

Ashton Care Homes Limited

# Ashton House

## Inspection report

Bolnore Road  
Haywards Heath  
West Sussex  
RH16 4BX

Tel: 01444459586

Website: [www.ashtonhousehaywardsheath.co.uk](http://www.ashtonhousehaywardsheath.co.uk)

Date of inspection visit:

02 April 2019

05 April 2019

Date of publication:

25 April 2019

## 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 House accommodates up to 100 people across two separate units, each of which have separate adapted facilities. One of the units, Hazelwood, specialised in providing care to people who lived with dementia. The main house supported people who lived with a wide range of health problems, such as strokes, heart problems, Parkinson's disease and general frailty. At the time of the inspection there were 75 people living at the home. It is a large, detached home with accommodation across three floors.

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

### People's experience of using this service:

- People told us and we observed that they were safe and well cared for and their independence was encouraged and maintained. Comments included, "This is a good place to live, I feel safe," and "The staff are very kind."
- The service had made improvements since our last inspection. This meant people's outcomes had improved. However, whilst the provider had progressed quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of practice that the existing quality assurance systems had missed. For example, the current systems for checking that air flow mattresses were set accurately as per manufacturers' instructions for prevention of pressure damage were not effective. We found six air flow mattresses set incorrectly.
- Risk assessments had been undertaken for prevention of pressure damage. Some risk assessments had identified that people needed two hourly repositioning whilst in bed. Records confirmed these were undertaken during the day but there was no record of those people being repositioned between 9pm and 7am. There was no explanation why this was not necessary.
- Daily notes and behavioural charts were not always detailed and lacked meaningful information that told staff of actions that may be required.
- These were areas that required further improvement.

We have made a recommendation about seeking expert advice about the administration and use of medicines given covertly (disguised in food/drink).

- There were sufficient staff to meet people's individual needs who had passed robust recruitment procedures that ensured they were suitable for their role.
- There were systems in place to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.
- Staff received appropriate training and support to enable them to perform their roles effectively. Visitors told us, "Staff are really helpful and efficient, look after my relative really well," and "The staff team are wonderful."
- People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff

knew people's likes and dislikes. People gave very positive feedback about the food. Comments included, "The food is good," "Very tasty, good quality," and "Good food"

- Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred.
- People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.
- People's care was now more person-centred. The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active.
- 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.
- There were positive changes to the management team. Improved audits and checks were put in place to ensure the service was continuously striving to improve. Areas identified as needing improvement during the inspection process were immediately taken forward and action plans developed.
- There was a happy workplace culture and staff we spoke with provided positive feedback and told us they were proud of the service and enjoyed their work.

The service met the characteristics for a rating of 'Good' in four of the five key questions we inspected, with the well-led question remaining 'Requires Improvement.' Therefore, our overall rating for the service after this inspection has improved to "Good".

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 09 April 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

## 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 Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring 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 House

## 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 three inspectors and two experts 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.

#### The service is required to have a registered manager:

The service had two managers 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.

#### The service type:

Ashton House 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.

#### 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. We looked at the action plan provided to CQC following our last inspection. 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 spoke with:

- 30 people and observed care and support given to people in the dining room and lounges
- Nine people's relatives and visitors
- 15 members of staff
- Four external healthcare professionals

We also reviewed the following documents:

- Eight people's care records
- Records of accidents, incidents and complaints
- Four staff recruitment files and training records
- Audits, quality assurance reports and maintenance records

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on the 13, 14 and 15 November 2018, we asked the provider to take action to make improvements to ensure that risks to people were appropriately assessed and that medicines were managed safely. This action has been completed.

Assessing risk, safety monitoring and management:

- People felt safe. Comments included, "Oh, I'm safe" "I am safe here," "They do check on me all the time" and "Yes, I do feel safe here, because there is always someone around to help." Relatives told us, "Yes, I have been happy with her safety here" "Without a shadow of doubt, he is safe here" and "They (management) are very strict with health and safety."
- Since the last inspection risk assessment processes had been improved to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as their risk of falls or risk of choking. Staff reviewed the risk assessments monthly and put actions in place to reduce these risks. For example, a person who was at risk of choking was provided with a pureed diet and modified texture fluids.
- People who were identified at risk from falls had had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. One person told us, "I had lots of falls when I was at home, I was very unsteady but I've not had any falls since I've been here. Staff walk with me and make sure I'm safe."
- For people who remained in their room, there was guidance that staff check them regularly at least two hourly to ensure position change and comfort check. This was confirmed by the daily records.
- People who had specific health needs such as epilepsy had a detailed care plan that told staff how to recognise the signs of a seizure and what to do if one should occur.
- The environment and equipment continued to be well maintained. People told us that any issues were dealt with straight away. One person said, "My room is always clean, everything is looked after here."
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were correctly supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Using medicines safely:

- This inspection found that the managements of medicines had improved. People did not have any concerns regarding how they received their medicines. One person said, "The nurses give me my medicines and they have never let me down." Another said, "They discuss any changes with me and the doctor regularly talks to me about my pills."
- Medicines continued to be stored, administered and disposed of safely. People's medication records

confirmed they received their medicines as required. We saw medicines remained stored securely. Medicines were supplied to the home in a monitored dosage system (MDS). Systems ensured all medicines were disposed of safely.

- All staff who administered medicines had the relevant training and competency checks.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. There were some minor improvements to be made to the recording and how staff offered PRN to people. This was in respect of staff not just offering pain relief at set times and writing refused.
- Some people received their medicines covertly. Covert administration is when medicines are administered in a disguised format. However, it was not clear from the documentation that staff offered medicines in a normal way first and used covert as a last resort.

We recommend that advice is sought from health professionals in respect of the administration and use of medicines given covertly in line with the National Institute for Health and Care Excellence (NICE) guidance.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of abuse and harm. 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 get training, which is very good, interesting and helpful." Another staff member said, "We all get training regularly and we are trained to ask questions if we see something that is not right."
- 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.
- The management team had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. Feedback from the local authority included, "They work with us, they inform us of events and accidents in a timely way."
- 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. Staff from overseas told us how they were supported by the provider to improve their English, both spoken and written.

Staffing and recruitment:

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's needs were met. Food and fluid charts were completed in real time as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.
- Staff told us that there were enough staff to do their job safely and well. Staff told us, "We have enough staff, it can be busy but we help each other," and "The staffing is good, the managers will help out as well." People told us, "I don't use my bell much" and "When I need help, they come quickly" and "Yes, enough staff." Relatives said, "I'm very impressed with the ratio of staff to residents" and "When Mum needs help, she gets it quickly and there is always someone in here (lounge) and if they (residents) need help, they get it" and "There seems to be plenty of staff about."
- We looked at four staff personnel files and there was evidence of continued robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers

and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection:

- Ashton House was well-maintained, clean and free from odour. People told us the home was clean.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons. Our observations told us that staff had a good understanding of infection control procedures and we saw good practices from all staff throughout our inspection.
- Staff confirmed they had received training in infection control measures. Staff could tell us how they managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong:

- Accidents and incidents were documented and recorded. We saw incidents and 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 provider had a system in place to analyse incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place. The provider then took appropriate action such as looking at staff deployment or one to one support. This was seen during the inspection.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. • Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.

# Is the service effective?

## Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance:

- The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.
- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some were subject to a DoLS.
- 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 and bed rails.

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

- A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs.
- Links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT) continued to ensure effective care. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "Staff are knowledgeable about their residents, they refer to us when they have concerns and this enables us to act quickly."
- People were assisted with access to appointments. People told us, "When I have had an appointment, someone goes with me," and "Staff organise appointments for me."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as how they communicated, their mobility and medicines.

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

- We saw staff continued to apply best practice principles, which led to effective outcomes for people and

supported a good quality of life.

- 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.
- People's health needs continued to be comprehensively assessed using recognised risk assessment tools, such as Waterlow (this is used to assess risk of pressure damage to skin). All risk assessments were regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
- People's past life histories and background information were also recorded in the care documentation.

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

- People's food preferences were considered when menus were planned. Comments from people included, "Good food," "The food is very good and generous," "They offer choices and I can have seconds. Visitors told us, "Very good variety, always nicely presented." People were shown the meal choices as the meal service began, which meant that they could visually make their choice.
- The chef knew the people he prepared food for. He visited people to discuss their dietary requirements and knew who required special diets and fortified food.
- There were appropriate risk assessments and care plans for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SaLT) had been made when necessary. Emergency equipment such as a suction machine were available in both units. All care staff and registered nurses had received training in what to do if someone choked.
- People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat. Staff assisted those that required assistance with eating in an unhurried way.
- Staff monitored people's weights and recorded these on the nutritional assessment. The registered managers had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. Staff could tell us who was at risk from malnutrition and dehydration. They could also tell us what actions they needed to take such as encouraging drinks and fortified food.

Staff support: induction, training, skills and experience:

- People told us, "Staff know what they are doing and look after me well." A second person told us, "Staff know what they are doing, really good and kind." A third commented, "Staff are on the ball, they pick up when I'm not myself and get the doctor if I need it."
- The staff spoke positively about the training sessions they had received. One staff member told us, "The training is really good, we get the opportunity to discuss what training we need and this is arranged."
- The provider gave staff regular training to ensure they had the right knowledge and skills to carry out their roles. Staff told us that they completed essential training such as infection control, moving and handling and safeguarding. They also confirmed that they had specific training such as understanding dementia, catheter care, epilepsy and equality and diversity. The training records confirmed that training had been completed.
- There was a combination of e-learning and face-to-face training.
- Staff training records reflected the information provided by the registered managers and confirmed that staff had been supported to gain the Health and Social Care diploma.
- Records showed staff supervision had taken place regularly and the staff we spoke with felt supported.
- Staff new to the service received an induction and shadowed experienced staff before they worked with people on their own. The organisation had created their own version of the Care Certificate. This was used as part of the induction process to promote good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Some staff did not have English as their first language. The provider had arranged English lessons twice a

week to support staff and promote confidence and improve communication.

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

- Ashton House was based on two older properties connected together, with newer extensions. It had been built and designed to provide a spacious and comfortable environment over three floors.
- People could choose to sit in the spacious lounges or quiet lounges on each floor, in dining areas or in their own rooms.
- There was dementia friendly and pictorial signage to assist people in their daily lives.
- People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. For example, one person had lots of photographs, pictures and extra shelving to make it feel like home.
- The garden areas were well designed and safe and suitable for people who used walking aids or wheelchairs.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were seen to be caring towards people, and respected people's wishes.
- People were treated with kindness and were positive about the staff's caring attitude.
- We asked people what they thought of the staff and responses continued to be positive. One person said, "I like the staff they are very good; I think the staff are very caring, if you have any problems they sort it out for you." A second person told us, "All the staff are kind, I have never worried about anyone."
- We saw friendships had developed between people, they greeted each other by name and sat chatting about each other's welfare.
- Equality and diversity continued to be promoted and responded to well. We observed people eating different foods in line with their cultural and religious needs. We also saw staff supported people to wear clothes of their choosing.

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

- People and families continued to be involved in reviews. People told us they had been involved in planning their care. One person told us, "They keep me informed of any changes made to my care, for example, I had a GP appointment and I needed different tablets, the nurse sat with and explained the change."
- Records confirmed regular meetings were held with people and their relatives to discuss care.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.
- We asked people if they were involved in planning their move to the service, one person told us, "It was my decision, I looked at a few homes, but this one stood out, its light and the gardens are delightful."

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I visit."
- Staff encouraged people to be independent. People told us "Staff promote my independence and I can do what I want. I can choose when I get up and go to bed; I like to get up early and staff pop in if I need any help." A second person said, "Staff are kind and helpful and help me to stay independent. I only have to ask for support with personal appointments and they help arrange it."
- We observed staff continued to treat people with dignity and respect and provided support in an individualised way.
- Staff continued to promote peoples' independence, one person told us, "Staff encourage me to do things, for myself and help if I need it. I can choose when I get up and go to bed, what I eat and what I get up to, I like

to be in the lounge with my friends." Another person said, "Staff help me to stay independent and I do things for myself. Staff help me with my hair and dressing, but encourage me to as much as I can."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection on the 13, 14 and 15 November 2018, we asked the provider to take action to make improvements to ensure that care plans consistently reflected peoples' needs. This action had been completed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. One person said, "Staff are so good, they support me to live a normal life, they know I like to get up late and dress nicely." Another person said, "The activities are good, entertainers visit and we have a mini bus and go out on trips."
- People's needs assessments included comprehensive information about their background, preferences and interests. The handover sheet contained a section 'You can talk to me about' and listed peoples' interests. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory.
- Some people could tell us they were involved in planning their care. One person said, "Staff ask me about how I want things done, If the doctor changes my medicine, they tell me and explain everything." A care staff member said, "We involve people as much as we can, some people don't want to be involved and some people can't because of their health." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example, people who lived with diabetes had a person specific care plan that identified clearly the persons' diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of how much insulin was required according to their blood sugar range. This ensured staff could respond quickly to the persons need.
- There were people who lived with epilepsy and the care plans were specific to each person and highlighted their individual presenting symptoms and the actions to take.
- Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and involved their family or legal representative. Where an advocate was needed, staff supported people to access this service.
- Staff spoke knowledgeably about people's needs as well as their interests, which was accurate according to people's care assessments and plans. One staff member said, "I read about their lives and why they are here, it makes me understand them better."
- People and relatives told us they were impressed with the range of activities provided and spoke highly of the activity co-ordinators and the work they did. People commented, "I love the quizzes," and "Really nice

things to occupy me."

- During the inspection we saw staff use an iPad with people who lived with dementia, using it to encourage them to interact. Staff told us, "We also use it to play scrabble and sudoku with people."
- There was a wide range of activities organised and these included, flower arranging, visits from exotic pets, cooking sessions and arts and crafts. Specific sensory 'fiddle' boards had been purchased for some of the men. These were wooden boards with bolts, hinges and other DIY tools. Staff had placed a picture of one person's family behind a door, which gave the person genuine pleasure.
- Care plans demonstrated consideration was given to people's individual religious and cultural needs. Clergy from various faith groups attended the home on a regular basis and we noted in one person's care records it stated that staff should remind this person when a visit from the clergy was due.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- People's communication and sensory needs were assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had people's communication needs clearly documented. For example, is deaf and doesn't like to wear a hearing aid, so
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication.
- Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was pictorial signage around the home to help orientate people.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- There was a complaints policy. People also had access to the service users guide which detailed how they could make a complaint.
- The provider kept a complaints log which showed that complaints were taken seriously and responded to appropriately. There was also evidence that complaints were analysed and lessons learnt taken forward to improve care.

End of life care and support:

- All staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- 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 for one person who had an end of life care plan contained information and guidance in respect of when pain control may be required to ease their symptoms. These are known as 'Just in case medicines' (JIC).
- 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 changes. 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.

Aspects of leadership and management did not consistently assure person-centred, high quality care.

At the last inspection on the 13, 14 and 15 November 2018, we asked the provider to take action to make improvements to the quality assurance systems. At this inspection, we found steps had been taken to drive improvement; however, these improvements were still not fully sustained or embedded. Therefore, this question remains Requires Improvement.

Understanding quality performance, risks and regulatory requirements:

- Since the last inspection the provider and registered manager had implemented some improved quality assurance processes. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys. The provider had also implemented a 'definitive feedback solution' system on line. This online questionnaire allowed the provider to gain crucial information about peoples, staff and visitors experiences and then act on them. The provider had an iPad that people can use to complete the surveys.
- However, as discussed with the management team during the inspection, the systems had not identified some of the shortfalls we found. For example, whilst there were systems to check and record air flow pressure mattress settings, we found six pressure mattress settings were incorrect despite being checked two hourly by staff. Pressure mattress settings are important for the prevention of pressure damage.
- Risk assessments had identified that some people needed two hourly repositioning whilst in bed. Records confirmed these were undertaken during the day but there was no record of those people being repositioned between 9pm and 7 am. There was no rationale in care plans that stated repositioning was not necessary or a request from people not to be disturbed during the night.
- Daily notes and behavioural charts were not always detailed and lacked meaningful information. For example, daily notes for one person described the person, "shouting and being agitated" but lacked detail on how staff responded to allow an analysis of how best to support them.
- These were areas that required further improvement.

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

- People and relatives were positive about the leadership of the service. One person told us, "There is always someone about to talk to, I don't think there is anything they could improve." Another person told us, "Everyone is brilliant." A relative said, "I believe it's well-led, always very helpful, very welcoming."
- Staff were equally as complimentary about the leadership at the service. One told us, "It's a great place to work," and "Very supportive, things are better here, really good communication now, lots of meetings."
- There were quality assurance systems in place to monitor the quality of care being delivered and the running of the service. The provider's management team and staff at the service undertook regular audits that looked at all aspects of care including clinical care, care planning, meal times, staff training, activities,

the environment and cleanliness. Each audit included an action of things that required improvement and time scales for these improvements.

- The provider undertook random regular observational audits at meal times and fed the observations back to the staff, both positive and negative.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives felt that communication between them and the home was open and transparent. One relative told us, "I feel consulted, I think staff are very honest. They contact me if my relative is unwell or if there has been an accident any sort of accident. I have never come here and found something they hadn't told me about."
- Staff told us that the management support was good and that they were listened to when they raised any issues or concerns. Feedback included, "Really good management style," and "Management is supportive. We have really worked hard since the last inspection to solve the issues."
- Regular care staff meetings and heads of department meetings encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice.
- People were supported to complete surveys for the service to capture their views and opinions. We saw evidence that indicated peoples feedback led to changes. In this way the service could find out people's preferences and involve them with how the service worked.
- Resident meetings were held and discussed topics including keeping themselves safe, food, activities and changes in staff. These meetings demonstrated that people were supported to engage with each other and their voices heard.
- Staff meetings were held and discussed topics including equality and diversity, expectations within employee roles, time sheets, and handover and communication sheets. One staff member said, "If I felt there was something I would speak up – I would be listened to." This showed staff were involved in shaping and understanding the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One relative told us, "I have been to a meeting. It was very interesting and informative."
- We saw from the minutes of the meetings that people had fed back ideas for improvements in the service. For example, outings have been more regularly provided.
- Surveys were sent out each year to people, relatives and staff and actions taken as a result.
- Staff told us that they felt supported and were encouraged to progress within the service. One told us that they were in the process of applying for their nurses' registration and that this had been supported by management at the service.
- The provider supported nursing staff from overseas to gain their experience and staff achievements were celebrated and shared across the service.
- One health care professional told us, "Management seem to know clients and families well. They make efforts to maintain good relationships with staff, families, funders and clients."

Continuous learning and improving care:

- Throughout our inspection we saw evidence the provider and the registered managers were committed to drive continuous improvement.
- The provider and registered managers were open and transparent when discussing the areas to further

develop and immediately started to put actions into place. For example, all pressure relieving mattresses were checked and a new check list introduced to reduce risk.

- A member of staff told us the organisation encouraged learning. The team were able to access career development opportunities and qualifications, and ideas were shared from other services within the organisation. The staff member believed this had contributed to their learning and skills had improved and good practice ideas shared.
- Staff told us there was not a "blaming culture" at the service. The provider and registered manager facilitated coaching sessions and reflective opportunities, and staff confirmed this. One staff member said, "If an incident or accident happens to someone whilst we are delivering care, the circumstances are looked at and we get the opportunity to discuss how it could have been prevented. We learn all the time."
- The service valued sharing information and held regular team meetings to facilitate this. We saw team meeting minutes covered various topics such as people's changing needs, falls, incident debriefs, evening activities and engagement and fire drill practices to build confidence.

Working in partnership with others:

- Ashton House continued to work in partnership with the local community, other services and organisations.
- Health and social care professionals confirmed that the service communicated and worked effectively with other agencies to benefit people using the service.
- Staff continued to hold multi-disciplinary team meetings to discuss people's needs and wishes. A visiting professional told us, "I've held reviews here with the person, GP and families and have always been made welcome."
- The service had a good working relationship with the local authority and contract monitoring officers and took the initiative to seek feedback from the safeguarding team. The registered manager welcomed feedback as a learning tool to prevent a re-occurrence.
- The service submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.