Ashtonleigh Homes Ltd

Ashtonleigh

Inspection report

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West Sussex
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

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

Ashtonleigh provides accommodation and personal care for up to 54 older people with varied care needs. Some people were living with dementia, whilst others required support with physical illness or disability. There were 49 people using the service at the time of inspection. There were single and double occupancy rooms available. Some people had bathrooms attached to their bedrooms and there were communal facilities for those that did not. There were numerous communal areas for people to relax in, including a large, well maintained garden.

At our last inspection in October 2017, the service was rated 'Requires Improvement' with one breach to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found significant improvements had been made and the provider is now meeting the regulations.

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

People told us they felt safe and that staff knew them and any risks to their wellbeing. There were risk assessments for people and for the building, with relevant safety checks completed by the management team each month. Staff were recruited safely and there were suitable numbers so people's needs were consistently met. Staff had a good understanding of how to recognise potential signs of abuse and what actions to take with any concerns. Medicines were given in a safe, consistent way, by staff who were competent to do so. Any accidents or incidents were analysed and actions taken immediately to prevent their reoccurrence.

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

Staff had the skills and knowledge to support people and meet all their needs. They spoke highly of the training offered. Their induction was in depth and gave them opportunities to get to know people, their routines and preferences. Further support was provided in supervisions, appraisals and team meetings.

People's nutritional needs were met and they were positive about the quality and choice available of food. People had continuous input from a variety of health and social care professionals to improve their wellbeing. People's health conditions were managed well and staff valued and followed feedback or guidance given by professionals.

Feedback from people, their relatives and a professional was consistent, in that staff were kind, caring and attentive to people's needs. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well and celebrated special events with them. They took an interest in people's wishes and did everything possible to make these happen.

Care plans were tailored to individual's and detailed support needs, preferences, people's life stories and routines. Staff were knowledgeable of people's communication support needs and used a variety of tools to support them with this. People told us they always felt listened to. There was a clear complaints process and any concerns received had been responded to promptly and professionally. People had choice and control over the activities they wanted to participate in each day. These were tailor-made to people's likes and dislikes and used to support them to reminisce about their past.

People, their relatives, staff and a professional were complimentary of the management team. They felt that the service was well-led and that an open, transparent and supportive culture was promoted. Quality assurance processes were robust and ensured documentation was up to date and reflective of people. Regular audits carried out by the provider, director, registered managers and deputy managers meant that there was continuous oversight of the service. Management and staff were proud of the home and keen to continuously improve and grow together.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of safeguarding processes and risks to people.

People received their medicines safely.

Staff were recruited safely and there were enough staff to meet people's needs.

Risks to people were assessed and reviewed regularly. Checks of the environment were completed daily to ensure the building was safe for people to live in.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and continuous support to meet people's needs.

People were given maximum choice and control over their lives.

People's nutritional needs were met.

People had access to health and social care professionals if they felt unwell.

Is the service caring?

Good

The service was caring.

We observed people to have built good relationships with staff who were kind and caring.

People's independence, privacy and dignity was continually promoted.

Staff had a good understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

People's needs were continuously reviewed and any changes to their wellbeing responded to immediately.

There was a variety of activities offered to people that were person centred to their preferences and life histories.

People and their relatives were aware of the complaints process and felt confident raising any concerns with the management team.

End of life care was provided in a caring and dignified way.

Is the service well-led?

Good

The service was well-led.

Everyone we spoke to was positive about the service and the management team.

Quality assurance systems were robust and any issues identified, well managed.

A team work ethic was promoted and encouraged. Everyone worked together to improve people's lives and experiences.

Feedback was valued and used to develop and improve the service provision.

Ashtonleigh

Detailed findings

Background to this inspection

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

The first day of inspection took place on the 7 January 2019 and was unannounced. Two inspectors and one expert by experience were present. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second inspection day took place on the 10 January 2019 and was undertaken by two inspectors.

Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection, we spoke with 15 people and five relatives about the care received at Ashtonleigh. We spoke with 16 staff, including the provider, director, two registered managers, deputy manager, care staff, chef and kitchen assistant. We also spoke with a visiting health professional. We spent time reviewing records, which included 14 care plans, three staff files, five medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for 11 people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Good

Is the service safe?

Our findings

At their previous inspection, Ashtonleigh were rated Requires Improvement in Safe. This was because risks related to people and the environment had not always been assessed and clarification was needed regarding staff training and giving certain types of medication. One staff member had also not had sufficient safety checks completed before they started working at the service. During this inspection we found that improvements had been made and that adequate action had been taken to resolve issues.

From our observations and from reviewing rotas, we saw there were sufficient numbers of staff to meet the needs of people. One person told us, "If I call for help, they come around at once." Another said, "I absolutely feel safe in this place and it's because there are always plenty of staff about." Relatives agreed that staffing levels were good, one telling us, "There always seem to be staff around and they are always willing to help." Two people who we spoke with commented on the night staff, saying they came promptly when they rang for assistance at night. One person who ate in their own room, needed assistance at lunchtime. When they used their call bell, a member of staff attended to them in under one minute, although this was at a busy time of day. A professional told us, "I find there are always enough staff around. They make sure a staff member is always available to go around with us when we visit people as well."

People told us they received their medicines safely. Comments included, "They handle my tablets just fine" and, "I always get my medication when I need them." We observed a member of staff supporting people with their medicines. They did this in a safe way. They wore disposable gloves and a tabard advising others that they were engaged with medicines throughout the time they were performing this role. They carefully read each medicines administration record (MAR), before giving the medicine. They supported each person appropriately with taking their medicines. For example, for one person, they crouched down at their eye level to tell them about their medicines. For another they made sure they had enough juice of the type they preferred to enable them to swallow all their medicines. They did not sign the MAR until they had ensured the person had taken all their medicine. Medicines were securely stored and there were checks on stock levels. Where people were prescribed medicines on an 'as required' basis, there were clear records to indicate why the person would need the medicine and how often it was to be given. Staff had completed training in the safe administration of medicines and records showed that this was up to date. They also had their competency assessed by a member of the management team to ensure they had the skills and knowledge to give medicines safely. This included observations of medicines practice.

We observed that staff were aware of risks to people and took action to minimise these. One person had difficulty with walking. The member of staff who was with them was supportive, not rushing the person in any way. The member of staff also gently advised the person of risks as they walked so they did not put themselves at risk of falling. One person's mobility was changing and they were experiencing difficulties in moving at times. Their care plan had been up-dated to reflect this change and to ensure all staff could support them in moving, depending on how they were when they needed support. People at risk of pressure damage to skin had regular assessments of their risk. Some people had additional healthcare needs relating to diabetes. They had clear, measurable care plans to outline what actions staff were to take if their diabetic condition was not stable. Staff showed an understanding about how to appropriately support people who

were living with diabetic conditions. One person told us they chose to smoke. They had a risk assessment and care plan which outlined how they could continue to smoke while ensuring the safety of the home environment.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report any concerns to. All staff had received safeguarding training that was regularly reviewed. We found that potential safeguarding concerns were reported appropriately and advice sought where needed. The deputy manager told us, "We make sure all staff are competent at writing incident reports at all levels. Because of how information is shared, junior staff have a good understanding of what is reportable and of their responsibilities to report." We saw that safeguarding was a regular discussion in team meetings and individual supervisions.

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. There had been a series of incidents involving one person becoming anxious and displaying behaviours that challenged. Staff sought involvement from the Living with Dementia team and the person's GP. They identified that incidents occurred more at a specific time of day and increased staff support at this time. As a result, incidents had stopped. Another person experienced an increase in falls and support was sought from specialist nurses and the falls prevention team. Further equipment was provided to support with moving and handling and as a result, the number of falls had significantly decreased. Each month, both registered managers analysed incidents to look for patterns or trends, which meant they had continuous oversight of risks to people.

The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. This process ensured as far as possible that staff had the right skills and values required to support the people who lived at Ashtonleigh. People were consulted and involved with the recruitment of new staff. Some joined management staff in the interview, whilst others designed questions to be asked. The registered managers advised us that they had a time where new staff were leaving shortly after being recruited. They changed the recruitment process to make it clear to applicants what the job entailed and what their roles and responsibilities were. Potential staff were also invited to take part in taster sessions. This gave them the opportunity to learn about the job before they started to work and decide whether it was right for them. Since the process had changed, the retainment of new staff had significantly improved.

People lived in a safe environment. Daily, weekly and monthly safety checks were completed regularly. This included fire safety, maintenance of the building and people's bedrooms, electrical equipment and water temperatures. External professionals regularly assessed gas and
electrical safety, lift maintenance and risks related to asbestos and Legionella. The provider also organised for regular health and safety audits to be carried out by external professionals. There were good systems for fire safety. Fire evacuation procedures were displayed throughout the home and staff received regular fire training. People had Personal Emergency Evacuation Plans (PEEPS) that gave staff information about what rooms people were in and what equipment they would need to evacuate safely. This information correlated to a colour coding system on people's bedroom doors. For example, if someone had a red dot on their door, it meant they could not mobilise without physical support during an evacuation. Staff were all aware of this system and which people required additional support. The provider told us that fire safety was extremely important to them and they had installed sprinklers in response to fires experienced in other care homes. They advised that a couple of years ago there had been a small fire but this had been extinguished quickly

and with no harm to people, because of their fire equipment. As a result, the West Sussex fire brigade had used Ashtonleigh as an example of good practice in their training at other services. The provider and registered manager had also been asked to present information about fire safety management at the West Sussex provider forum.

We saw good practices with regard to infection control. People told us, "The place is kept very clean at all times,", "The laundry works well here" and, "My bathroom is cleaned every day." Relatives agreed the building was clean, warm and well maintained, one telling us, "Lovely environment – always clean, smells nice and looks good. They make a lot of changes when they need to as well." All areas we inspected were clean and hygienic. This included hard to reach areas such as the undersides of bath hoists and trolley wheels. We observed staff performing domestic roles. They did this in a careful way, checking to ensure they had included all areas which needed attention. Staff used protective clothing such as disposable gloves and aprons when necessary and disposed of them appropriately and safely. One person used a catheter which can present a risk of infection. The service had clear systems to ensure the person's catheter bags were appropriately changed in accordance with national guidelines and to reduce the person's risk of infection.

Good

Is the service effective?

Our findings

People told us they thought the service was effective because, "They (staff) seem well trained", "Staff are good at what they do" and, "You only have to ask and they will get the doctor in." Relatives agreed, one telling us, "The staff do seem to know what they are doing." Another said, "Since my relative came here they have nursed her back to reasonable health. We nearly lost her last year before she lived here." A visiting professional said of staff, "We have provided some specific health training and I am confident that staff know what they are doing. They have people's health needs managed well."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for people that did not have capacity and any conditions were being met. The registered managers knew when these needed reviewing and what other professionals needed to be involved.

People told us they were offered choice in all aspects of their care. Comments included, "They are always asking how you are and if you need anything", "I go to bed when I like" and, "I do feel I get the choice of what and when I want to do things." We saw that staff checked people's understanding when they made choices. Staff also had a good knowledge of how the Mental Capacity Act applied to people they supported. One person's diet plan stated that due to a health condition, the person should be encouraged to eat healthily however, they understood risks and their choices should be listened to. At lunch-time, we observed the person choosing a dessert. Staff advised them of the sugar content of each one, recommending one with less sugar. However, the person chose a different dessert and staff respected that. For people that lacked capacity, there were assessments for specific decisions such as consenting to care received. These assessments reflected the person's views and those involved in their care, such as professionals and relatives. There were details of conversations had with the person, their responses and how this was used to formulate a decision about capacity.

Staff had received training to ensure they had the skills and knowledge to meet people's needs. Staff had received more specialised training in end of life care, epilepsy and diabetes when people's needs had changed. Staff were enthusiastic about one particular training course known as a virtual dementia tour. This is where staff were provided with equipment to simulate the experiences of someone with dementia, for example reduced vision glasses and headphones that amplified specific noises. The registered manager said, "This has deepened understanding of some of the physical effects people with dementia experience and has been a valuable learning tool for staff." Staff that had interests in certain areas had been made into champions for safeguarding, infection control, health and safety, dignity and MCA. As part of this role they received additional training and were part of learning and development for staff. Members of the

management team were also doing leadership certificates to improve their knowledge of being a manager.

Staff were complimentary about their induction into the service. They told us it included understanding of their role, policies and procedures and shadowing more experienced staff. This also gave them the opportunity to get to know people, their preferences and routines. One staff member said, "We get allocated a senior member of the team as our own mentor and guide which is helpful and reassuring. You always have someone to go to." As part of the induction process, new staff were also required to complete the care certificate. This 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. Following induction, staff were supported in their role with regular supervision and appraisals, where they could discuss personal development or any areas for improvement.

People's nutritional needs were met. One person required soft foods due to a choking risk and we observed that professional's guidance was followed by staff during meal times. Where people needed support to eat, staff sat with them, supporting them at the pace the person wanted, using it as an opportunity for further social engagement. The chef and their assistant had a detailed individual knowledge of different people's dietary requirements and preferences. For example, one person told us they did not like cheese. The chef described how they supported the person by offering them choice when there were dishes with cheese in them on the menu.

People told us that they enjoyed the food at Ashtonleigh and were given lots of choice. Comments included, "The food's very good", "I'm able to have breakfast in bed if I want to" and, "The meals are good. No problem having an alternative." One person asked for a poached egg and toast mid-morning. This was promptly provided to them, freshly prepared and nicely presented. One person asked the care worker who was bringing the mid-morning drinks if they could have some mango juice instead. The care worker promptly went and got the person their preferred drink. We observed people during lunch-time on the first day of inspection. Staff asked people where they wanted to eat as there were several communal areas available. Where people chose to eat in their own rooms, staff used the opportunity to engage with them when they gave them their meals, talking about matters of interest to the person. The atmosphere in the main dining area was pleasant and social. People were continuously engaging with staff and each other. Tables were nicely decorated with linen tablecloths, napkins and flowers. The food looked and smelled appetising and people told us it was, "Delicious" and, "The best cottage pie I've ever had." We observed staff using plated up dinners and photographs to remind people what they had ordered and to check they were still happy with their choice.

The service supported people to maintain good health with input from health professionals on a regular basis. A professional told us, "It is lovely to see people's health needs continually improving at this service." One person had been through a stage of weight loss. Their GP had been involved as well as dieticians and the speech and language team (SaLT). Following this support, the person had gained weight and this was no longer a concern. Staff told us about a person who had a healthcare need and who sometimes needed to attend hospital, either as an emergency or routinely. They showed a very empathetic approach to supporting the person, being aware of how difficult it was for the person in unfamiliar surroundings, particularly if they needed to undergo uncomfortable medical procedures. They said particular members of staff who the person liked to support them, always went with them when they needed to go to hospital.

The design of the building had been adapted to meet the needs of people. There was specialised equipment, such as hand rails and electronic lifts, to support people to get in and out of the bath. Corridors were wide and easily accessible and there was a lift for people to go to different floors if they could not manage the stairs. There was large, pictorial and easy read signage to support people with orientation

throughout the building. People's bedroom doors were also painted in the colour of their choice and with photographs chosen by the person, to make them more easily identifiable.

The service used technology to improve the lives of people. Care plans were accessible via electronic tablets, that were stationed one to every three bedrooms. This meant that any changes could be added instantly to people's care records as and when they happened. We observed an incident where a person had hot tea spilled on them and within half an hour, an incident form had been added to their care records and risk assessments amended. The director told us, "This makes care plans much more accessible for staff and the smallest changes can be added instantly. It is also great for monitoring people's well-being." One person required staff to check their whereabouts regularly due to a risk of leaving the building without staff support. We saw this was completed at the designated times and recorded on their care records by the staff as they checked.

Good

Is the service caring?

Our findings

People were consistent in their view that staff were caring. They were described as, "Lovely", "Kind" and, "Very nice." Other comments included, "Staff couldn't be more helpful, nothing is too much trouble", "If I have any problems I only have to ask" and, "They always treat me with respect, making sure I have privacy when dealing with me."

Relatives were complimentary of the nature of staff. They told us, "The staff's attitude is very good, they always have a laugh and are very kind", "I believe they are respectful of all that live here" and, "Staff know my mum very well and everything she needs, she gets." A visiting professional agreed, telling us, "I love coming here because staff know people so well. Really nice relationships have been built between people and staff and staff are always smiling and friendly."

We observed that staff were thoughtful and considerate towards people. One person chose to sit in a cold place by a door. This was promptly noticed by a member of staff who suggested to them that they might like to move. When the person said they did not want to do this, the member of staff went and got them a blanket. They showed them the blanket to check they did want it around them, so they could continue to sit in warmth, in the place they preferred.

When people and staff interacted with each other, it was clear that strong, positive relationships had been built. People hugged staff and touched their hands in greeting. There was lots of friendly conversation between people and staff and staff showed interest in people's well-being and interests. One person greeted a staff member with a big smile and said, "Hello my darling, it's lovely to see you again." Staff sang and joked with people throughout the inspection and genuinely seemed to enjoy spending time with them. It was clear that all staff, regardless of their role, knew people and their support needs well. The chef and their assistant knew all of the people individually and by their preferred name. They told us, "They are a person, not a room number."

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. Staff asked people whether they required support and provided it only if needed. For example, one person required support in holding their cup and cutting their food, but staff made sure they remained independent in all other areas of eating. Another person was being supported to move from their bedroom to the dining room. Staff encouraged them to use their own mobility equipment and praised when this was achieved.

Staff had received equality and diversity training and demonstrated a good knowledge of treating people fairly and as individuals. Staff told us, "Everyone's differences should be celebrated" and, "People are free to be who they want to be here." Two people were of Hindu faith and expressed a wish to celebrate the festival Diwali with staff by eating traditional foods. Staff arranged for their favourite takeaway to be delivered and joined them for lunch. Another person from a different ethnic origin had requested a certain type of food. The chef was aware of this and had added it as part of their own personal menu. People's bedrooms were decorated in the style of their choice. For example, one person loved a specific football team and their

carpets and curtains reflected the team colours.

People told us their privacy and dignity was respected. Staff were observed to exercise respect and dignity when dealing with residents, like ensuring residents were properly covered up when moving them. Also, staff were observed to be discreet when asking if residents wished to visit the toilet. All staff consistently knocked on people's door and awaited a response, before entering their rooms. Where people shared rooms, there were screens provided to ensure their privacy. Staff were knowledgeable about confidentiality and that people's information should only be shared on a 'need to know' basis. People's documentation was locked away to ensure that only relevant people could access it.

There was a large mural on the wall of a tree. Staff told us this was their dignity tree. People were asked to make wishes, which were then added to the dignity tree. For example, one person expressed a wish to jump out of an aeroplane. When this was risk assessed, it was considered unsafe for the person to do so, so staff used a virtual reality (VR) headset to simulate the experience of jumping out of a plane. Photos of the person enjoying this had been added to the dignity tree. One of the registered managers said, "The person also went scuba diving and did a ski jump on the same day through the VR headset. She enjoyed it so much that when her family came in that evening, she asked the member of staff who had done it with her to show them what she had done."

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were involved with regular meetings with the provider and registered managers. Activities co-ordinator's and the chef also attended to discuss people's activity and menu choices. The provider told us, "This home is genuinely run by people and their choices." They gave an example recently, where people had requested a cinema room. The provider had turned a small communal area into a cinema space, with comfy armchairs and a large television and people told us they were pleased with this. We viewed resident's meeting minutes and saw that people gave lots of feedback about the service. Where positive comments had been given about staff, this had been fed back in staff meetings and in individual supervision.

Good

Is the service responsive?

Our findings

People told us they thought the service and staff were responsive. Comments included, "They look after what I require", "I feel very involved in decisions about my care", "I am absolutely getting the care I need and, "I have no complaints and am very happy here." Relatives were equally as complimentary about the responsive nature of staff. One relative said, "Staff know mum's needs, likes and dislikes so if anything changes, they instantly contact us." Another said, "I've no complaints but feel happy about saying something if needed."

People took part in activities that encouraged social interaction and wellbeing and had complete choice and control over what they wanted to do each day. There was a wide range of activities offered such as live music, quizzes, bingo, pamper sessions, dancing, cooking, gardening and knitting. One professional told us, "There always seems to be so much going on, it's great." There had been several events recently, including a 'Fruit and punch' day, where people tried different cocktails and a cupcake day to raise money for the Alzheimer's society. People had chosen who they wanted to raise money for and helped make cakes for the event.

Staff knew about people's histories and preferences and organised activities based on these. For example, one person used to work in hotels and regularly supported staff with the tea trolley. This brought back fond memories for the person and supported them to socialise with others. Another person supported the chef to make cakes and reminisced about baking with their children. Staff also celebrated special occasions with people. One married couple living at the home had a special celebration lunch organised for them by staff on their wedding anniversary. Another person had celebrated their 107th birthday and expressed a wish to ride in a Rolls Royce. On their birthday they were taken out for a drive and celebrated with staff and champagne. A local newspaper wrote an article about this and filmed a video for their website. BBC South Today televised the event and the person was involved with a radio interview.

People received care that was tailored to them as individuals. Before moving into the service, support needs were assessed and information gathered from people, their relatives and professionals was used to formulate their care plans. There was guidance on specific health conditions and how they impacted on people. Throughout documentation, detail was given on what people could do independently and what they specifically required support with. There was also a "This is me" document that held person centred information about people's life histories, preferences, choices and preferred routines. There was a colour coded system used on care plans as a quick reference for staff. For example, a green dot represented the person had Do Not Attempt Resuscitation (DNAR) documentation issued and a red dot meant they had diabetes. Staff knew this system and told us they found it useful as an initial reminder of people's needs.

People's care needs were reviewed regularly. Every six months, people had reviews with staff, which involved going through their care plan and care needs. Relatives and professionals were involved where people wanted them to attend. Reviews documented feedback from people and their views of the care provided. All people we spoke to were aware of their care plan and knew they could see it if they wished to.

People and relatives told us that any issues they had were addressed immediately and this reassured them that concerns were taken seriously. There was a clear complaints procedure displayed around the home that people, relatives and staff were all aware of. Each month, complaints were reviewed and analysed by the registered managers to identify any themes or trends. Previously, there had been a number of concerns raised about the laundry system and people's clothes going missing. In response, a new labelling system was introduced so that clothes were identifiable. These were in the form of small tokens with the appearance of a button. One of the registered managers told us, "People had fed back that this was a much more dignified way of labelling their items." The laundry itself had been changed so it was more organised and 'Lost laundry days' had been introduced for people and their relatives to help identify unclaimed clothing. Since these new procedures had been implemented, complaints about the laundry had decreased. We also viewed numerous compliments about the staff and service, in the form of cards or emails. One relative had written, "From day one, your amazing, caring nature has shone through. Your dedication to providing an excellent care for your residents is outstanding." Recent compliments from professionals had included, "Very impressed by the knowledge and attentiveness of staff" and, "Staff all very jovial."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were knowledgeable of people's communication needs and were conscious of any aids needed to improve this. Menus and activities were displayed in a pictorial format to meet the needs of people who could not read or required visual aids. Staff told us in detail the support required for two people with a sight impairment. There were photos in their bedrooms of how the layout should be, according to the person's wishes. This was so if the room was deep cleaned, furniture went back to where it was supposed to be and therefore the layout would be familiar to people.

One person was receiving palliative care at the time of inspection. They were cared for in bed most of the time. Their position in bed was changed regularly and they were supported by pillows to ensure their comfort. They also had relevant mouth care equipment provided. Staff knew in detail about how they supported this person in keeping their mouth fresh and comfortable. One member of staff told us, "We're very strict on mouth care here," describing empathetically how uncomfortable it must be for a person who was finding difficulty in drinking regularly. Staff also told us about their close working links with the district nurses, to ensure the person's needs were met at this time. The management team told us about one person who had requested to return from hospital to receive end of life care at Ashtonleigh. Within two hours, this had been arranged. Although the person passed away the evening of that day, staff were pleased that their final wish had been fulfilled. Relatives of the person had sent a thank you card and flowers. They also posted compliments on social media stating that, "The care was amazing and they couldn't have wished for better for their mum." The deputy manager said, "We have a strong belief in dignity throughout end of life care to people and also following death to their relative's."

Good

Is the service well-led?

Our findings

At their previous inspection, Ashtonleigh were rated Requires Improvement in Well-led, with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Areas of concern with regard to medicines management, safety of the environment or supporting people at risk of poor hydration, had not been identified through the quality assurance process. This process required improvements to ensure areas of risk were assessed and effectively managed. During this inspection we found that improvements had been made and the provider is now meeting the Regulation.

Ashtonleigh had two registered managers at the time of inspection. They had clear understanding of their roles and responsibilities. They were supported by a senior deputy manager and deputy manager.

People told us they thought the service was well-led and were complimentary of the management team. They said, "The management is approachable and the manager is great, she always takes on board what you say", "I know the manager and she is lovely" and, "Staff definitely seem happy working here, they seem to work as a team." One person told us, "Nothing's wrong with the home, everything's good. So, it must be well-led." Relatives agreed, one telling us, "The managers are good, nice people and I feel I can approach them. They listen and try to sort problems out." A professional also spoke positively about the management team and said, "They are very keen to learn and improve patient care."

Staff told us they felt well supported in their role and that a team working ethic was continually promoted. Comments included, "Brilliant managerial approach. They encourage and support good relationships with people" and, "Management always appreciate what we do and give support with issues outside of work too." One staff member said, "I came to work here for six months and have stayed for six years. It's a totally caring environment for people and for staff. I love it." Staff told us that they felt respected and valued at work. There was a staff member of the month initiative that people and staff all voted for. The most recent staff member to achieve this had received praise for people in, "Their exceptional dedication and ability to make people smile." They had received a certificate and voucher as a reward. Other staff said they felt valued because they were continually offered opportunities to learn and grow, particularly if they wanted to move up into management. The provider told us, "Staff development and promoting from within is very important to us. If we find out someone wants to develop their skills, we offer additional training or qualifications to support them."

The registered managers told us they felt well supported by the provider and director of the service, who visited at least two days a week. They had regular meetings to discuss any concerns or suggest improvements. One of the registered managers said, "There is constant support. They are very present in the service and always at the end of the phone when I need them."

There were good quality auditing processes that ensured management had continuous oversight of people and the care provided. Each month, audits were completed of care plans, staff documentation, call bell response times, health and safety, complaints, compliments, incidents and safeguarding. The deputy manager did infection control audits and spot checks on staff practice. An independent care consultant

visited the service annually. This audit had been completed recently and recommendations made had already been actioned by the registered managers. The director visited the service twice a week and audited the quality assurance checks completed by the registered managers. The provider also completed several interaction audits throughout the year. This is where they would observe staff practice and interactions with people. Immediately after these observations, staff received commendations of good practice or constructive feedback. Any areas for improvement identified in any of these audits, were added to an annual development plan. This had clear actions, timescales and who was responsible for each task.

Staff said handovers were very informative and they had regular staff meetings where they could discuss anything they wanted to. We viewed meeting minutes and saw that staff could discuss any issues or concerns about people and changes to their support needs. There was a focus on specific policies at each meeting, such as mental capacity, health and safety or communication.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed every six months by people, their families, professionals and staff. We viewed the latest surveys received and feedback was very positive. Where constructive feedback had been given, the provider had taken immediate action. For example, staff had fed back that some communal carpets needed replacing and more bank staff would be beneficial and this had been actioned. A relative suggested that more parking would be useful and in response, planned works were in progress for additional car parking spaces. Some people also fed back that they were sometimes confused in how to use their call bells and so the registered managers spent time doing individual training sessions for people. We saw that positive feedback was shared with staff during staff meetings and supervisions.

The registered managers told us how important it was that they continued to develop their own skills and learning. To ensure they were up to date with current legislation, they had attended roadshows and forums in retaining staff, medication, safeguarding, fire safety and infection control. Any information was fed back to staff in meetings. They advised that they used these forums to speak to other managers and share ideas of good practice. The provider and registered managers were also keen to develop more community presence of the service and had already had students from a local private hospital come to do voluntary work experience.