthcoming week for staff to attend. They had also recognised where some people's needs had changed in line with the degree and type of care they required and had begun to liaise with other healthcare professionals to seek support with this. Quarterly visits were undertaken by an external manager where all systems, policies and procedures were reviewed. Documentation was seen for quality assurance systems and audits. These included safe management of medicines, infection control and health and safety. The registered manager performed daily, weekly and monthly checks on the operation of the service. For example, daily checklists were completed by the team leader for each unit. Details of these checklists would include any changes to people's medicines and whether there have been any incidents and accidents. The registered manager said they would cross check these daily checklists against MAR sheets and the incident/accident report book to ensure these have been recorded as required. The assistant managers would also be delegated to perform a weekly check regarding the cleanliness of the home; for example, checking bins have been emptied and looking at the general cleanliness around the home.

There were also good processes in place to check the maintenance, servicing and safety of the home and of the equipment being used. All checks were up to date including those for safe water temperature, fire alarm and portable appliance testing (PAT).

People, their relatives and staff were encouraged to give their views about the service they received. Questionnaires were given to people using the service and their relatives each year. We saw the results from the latest survey. Overall the survey showed people and their relatives were satisfied with the service however there was a general feel that people were dissatisfied due to the lack of continuous home improvements. In response to this a program of improvements had already begun. A new shower had been installed and some of the rooms re-decorated. Written compliments received from people's relatives said they were pleased with these improvements.
All staff said they had regular one to one time with the management team. They said this was helpful in their development and they had the opportunity for further training. Records showed regular supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. Staff said they felt supervisions were constructive and positive.

The registered manager recognised the changing needs of individuals using the service and spoke about their aim to be innovative and creative in working towards encouraging people to be more independent, giving them choices and making sure they do not become socially isolated. The service liaised with external services and organisations and sought advice and support from them to keep up to date with the latest advice and guidance on how too continually provide a high quality service for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff did not always treat people with respect and did not always treat people in a caring and compassionate way. Staff did not always respect people's personal preferences.