

ZMA Manchester Limited

Ashley House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 2 December and the afternoon of 3 December 2014 and was unannounced. This means we did not give the provider prior knowledge of our inspection.

Ashley House is registered to provide accommodation and personal care for up to 18 people. The home is situated on the main road close to local amenities and public transport links into Manchester city centre, Didsbury and Chorlton. The home is a large detached

property set in its own grounds. Car parking is available on the road. The home has 14 single occupancy rooms and two double rooms. There is a lounge and a separate dining room on the ground floor. The first floor is accessed by a lift.

We last inspected Ashley House Residential Home in September 2014. During that inspection we identified breaches in four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. For

Summary of findings

example we found care records did not contain accurate and up to date information relating to people's needs and the home required maintenance and cleaning to provide a safe and suitable environment for people to live in. We also found the audit systems in place required improvement to ensure shortfalls in record keeping and the maintenance of the building were identified. The provider sent us an action plan detailing how they would ensure improvements would be made.

During this inspection we saw legal requirements had been met. Repairs and maintenance had been carried out to the environment, the home was clean and records contained accurate and person centred information to enable staff to deliver care safely and in accordance with people's needs and preferences. We saw documentation which showed us there was an audit system in place to identify shortfalls and where shortfalls were noted, action was taken to ensure improvements were made.

The home has a manager in place who was registered with the Care Quality Commission

in March 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw, and were told by people that lived at Ashley House that staff were kind. We observed people being supported with respect and compassion. Staff were attentive to people's needs and offered comfort and reassurance patiently and with kindness. We observed people engaging in organised recreational activities and saw this was a positive experience for them.

People were supported to eat sufficient amounts to meet their needs and people we spoke with told us they enjoyed the food and were offered alternatives if they did not want the meal provided. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

The care records we viewed showed us that people's health was monitored and referrals were made to other health professionals as required. We saw evidence that if people's needs changed this was recorded and the staff we spoke with were knowledgeable regarding the needs and preferences of people who lived at Ashley House.

Staffing was arranged in advance to ensure there were sufficient staff to provide consistent and prompt care. Staff told us they were well supported by the manager and they engaged in staff meetings and one to one meetings to discuss their performance and any training needs. We saw documentation that confirmed this.

The environment was clean and free from clutter. We saw redecoration had taken place in some bedrooms and new furniture had been provided in communal areas and in some bedrooms. We saw documentation that showed us repairs were identified and attended to promptly and that audits were in place to check the home remained in good repair. We discussed these with the manager and the owner of the home who told us of the planned improvements they intended to make.

We saw that there were procedures in place to instruct staff in the action to take if they were concerned that someone was at risk of harm or abuse and the staff we spoke to were knowledgeable about these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were processes in place to ensure the environment was clean and hygienic. This meant people were protected from the identifiable risk of infection.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

Staff received training and development and supervision to ensure people were cared for by knowledgeable and competent staff.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

There were processes in place to ensure the environment met the needs of people who lived at the home.

Good



Is the service caring?

We saw staff provided support to people with empathy and respect. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

Relatives told us they were involved in their family members' care and we saw documentation reflected individual needs and wishes.

There were systems in place to enable people to express their comments, concerns and complaints to improve the service offered.

People were provided with and encouraged to engage in activities that were meaningful to them.

Good



Is the service well-led?

The service was well-led.

There were audit systems in place to ensure any shortfalls were identified and improvements made.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



Summary of findings

Care documentation was up to date and accurately reflected people's assessed needs.	
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Ashley House Residential Home

Detailed findings

Background to this inspection

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

This inspection was carried out by an adult social care inspector. We reviewed previous inspection reports and notifications that we had received. In addition we spoke with a social worker and a commissioner at the local authority, who visited the service. We received positive

During the inspection we spoke with five people who lived at Ashley House, three relatives, four staff and the domestic staff. We spoke with the registered manager, the owners of the home and two visiting health professionals. Following the inspection we contacted two relatives by phone to gain their views of the service provided. We also observed the interactions between staff and people who lived at Ashley House and looked at all areas of the home, for example we viewed lounges, people's rooms and communal bathrooms. At the time of the inspection there were 17 people resident at the home.

We looked at a range of documentation which included three care records, three staff files and audits that the manager and owner had completed. We also looked at a sample of medication and administration records.

Is the service safe?

Our findings

People told us they felt safe. We asked four people who lived at the home if they felt safe and they told us they did. Comments we received included; "I trust the staff, they look after me." "I would say if I didn't but I've never had a reason not to feel safe.", "Yes. Totally." and "I'm alright here." Relatives we spoke with told us; "I don't feel at all anxious. I know (my family member) is well looked after" and "Yes I believe (my family member) is well cared for, kept safe and comfortable and well-loved actually."

We saw the home had a safeguarding procedure in place and numbers for the local safeguarding authorities were available to staff. We asked staff to explain their understanding of this and staff responses showed us they were able to identify the signs and symptoms of abuse and refer these appropriately. All the staff we spoke with were clear they would not hesitate to report concerns and told us they had received training in the safeguarding procedure. We were told; "Of course I would report if I thought people were being harmed. That could be my Mum or Dad and I treat people how I would want them treated"; "I couldn't stand by and see someone hurt, I would have to report it to protect them." And "I would report anything that worried me without hesitation – that's part of my job and I'd protect the people here." The procedures in place helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out as required. We were aware the registered manager had reported two safeguarding concerns to the local safeguarding authority and as required by legislation to the CQC. These had been investigated by the safe guarding authority and concluded. This demonstrated to us the home was following the required safeguarding procedures.

The care records we viewed contained risk assessments to ensure people's needs were identified and care and treatment were planned to meet those needs. We saw they contained risk assessments in areas such as skin integrity, nutrition and mobility. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely. During the inspection we saw staff identified risks and responded to these appropriately. For example we saw if a person required support to mobilise, this was given in accordance with their assessed needs. We saw a staff member advise a person

not to carry personal possessions on their walking frame as this may have caused them to fall. The staff member supported the person by carrying the items for them, therefore minimised the risk of an accident occurring.

We saw documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home and we asked three staff to describe the recruitment process to us. All the staff we asked told us that prior to being employed by the service new staff had to complete an interview and satisfactory references and disclosure and barring checks had to be obtained. We looked at the recruitment records for three staff and viewed documentation that confirmed suitable recruitment checks were carried out. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

We asked the registered manager to explain how they ensured sufficient staff were available to meet people's needs. We were told and we saw documentation that showed us rotas were completed in advance. This helped ensure any shortfalls due to leave were identified and cover was identified. We were told the home did not use agency staff as the manager wanted to ensure people were supported by a regular team of staff who knew people's needs and were able to provide consistent care. The staff we spoke with confirmed if shortfalls were identified in the rota, they provided cover and this was arranged in advance wherever possible. In the event of unplanned leave we were told the manager ensured staff were contacted to enable cover to be provided.

During the inspection we saw if people required assistance, this was provided promptly.

We observed staff were patient with people and did not rush them in anyway. Staff were seen to spend time sitting and talking with people and this was enjoyed by the people who lived at the home. People told us they did not have to wait for help if they needed it. For example we were told; "There's always someone around." and "You won't know what waiting is if you come to live here." Relatives we spoke with also told us they considered there to be sufficient staff available to meet people's needs.

At our last inspection we saw improvements were required to ensure the safety and wellbeing of people who lived at Ashley House. For example in all the bedrooms we viewed we saw an

Is the service safe?

excessive build-up of dust was present on the tops of wardrobes, and in four bedrooms we

saw the window sills contained visible dust and the floors required vacuuming

as there was a build-up of debris on the floor. On one corridor windowsill we saw a build-up

of dust and cobwebs, with dead flies within them and in a communal bathroom we saw

a used razor had been left on the windowsill. In addition to this we saw clinical waste was not stored securely and commodes were cleaned in a laundry area when clean laundry was present. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection the people we spoke with at Ashley House all told us they were happy with the cleanliness of their rooms. In addition to this we asked relatives if they were satisfied with the cleanliness of the environment. We received positive feedback. One person told us; "It's cleaner here than when I was at home." Another person said "There's a cleaner here you know and they keep it sparkling." Relatives told us; "It smells clean now", "It's cleaner now they've got a domestic. You can tell the difference." And "The standards here have improved dramatically."

We visited twelve bedrooms within the home and saw they were clean and free from dust and there was no debris on the floors. We saw corridor windowsills were free from clutter and dust and bathrooms did not contain used razors or individual toiletries. It is important that the environment remains clean, toiletries are not shared and used razors are disposed of as this minimises the risk of cross infection.

Since the last inspection, the home had employed a housekeeper. We spoke with them and they explained their role and the tasks they completed to ensure the home remained clean. From our conversation we learnt the manager and an infection control lead checked to ensure cleaning schedules were adhered to and records of cleaning were maintained to ensure tasks were completed. We viewed the cleaning schedule and saw this gave clear instruction on when cleaning was to be carried out. From

the feedback we received, our observations and the records we viewed we saw improvements had been made and people were protected from the identifiable risk and spread of infection.

We checked to see if clinical waste was stored securely. We saw the gates to the garden were secure and the clinical waste bin was locked. This meant clinical waste was stored securely in order to prevent the risk of infection.

We asked the manager how the risk of infection was minimised as staff cleaned commodes in the laundry area. The manager told us the owner was planning to build a separate sluice area but at this time staff checked the laundry was empty of laundered clothing or bedding before carrying out the cleaning. The staff we spoke with confirmed this. The measures in place minimised the risk and spread of infection.

During the inspection we saw staff used personal protective equipment (PPE) such as colour coded gloves and aprons when supporting people with personal care. All the staff we spoke with told us they had received instruction on how to use the PPE and also on the 'spillage kits' that had been purchased. These are kits that enable spillages of bodily fluids to be cleaned safely. Staff were able to describe the action they would take and we saw the kit was accessible to staff. We found improvements had been made.

We checked to see suitable arrangements were in place for the safe administration of medication and asked a staff member to describe the arrangements in place. We were told that medication was checked by two members of staff when it came into the home and it was then stored securely in an unused bathroom. There was no medication room at Ashley House and we were told there were plans to convert an unused bathroom into a medication room within the next twelve months.

We saw the unused bathroom was locked and the manager and staff told us the keys were only accessible to senior staff who were trained in the administration of medication. We checked a sample of medication and administration records (MAR) and saw the record and amount of medication on site matched. We saw medication was administered from a medication trolley that was locked and stored securely when not in use. At the time of our inspection there was no medication that required storing in a refrigerator. The manager and the owner told us they

Is the service safe?

were arranging to have a new refrigerator delivered as the previous one was not maintaining a consistent temperature as required by regulation. This showed us there were systems in place to ensure medication was managed safely.

We observed staff administering medication and saw staff spoke to people before they administered their medication. They explained what the medication was for and asked if they were ready to receive it. When people consented the staff checked the MAR and then checked the medication before giving it to the person. If people declined we saw their wishes were respected. We saw the

MAR was signed on administration, or if a person refused their medication. This helped ensure accurate records were maintained and minimised the risk of medication errors occurring. We looked at a sample of MARs and saw these were completed in full with no gaps. We saw the home recorded medication that was returned to the pharmacy and the staff member we spoke with was able to describe the arrangements in place for ordering and disposal of medication. Our conversations and observations showed us there were arrangements in place for the safe use of medicines.

Is the service effective?

Our findings

During the last inspection we identified improvements were required to ensure the environment was a suitable place for people to live. We saw windows required repair, some areas of the home required decoration, and appropriate signage was not available to assist people who lived with dementia to live independently. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw improvements had been made. We saw a window had been replaced and we were told a further window had been ordered and was booked for installation. In addition we saw the owner had completed an audit to assess the areas of the home that required repair and action was being taken to improve the standard of decoration within the home.

We were told four bedrooms had been redecorated and we viewed three of these and saw they were clean, pleasantly decorated and in good repair. We also noted in two bedrooms, carpets had been replaced. We also saw decoration had taken place in communal areas. For example we saw radiator covers had been painted and areas of damaged plaster had been repaired. The owner and the manager told us further repair and redecoration was planned and this would be scheduled sensitively so people who lived at the home were not adversely affected in any way.

We saw appropriate signage was displayed and we saw this being used by people who lived at the home. For example we saw one person was looking for the bathroom. We observed them look at the room doors and on seeing the sign they identified the bathroom. Appropriate signage is important as it enables people to live more independently.

We also saw the numbers on the bedroom doors had been changed. At our previous inspection we saw the numbers on the bedroom doors were small and were not easily visible. At this inspection we saw the numbers were large and brightly coloured so they were noticeable. The manager told us they were planning to consult people who lived at Ashley House and their relatives on other ways to make people's bedroom doors memorable. For example by the introduction of pictorial images, photographs and items of personal memorabilia. We considered improvements had been made.

All the people we spoke with told us they liked the food choices available at Ashley House. We were told "I think the food has a lot going for it. It's tasty", "I'm not keen on fruit salad but the custard is lovely and I can ask for anything within reason", "The food's a lot better now."

We observed people eating their midday and evening meal and saw they were offered choice. Some people chose to eat their meal in the lounge using a small table and we observed the meal was well presented with napkins, condiments and a drink. People were asked if they were happy with the meal before staff left. People who chose to eat in the communal areas were asked where they wanted to sit and the tables were clean with napkins, drinks and condiments available. We observed people being encouraged to eat and staff discreetly observed people to ensure they ate sufficient to meet their needs. If a meal was declined staff offered alternatives. There was a sociable atmosphere, with music playing at a low volume in the background and we saw people were chatting and appeared relaxed.

We observed staff to be confident when supporting people. All the staff we spoke with told us they had received training to enable them to provide effective care. They told us training had been provided in areas such as moving and handling, safeguarding, food hygiene and dementia awareness. Staff also told us they met with the manager at least six times a year to discuss their role and their performance and we saw documentation that showed us this took place. During the inspection we observed training in continence care being provided for staff by an external provider. We saw the staff that attended were interested in the training, asked questions and sought clarity if they were unclear about anything. All the people we spoke with told us they considered the staff to be knowledgeable and the relatives we spoke with also spoke positively regarding the competence of the staff at Ashley House. This showed us staff received sufficient training and support to enable them to deliver effective care.

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met. In the care documentation we viewed we saw people's health was monitored and referrals were made to other

Is the service effective?

health professionals as required. For example we saw referrals had been made to a physiotherapist, dietician and speech and language therapist. This showed us people's health was monitored and action taken to ensure people received effective care.

The CQC monitors the operation in care homes of the Deprivation of Liberty Safeguards

(DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We were told by the manager of Ashley House there were no people for whom a DoLS authorisation had been approved at the time of our visit. We observed people moving freely about the home and we were told people could leave the home if they wished to do so. The staff we spoke with confirmed this was the case. The manager told us they would complete the

required documentation and submit this to the appropriate authorities as required if they believed a person was at risk and required restrictions to be introduced to maintain their health and well-being. .

We asked the registered manager how they ensured the care delivered at the home was up to date and in accordance with best practice. The manager told us they sought advice from other professionals. For example they had worked closely with the community infection control nurse to ensure that systems introduced to maintain levels of cleanliness met the required standards. They told us they also sought best practice information from relevant websites such as the Alzheimer's Research UK and Active Minds. The manager told us that as a result of this they had obtained reminiscence resources and these were being used to encourage people who lived at the home to engage in activities that were meaningful to them. We spoke with a staff member who carried out activities and they confirmed this was the case. This showed us the registered manager sought to improve the service provided using up to date and current information.

Is the service caring?

Our findings

People told us they felt cared for and loved. Comments we received were: “I’m a bit spoilt really”, “I’m happy with the staff, they’re good with me and don’t assume anything – they ask and that’s important when you live in a home”, “I’m glad I chose here, the staff look after me” and “The staff here are very polite and that’s the good thing about being here, it’s like a family.”

During the inspection we saw staff were kind and caring when interacting with people who lived at the home. We observed one person became distressed and a staff member sat with them, holding their hand and speaking quietly to reassure them. We saw that during this the person’s dignity was protected. The staff member asked if the person would prefer to move to a quiet area and on refusal, the care staff respected their wishes and sat in front of them so they could not be observed by other people in the area.

We saw staff were polite and respectful when speaking with people and they took time to allow the person to respond. People were seen to be comfortable and relaxed in staff presence and made jokes and laughed with the staff. The relatives we spoke with confirmed they felt Ashley House was a caring place to live. They told us; “The staff are patient” and “The staff are very helpful and very kind.”

The care records we viewed had been written in a person-centred way. Each one contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences. All of the staff were able to demonstrate a good knowledge of people’s individual histories and personal choices. This is important as it enables staff to understand and respond to people living with dementia in a way that meets their needs.

We saw people were asked to consent to care before it was given. For example we saw people were asked if they wanted support to mobilise, cut up their food, and pour their drinks before this was carried out. We observed staff checking that people were happy for them to enter their rooms unaccompanied if people wanted an item collecting from their bedroom and if staff entered a bedroom which was occupied we saw staff knock and wait for an answer before entering. This showed us people’s privacy and dignity was upheld.

We saw people were supported to spend time doing things that were important to them. For example we saw one person did not want to join in an organised activity and staff spoke with them and asked what they would prefer to do. We saw the person decided they would prefer to look at personal documents. They were supported to do so by staff and we observed staff were interested in the person’s experiences and were respectful of the person’s beliefs. This showed us staff supported people in a way that recognised their individuality and was important to them.

Is the service responsive?

Our findings

People told us there was plenty to do at Ashley House. The people we spoke with were complimentary about the activities that were provided for people. Comments we received included; “The manager’s made some cracking changes, we have meetings now”, “I like the arm chair aerobics. And “The activities are very good. Sing-songs, panto’s what more could I ask for.”

During the inspection we saw activities were being carried out. We saw people were asked if they wanted to participate in card making and this was well organised with staff support available if required. We saw people laughing and chatting and staff used the activity as an opportunity to encourage people to reminisce on life experiences. We saw this was a positive experience for people at Ashley House. During the day we also saw people were asked to join in a sing-song, or if they wanted a manicure. We observed people being encouraged to socialise, for example the sing-song resulted in a discussion about people’s favourite songs and the reasons why this was.

The manager told us they had recently extended a staff member’s role to incorporate activities. They told us this was in response to feedback from relatives and people who lived at Ashley House. We spoke with the staff member who told us they had spoken to people who lived at Ashley house and had designed an activity programme based on people’s wishes. We saw the activity programme was displayed in the reception of the home and included ‘arm chair aerobics’, film afternoons and mince pie and sherry.

The manager told us they invited people and their relatives to a three monthly review meeting to discuss their care in order to ensure people received care that met their needs and wishes. We saw documentation that showed us this

had taken place with some relatives and the relatives we spoke with were aware that this had been introduced. This showed the home was seeking ways to support effective care planning.

The care records we viewed contained information that was individual to the person, for example social histories and important events were included so staff could respond to people with understanding and in a way that recognised them as an individual. The people we spoke with told us they considered staff knew them and relatives we spoke with confirmed this. One relative told us; “I’m easily able to talk with them about (my family member). I read and sign the care plans and they’re really good at the little things that are important to (my family member).” And “They know all about (my family member), every little detail.”

We saw documentation that showed us if people became unwell they were referred to a GP promptly and this was confirmed by the people we spoke with and relatives. This showed us staff responded to changes in people’s needs.

We asked people if they were confident to raise any concerns or complaints if they were unhappy with anything. They told us they were happy and did not have any complaints, but that they would speak to the staff if they needed to. Comments we received included; “I could talk to anyone here, they’re all lovely.” And “Yes. I trust them.”

We viewed the home’s complaint procedure and complaints log. We saw if a complaint was made this was responded to and records were kept of the outcome. This showed us the registered manager responded to complaints in accordance with the policy in place at Ashley House. In addition we saw the registered manager had introduced a suggestions box in the reception of the service. We discussed this with the manager who told us they wanted to increase the ways in which feedback could be given in order to identify areas of improvement and areas in which the home did well.

Is the service well-led?

Our findings

At our last inspection we saw improvements were required to ensure the service was well-led. There were no completed quality assurance audits to enable the manager to identify shortfalls in the quality of care provided or the accuracy of care records. In addition there were no documented audits to identify if improvements were required within the environment. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010..

During our last inspection we also observed care records did not contain sufficient information to enable staff to deliver safe and effective care. This was a breach of Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw improvements had been made and there were sufficient quality assurance audits in place to ensure any shortfalls were identified. We viewed completed 'key performance indicator audits' and saw these covered areas such as weight loss, falls, urinary tract infections and safeguarding events. We discussed the audit with the manager who told us they monitored weight loss to ensure people were referred for specialist health advice. The audits we viewed showed us this took place. In addition the manager told us they monitored the number and type of falls that occurred so they could analyse any trends and make improvements to minimise the risk of falls. We asked the manager to explain why they monitored the number of urinary tract infections that occurred. The manager told us this was useful information as an increase in urinary tract infections may mean people were not drinking sufficient to meet their needs and this would require monitoring and investigation.

We viewed a 'bedroom audit' and saw bedrooms were checked to ensure they were in good repair, lighting worked and no improvements were required. In addition we saw water temperature checks were now carried out. We saw care records audits were carried out and these were documented. We concluded the range of quality assurance audits in place helped ensure shortfalls were identified so improvements could be made.

The individual care records we viewed contained up to date and accurate information which was updated monthly, or as people's needs changed. They were written

in a person centred way and included instructions from health professionals as appropriate. We saw if people required their food or fluid intake to be monitored, this was carried out with accurate records kept. We considered improvements had been made.

Relatives we spoke with told us they considered the manager had made positive changes since their appointment in March 2014. They told us they found the manager approachable and they welcomed the opportunity to attend relatives' and residents' meetings and individual meetings with them. Comments we received included; "The new manager has made a big difference and they're heading in the right direction" and "I take my hat off to the manager, the changes are impressive".

We saw minutes of residents' and relatives' meetings and noted that if a suggestion was made, this was actioned if practical. For example we saw a suggestion had been made that an extra light could be fitted to the reception area of the home. On the day of the inspection we saw this was in place and was working. This showed us the home acted on suggestions to improve the service at Ashley House.

All the staff we spoke with were supportive of the manager and the owners. They told us; "We're working like a team now and I'm enjoying that. If I had any worries I would talk to the manager but I don't need to", "I'm glad I work here, mainly because of the way we do things. (The manager) wants to make things better for people living here and it is so much better now. (The manager) has asked us for our opinion and I feel I could discuss anything with (the manager)" and "It's a good place to work because of the changes that have been made and we communicate better now. I'm not afraid to say what I think and (the manager) takes it on board even if (the manager) doesn't agree." We saw minutes of staff meetings which confirmed staff were informed of any changes that were made to improve Ashley House and were able to give feedback to the registered manager.

We asked the manager and the owners of Ashley House Residential Home how they intended to ensure regulations were met and this was sustained. We were told that the manager and the owners met weekly to discuss any concerns or issues but this was now going to be documented to ensure any agreed actions could be

Is the service well-led?

reviewed and new actions set. We were told by the owners and the manager they were committed to the people who lived at Ashley House and would continually seek ways to improve.