

Ashtonleigh Homes Ltd

# Ashton Grange Nursing & 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Ashton Grange is registered to provide nursing, care and accommodation for up to 31 people. There were 29 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Most people were also living with dementia, some of these people could show behaviours which may challenge others. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over two floors which had been extended to the rear.

People's experience of using this service and what we found:

The registered manager and provider had made significant improvements to the governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines. The improvements made, needed more time to be sustained, maintained and fully embedded into the culture of the service.

People received care and support that was safe. One person said, "I feel safe and comfortable, the staff are so kind and polite." One relative explained this was the third experience of residential care and said, "This one has won hands down-really wished this had been the first home."

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's really lovely here, the people are so special and the staff team supportive." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

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.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One health professional described the service as, "The atmosphere is positive, there have been improvements, especially in the leadership, the presence of the manager on the floor has improved communication." A visitor said, "It's a busy home, the activity lady is tremendous fun, a live wire, gets people motivated." People

were relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as specific sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Visitors told us that they had discussed their loved one's wishes and one visitor said, "I personally felt they had prepared me, not only my wife." End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve and plans to develop the service and maintain their care delivery to a good standard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was requires improvement (published 14 February 2019) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashton Nursing Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Ashton Grange Nursing & Residential Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

#### Service and service type

Ashton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered 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

We did not give the provider any notice of this inspection.

#### What we did

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had 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. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 18 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, registered provider and 10 members of staff. Following the inspection, we requested feedback from four health and social care professionals.

We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

# 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 rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider failed to ensure medicines were managed safely, that equipment and the environment was clean and that risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills when I need them." A second person told us, "I don't worry about anything, the nurse gives me my tablets daily."
- All staff who administered medicines had, had the relevant training and competency checks that ensured medicines were handled safely. For example, people who received insulin injections to manage their diabetes had clear guidance and information to ensure that the injection site was rotated.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.
- People who received covert medicines (Covert administration is when medicines are given in a disguised format) had clear guidance that ensured staff offered medicines in a normal way before giving them covertly.

### Assessing risk, safety monitoring and management

- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with catheters had clear guidance for staff to follow in how to care for the catheter and change the catheter bag. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Environmental risk assessments had been expanded and developed since the last inspection, this had ensured that the environment was safe for all the people who lived there.

- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant the person's safety and independence was maintained. .

- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.

- A staff member said, "We do get really good training and we discuss safeguarding procedures at team meetings, the manager updates us of any local changes." Another staff member said, "absolutely we need to report anything that is poor practice or abuse." People told us they felt safe. Comments included, "I feel safe here, they are really kind and attentive," and "I feel safe." Visitors said, "Staff are very attentive, I know that any kind of abuse would immediately be picked up and dealt with."

- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.

- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. There were a number of staff from overseas and they said, "We are treated the same as everyone else, with respect."

Staffing and recruitment

- People continued to receive care and support in an unrushed personalised way. Comments from people included, "Plenty of staff to help, I never have to wait," and "No problems with staffing." Visitors said, "The staffing levels are really good I think, staff work really well together, I have no complaints and I visit at different times. Rota's confirmed staffing levels were stable, and the skill mix appropriate. For example, there was always a registered nurse on duty with senior care staff and care staff. There was also a first aider on each shift."

- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.

- New staff were safely recruited, this included registered nurses. All staff files included key documents such



as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

#### Preventing and controlling infection

- The service was clean and without odours. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "They keep my room really clean," and "Always clean and fresh."

- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

# 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 rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection the provider failed to ensure people's nutritional needs were met consistently. This was a breach of regulation 14 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

- People told us they enjoyed the food provided by the service. One person said, "Very nice, lots of choice." Another person said, "Always looks and smells nice." Visitors told us, "I eat with my wife every day, really good food, if I eat with her she eats more," and "In the last three and half months, my (relative) had gained weight and appeared to be much happier- to the point where she is now feeding herself again, food looks nice and people eat well."
- People were offered and shown choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like."
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussions with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. The chef confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed.
- The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration were monitored and action taken by staff. All staff were informed at handover of those who had not been drinking very much. We saw one person being encouraged to drink little and often during the day. This approach worked and by late afternoon they had drunk nearly a litre of fluids which was the target for that person.
- Food offered and eaten by people was recorded in their care records. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician.
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."
- If people required assistance to eat or had their meals provided a certain way, this had been provided.

Staff assisted people by sitting next to them and assisting them in a professional way without rushing them. We saw staff assist people with empathy and compassion.

#### 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).

- At our last inspection, formal assessments of people's mental capacity to be able to make decisions about specific care needs such as receiving injections and catheter care had not always been carried out. It was not always documented that people, or a relevant person acting in their best interests, had been involved and consented to their care. This increased the risk they might not be receiving the right support to make their own decisions, in line with the principles of the MCA.

At this inspection we found improvement had been made.

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.

- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about who supported them when they went out and what activities they wished to do.

- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.

- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- At our last inspection, we made a recommendation that service followed The National Institute for Health and Clinical Excellence (NICE) guidelines on care planning to support people who were living with diabetes. At this inspection, improvements had been made and that care plans reflected NICE guidelines for people who lived with diabetes.

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.

- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools reflected NICE guidance.

- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team

worked closely with the community diabetic team to ensure people received the care they needed.

- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example, the local authority.

- Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." People told us "I think they(staff) are all superb." Another person said, "They know what they are doing." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "I can see improvements, staff seem trained."

- Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a professional way.

- Staff from overseas told us how they were supported by the organisation to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "I have received support from everyone." Another staff member said, "I struggled a bit with the language, but the manager has been really supportive."

- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."

- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

- Ashton Grange is a large town house, which had been extended to the rear. The rooms in the older building were all large, but rooms in the newer wing were smaller and not all had en-suite facilities. The building layout does have challenges, corridors were narrow and rooms on one side of the building lacked daylight. We discussed the home environment with the provider. They were aware of the challenges and outlined their future plans for extensive development of the home to meet the needs of people into the future.

- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The environment was homely with an accessible layout on the ground floor that met people's needs.

- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests.

- The first floor was accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.

- The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.

- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

# 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 rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection the provider failed to ensure people were consistently treated with dignity and respect. This was a breach of regulation 10 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10.
- Feedback from people and visitors consistently described staff as kind, caring, patient and respectful. One person said, "Wonderful staff very kind and respectful." A visitor said, "This is a home, a family, not an institution. All the people - the staff, the residents here and the other visitors have become our friends. I have never regretted bringing my wife here."
- The service had received many compliments from families. The registered manager collected them and shared them with staff. This had contributed to raising staff morale and told staff they were valued.
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Very welcoming, always greet people with respect and cheerfulness." Another health professional said, "Staff are helpful. No concerns at all."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- Birthdays and special events were celebrated. Staff told us the chef "Makes a special birthday cake and we all celebrate." The walls in all the communal areas were covered with photographs of special events, 100 year birthdays and people with visiting pets, showing people enjoying themselves.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "They know what I want and ensure I get it. They know I like to stay in my room, they tell me if there is an event, so I can choose to attend." A visitor said, "The staff go above and beyond here. There is peace of mind here." Another visitor said, "From the minute I came

through the door with my mother, the communication level was right, they were interested in what I had to say, they have included me in the decision making. When we came here, the care she received meant the aggression disappeared, less medicines and for the first time in a long time I understood what she was shouting – she was saying "thank you". I believe she was saying thank you for the lovely care."

- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care.
- During the inspection in the lounge, one person became very hot and removed their clothes. The staff dealt with this very skilfully. The person was treated with utmost respect and their dignity promoted.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, cutlery that meant their needs, such as smaller spoons and angled handles.
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

## 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 rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection the provider had not ensured people's care met all of their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9
- People received personalised care that was responsive to their needs. The registered manager said, "We have really looked at each persons' care plan and ensured it is person specific, its on-going as people change." Staff said, "We read the care plans, it helps make sure we are up to date with any changes. Handovers are really helpful because any changes are discussed, if someone had not eaten much on the previous day we are told to prompt fluids."
- Before coming to live at Ashton Grange, senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans were personalised and included up to date information for staff on how best to support them with their assessed needs. These were reviewed monthly and amended more frequently when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people had oral hygiene care plans that described how staff should support people with their teeth or dentures.
- People who lived with behaviours that challenged had detailed care plans and risk assessments that identified triggers and how staff should manage these so as to provide a consistent approach.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records , which showed what care people had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with people and relatives, it was clear staff knew people well. One visitor said, "Looked at a lot of homes, there were lots of nice places with 60 plus beds but it is not possible to give individual support, here she is getting that and that is the joy of this place."

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.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids. Staff also demonstrated how to communicate with one person who used sign language. They told us, "Thumbs up means all is ok, but thumbs down means they need something."
- People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails.
- Notice boards and walls were covered with information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people.
- One person's first language was Spanish, and staff had compiled communication 'cards' and signage to assist with communication. The person was variable on a daily basis in which language they would respond to and staff took their lead from the person throughout the day.
- To assist people who lived with poor vision, different coloured crockery was used. For example, white plates on a black mat for contrast.

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 were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "The nursing care has been exemplary here. They have been so supportive to me. Since she has been here, I have noticed a huge improvement. I come every day to keep her company. To help feed her and encourage her to eat." We were also told, "Feel part of the family," and "A second home."
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. We received high praise from visitors about the activity team. Comments included, "Excellent, I praise (name) for her sterling work with getting my wife active and as independent as she can be under the circumstance."
- The activity programme was varied and included skittles, exercise classes, art and crafts, pet therapy and one to ones for people in their rooms.
- A new activity was an interactive 'magic table' which is a ceiling projector with infrared sensors, speaker, and processor that work together to project the games onto the table. For example, sweeping leaves, catching fish or hitting balloons to create paint splashes. These interactive games had proved very beneficial to people who live in Ashton Grange as it has stimulated both physical and cognitive activity and encouraged social interaction. Staff spoke of one person who usually didn't interact, "It changes him and it is lovely to see him interacting and enjoying himself."
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. One person said, "I really enjoy the entertainers and pets." Another person said, "I love the exercises." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, nothing is too much for the staff."

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the



management and staff team were receptive to feedback and shared examples of their views being acted on.

- We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, comments about the food choices had been taken forward and the menus were under discussion and changes would be made.

#### End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "It's important to get it right for the person and their families. To be treated with dignity and be pain free is a priority."
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

# 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 rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was still being embedded and now needed to be sustained. Improvements to both the culture and care delivery were seen at this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection, the provider's system for auditing the quality of the services provided was not robust in all areas. This included prevention of pressure damage risk, cleanliness of the service, appropriate management of catheter drainage leg bags, management of certain aspects of medicines, choice for people at mealtimes and effective care planning. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

- The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.

- The registered manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation.

- Improvements were needed to some areas of medicine management. For example, records for medicines refused had not always been completed and did not state whether it had been offered later. The use of 'as required' medicines lacked information on whether it had been effective, and protocols needed to be more accessible. This was discussed during the inspection, Following the inspection the registered manager sent us a new form that had been introduced that would enable staff to monitor medicines more effectively. However this has not yet been seen in use.

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "The management is very good." It was also highlighted by the visitor that, "The Manager is particularly helpful and supportive to staff and as a result they are very loyal to both the home and residents."

- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the atmosphere of the home, caring attitude of staff to people, visitors and each other.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "It's been a hard time but we have all worked together," and "It's a really good place to work."
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. They said, "The manager has introduced champions and its really rewarding taking responsibility, it's exciting."
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals twice yearly. These were collated and actions taken to comments. The actions were then shared with people, visitors and staff. There was also an on-line system that visitors and health professionals could access at any time.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
- For those unable to share their views families and friends were consulted. One visitor said, "I try to attend all the meetings, if I can't then I read the minutes, the communication here is very good."
- CQC had received two compliments from families in July 2019. These were shared with the registered manager. One stated, "My relative has improved in her general health, her mind is more calm and she has been on an outing, the first in years. They have shown nothing but kindness and consideration for her well-being. She was bedridden when she arrived, but now with help and guidance is using a frame to walk. I cannot praise the care home enough and just to add the icing to the cake, she has put on 8 kgs which is truly amazing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the manager and staff. Comments from people, included, "tireless," "brilliant," and "amazing"
- Information provided the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as NICE.

- The management structure allowed an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The registered manager worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.

#### Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

#### Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.