

Mrs Janet Tucker

# Ashdown Lodge

## Inspection report

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Date of inspection visit: 11 & 12 November 2015

Date of publication: 04/03/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Ashdown Lodge provides support and accommodation for up to thirteen older people with a variety of long term conditions and physical health needs. Some people were also living with dementia. It is situated in a residential area of Rustington, West Sussex. It is situated in a residential area of Rustington, West Sussex. People had their own room, there was a dining and lounge area which people could spend time in.

The service had a registered manager. 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.

There was an audit schedule for aspects of care such as infection control, accidents and incidents and maintenance of the home. However the monitoring processes were not robust and did not include the areas

# Summary of findings

which we identified at the inspection. The provider told us that they were in the process of compiling a more robust quality assurance system to ensure that issues could be identified and responded to in a timely way.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Consent to care and treatment was not always sought in line with legislation and guidance. We reviewed people's care records and found that there was not a robust process in place to identify when people needed to have a DoL's application submitted. Within these care records we saw no evidence that capacity assessments had been completed or that people's abilities to consent to care had been considered.

Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We observed that people were not left waiting for assistance and people were responded to in a timely way. New staff received an induction to ensure they were competent to start work. Staff had undertaken a comprehensive training programme to ensure that they were able to meet people's needs however new staff felt that additional dementia awareness training would be beneficial. The registered manager was planning future dates for this training.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met. Relatives told us staff responded quickly if people were unwell "if she's not well they will be straight on the phone to the GP".

People received enough to eat and drink. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

Staff knew people well and they were treated in a dignified and respectful way. People told us "the staff are absolutely wonderful" and their relatives told us "it's absolutely fantastic, it's not a care home, it's a caring home". Another relative told us "for us it's not just a care home, they look after us as well".

The care that people received was responsive to their needs. Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. People's care plans contained a document which detailed people's likes and dislikes. An example was about a person's preferred morning routine. The document read "(named person) liked to have their breakfast at 7am and likes to remain in bed until just after 10am, they prefer a blanket rather than a duvet. They like to have their coffee in the lounge at 10.30am".

There was a weekly schedule of activities for people to take part in which included reminiscence games, bingo and a quiz and this was made available for people to read and chose what activities they would like to take part in.

The registered manager told us their vision was to create a homely atmosphere which provided quality care to people. Staff shared this vision and told us "it's just like a little guest house, everybody has good words to say about Ashdown". We were also told "we're like one big family, it's really important as it's their home at the end of the day".

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Safe recruitment practices were followed however at times staff started before their Disclosure and Barring Service (DBS) checks were completed. The provider agreed that they would now ensure that any new staff started once their DBS certificate had been received.

There were sufficient numbers of staff to make sure that people were safe and their needs were met

Medicines were managed safely however the temperature of the storage of medicines was not being monitored and recorded.

Good



### Is the service effective?

The service was not always effective.

People's rights were not always protected as the provider did not have clear processes in place for assessing people's capacity to consent to their care and treatment and take action where a Deprivation of Liberty Safeguards (DoLS) application may be required.

People were supported to maintain good health and had regular contact with health care professionals.

Staff received the training they required however newer staff felt additional dementia training would be beneficial

Requires improvement



### Is the service caring?

The service was caring.

Staff were kind, caring and offered reassurance to people when needed.

People were treated in a dignified and respectful way

People and those that mattered to them were involved in their care

Good



### Is the service responsive?

The service was responsive

People received care which was personalised and responsive to their needs however people with behaviour which may challenge did not always have care plans on how to support with this.

Complaints were dealt with promptly and in an informal way.

There were structured and meaningful activities for people to take part in

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Some quality assurance systems were in a place however the provider was undertaking further improvements in this area to enable continuous improvement

People and their relatives were positive about the quality of care delivered.

Staff felt able to discuss any concerns with the registered manager.

Good



# Ashdown Lodge

## 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.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during inspection. One inspector carried out the inspection.

Some people living at the home were unable to tell us about their experiences; therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people, three relatives and we spent time looking at records. These included eight care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

During the inspection we spoke with the provider, the registered manager, the chef and two members of care staff. We also spoke with a visiting health care professional.

The service was last inspected on 14 October 2013 and no issues were identified.

# Is the service safe?

## Our findings

On the first day of our inspection we reviewed three staff files and saw that these staff members had started prior to the provider receiving their Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) checks on the suitability of individual staff to work with people in a care setting. We brought this to the attention of the registered manager on the day of our inspection and were told that they ensured that new members of staff shadowed more experienced members of staff and they were closely monitored prior to receipt of their DBS. Two references had been obtained from current and previous employers, two forms of photographic identification had been provided. Records also contained records of staff induction, competency observations and training certificates. We spoke with the registered manager and the provider on the second day of our inspection and they told us that they would now ensure that any new staff started their employment once the DBS certificate had been received.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. A relative told us that staff “ would always respond to a call bell”. We looked at the staff rota for the past four weeks and saw that shifts had been covered when staff were sick or on annual leave. An on call system was in place to ensure that staff could contact management when they were not on duty. The rota stated which senior member of staff was on call. The registered manager spoke with us about people’s fluctuating needs and how this impacted on staffing levels. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. One relative told us “they seem to keep their staff and they know people well”. The registered manager told us that they “never used agency staff” as they liked to ensure that staff had a good understanding of people’s needs and the care they needed.

Medicines were stored appropriately however we saw that the daily temperature of the storage room was not being

monitored and recorded. We spoke with the registered manager about this they told us that they would now ensure that the temperature was monitored and recorded. Only trained staff administered medicines. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, given to people as prescribed and disposed of safely. We observed people being supported with medicines and saw that the staff who administered medicines did this safely. Staff confirmed that they were confident and understood the importance of this role. Medication Administration records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines was maintained. At the time of the inspection there were no covert medicines being administered and nobody was administering their own medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines.

People told us they felt safe. We asked people if they felt safe and were told “Oh I’m safe here” and “yes absolutely”. People were protected by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained that they would discuss any concerns with the registered manager or the provider. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The manager was able to explain the process which would be followed if a concern was raised. Health care professionals told us they felt people were safe at the home. We were told “people feel safe, I’ve never seen anything untoward”.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. Before people moved to the home an assessment was completed. This

## Is the service safe?

looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. These assessments were reviewed on a monthly basis. There were risk assessments regarding falls

and for the moving and handling of people. We reviewed risk assessments and saw that the people had a risk assessment in place to ensure safe moving and handling. This assessment detailed what equipment should be used and how to make the person more comfortable when being supported to move. The assessment reminded staff to be patient and offer reassurance.

# Is the service effective?

## Our findings

Consent to care and treatment was not always sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed two people's care records and found it would have been appropriate to submit DoLS applications for these people but this had not been considered or completed by the provider. There was not a robust process in place to identify when people needed to have a DoLS application to be submitted. Within these care records we saw no evidence that capacity assessments had been completed or that people's abilities to consent to care had been considered. This meant that the provider had not acted in accordance with the Mental Capacity Act 2005 in relation to obtaining lawful consent. **This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The registered manager told us that this would be resolved and applications would be made as needed. On both days of our inspection we saw that staff following the principles of the Mental Capacity Act. We observed staff asking for consent before supporting with tasks and people were offered choices throughout the day about how whether they accepted or refused support and how they would like to spend their time.

Staff told us that they received regular training and spoke with us about first aid, infection control, end of life care and moving and handling training they had received. A member of staff told us "we absolutely have enough training, the training is really good here". People told us they felt staff

were confident and skilled at their job and could rely on other staff and the registered manager for advice and guidance. We spoke with a new member of staff and they told us they had not received dementia training. They had learned how to support people with dementia through observing other staff members and through discussions at staff meetings. The registered manager told us that the most recent dementia awareness training had taken place in December 2014 and they planned to arrange further dates to ensure new staff received the training. We reviewed training records and saw that all staff employed in 2014 had undertaken the dementia awareness training. We observed staff supporting people living with dementia in a positive way which met their needs.

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building and residents, policies and procedures and the ethos of the home. The registered manager told us that all new staff now completed the Care Certificate to ensure their competence. The Care Certificate is a set of standards which staff complete to ensure that they are competent in the caring role. New staff shadowed a more experienced member of staff until the registered manager felt confident that they were able to work on their own. The registered manager told us "new staff shadow for a good few weeks". Staff received supervision every six weeks and received minutes which detailed what had been discussed. The registered manager told us that staff also receive informal supervision on a day to day basis as she observed their practice when supporting people. We reviewed staff files and saw that staff received regularly supervision, staff told us they found this supervision helpful. This allowed them to identify any issues with staff practice and ensure that this was resolved promptly.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met. This ensured good outcomes for people. Relatives told us staff responded quickly if people were unwell one relative said "if she's not well they will be straight on the phone to the GP". There were individual sections within the people's personal records which recorded hospital notes, GP notes and

## Is the service effective?

dentist notes. These recorded the date of the visit, the reason for the visit, the outcomes and actions needed. People's healthcare appointments were recorded in a diary which acted as a reminder to staff when appointments were due.

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

People told us they had enough to eat, enjoyed the food and were offered choices. People told us that if they did not want the planned meals the chef would make them an alternative. One person told us "we can order what we want". A relative spoke with us about the foods their relative enjoyed and told us "sometimes dad just feels like a banana sandwich and they will make that for him". We also saw an entry in the communication book which reminded staff about one person's favourite brand of porridge and to ensure that they received this. We

observed a lunchtime experience and saw that people received enough to eat and drink. People's meals appeared hot and appetising. Staff knew who liked to sit together at lunch and encouraged this. Once they had served the meals staff members also joined people at the table and enjoyed their meal together.

Staff ensured that people were happy for them to join their table and asked "would you mind if I joined you?" People indicated that they were happy for the staff member to join them and one person said "we always love your company". Relatives confirmed that the registered manager regularly joins people for lunch, they told us "(registered manager) has lunch with the residents and has a chat ". When people required protective aprons staff asked permission before assisting them with this. We saw that one person needed assistance to cut their food into smaller pieces, staff knew this was needed and supported with this. Staff knew which types of cutlery people preferred to use and made sure this was available. Following their meal some people chose to stay in the dining room and enjoy tea and coffee together. Staff ensured that people did not feel rushed to finished their meal or coffee and encouraged them to take time to relax and socialise together.

# Is the service caring?

## Our findings

People and their relatives spoke positively of the caring approach of staff. People told us “the staff are absolutely wonderful” and their relatives told us “it’s absolutely fantastic, it’s not a care home, it’s a caring home”. Another relative told us “for us it’s not just a care home, they look after us as well”. Health care professionals also felt that staff had good relationships with people and told us “staff are very patient, people feel safe, they’re able to express themselves”.

We observed the care practices in the communal areas and saw that staff were caring and gentle in their approach to people. When one person needed assistance to get up from their chair staff offered gentle encouragement and made sure that they stood up at their own pace. Staff took time to support people and made sure that they did not feel rushed. People also told us “we’re never rushed”. We saw a staff member support one person into the lounge area and they guided them in a kind and gentle manner. A health care professional spoke with us about the patient manner of staff “it’s calm and friendly, no-one is being rushed, and they’re very patient”. One relative told us that staff make sure that people are comfortable and responded to quickly. They told us staff “go the extra mile”.

We spoke with staff about how they promote people’s dignity and were told about an example where they were providing care and asked the person’s relative to leave the bedroom to ensure that they received care in a dignified way. Staff also told us they make sure they knock on people’s door’s, make sure door and curtains are closed and asked permission before supporting people with personal care tasks. When speaking about ensuring people’s dignity is maintained staff told us “our main priority is the residents and their care, dignity and wellbeing”. The registered manager ensured that this area of care was discussed regularly at team meetings and supervision.

We saw that staff and people spent time observing Remembrance Day. People were offered the opportunity to

watch the television coverage of the event, have a glass of sherry and commemorate the day. Most people chose to take part in this and told us that they appreciate the time given to reflect on this day. Staff spent time in the lounge with people and spoke about topics which interested them. We heard a conversation between someone and a member of staff about the most recent episode of their favourite period drama. People enjoyed sharing this with the member of staff and they agreed to speak about the next episode.

People told us that they could make choices in the support that they received and in their daily routines such as what time they get out of bed. We saw that people were offered a choice of where they would like to spend their time and most people chose to spend their time in the lounge. People were encouraged to be as independent as possible. People’s rooms were personalised with possessions such as pictures, family photographs and bedding. People were able to bring in their own furniture to make the room feel more familiar and homely. A relative told us “they could bring whatever they wanted in with them, they encourage that”. Staff had a good understanding of people’s needs and individual likes and dislikes and told us that they enjoyed spending time speaking with people and hearing about their family and life history. People told us that they were involved in decision about their care. We were told “we’re involved in everything, we chose everything”. Relatives told us that they had regular reviews with the registered manager where they discussed the care people received. Relatives also received regular updates on any changes, they told us “the moment something happens they ring us”.

Family and friends were able to visit without restriction. They told us that staff made sure visitors were looked after and felt able to ask any questions they may have. Relatives felt that people were well looked after and found this reassuring. We were told “I walk out and don’t worry”. Throughout our inspection we saw people’s family visit and spend time with them in the lounge area. Relatives appeared comfortable with staff and spoke with them about changes to their relatives care.

# Is the service responsive?

## Our findings

Staff knew people well and had an understanding of how they liked to be supported. People's needs had been assessed before they moved into the home and their care plans were based on this information. The pre-admission assessment was used to develop the care plan and this was developed and amended as staff found out more about the person. Care plans included information on people's key relationships, personality and preferences. They also contained information with regard to people's social and physical needs. People's care plans contained a section detailing communication with healthcare professionals such as the GP. We saw that care plans had been developed and included information on people's mobility, nutrition and communication needs. They also contained information on people's social and physical needs. This ensured that staff have guidance on how to support people and ensured that care was consistent.

People's care files contained a section detailing communication with healthcare professionals such as the GP. Where appropriate people had Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person in the event of cardiac arrest. We identified one care plan that did not have sufficient information on how to manage someone's identified behaviour needs. We spent time speaking with staff about how they supported this person when they displayed behaviour which may be challenging and they explained how they identified issues which could increase the likelihood of this person becoming distressed and were able to explain how they would direct them away from a situation if they found it distressing. The staff member was aware of certain times of the day when the person may become upset and told us about the additional support they offered at these times to reduce any upset. We observed staff support this person and saw that this was done in a gentle, patient way. Staff made sure that they allowed time to respond to any questions which were asked. We reviewed this person's care plan and saw that this information was not recorded. While staff had an understanding of how to support this person when they became upset this was not recorded to help ensure that support would be provided in a consistent way. The review

records showed that when there was a change in this person's behaviour, the nurse had been contacted for advice and a referral had been made to the specialist dementia health service.

We reviewed the daily notes of one person and saw that these contained detailed information about changes to the support they needed to manage their continence issues. However we saw that this information had not been updated in the person's care plan. On the first day of our inspection we spoke with the registered manager about these two care records and we saw that on the second day of our inspection they made started to update these records to ensure that the records reflect the care and support which people received.

We saw examples of when staff responsiveness lead to positive outcomes for people. We reviewed the care plan of a person who had a visual impairment and saw their care plan contained guidance for staff on what side to approach them on to make sure the person knew they were nearby to ensure any upset or disorientation was reduced. We saw staff consistently aware of this and approached the person as detailed in the care plan. We reviewed one person's care plan and saw that when there were changes in the skin condition advice was taken from the healthcare professionals.

Staff knew people well and spoke with us about people's individual likes and dislikes. A member of staff told us about the newspaper which someone liked to read. They ensured this was available as it was how they like to start their day. People's care plans contained a document which detailed people's likes and dislikes. An example was about a person's preferred morning routine. The document read "(named person) liked to have their breakfast at 7am and likes to remain in bed until just after 10am, they prefer a blanket rather than a duvet. They like to have their coffee in the lounge at 10.30am". On the second day of our inspection we saw this person was spending time in the lounge at 11am.

Daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes.

## Is the service responsive?

People told us they were involved in choosing the activities which were arranged. We were told “anything we want to do we bring it up”. The registered manager spent time speaking with each person about their interests and likes to ensure that activities were personalised. People’s social needs were assessed and copies of the activities schedule were available for people to read. Relatives felt there were enough activities for people to take part in although they acknowledge that at times people did not always want to take part in the arranged activities. There was a weekly schedule of activities for people to take part in which included reminiscence games, bingo and a quiz. Staff told us that they try to plan the activities around the time of year and that people were in the process of making decorations for Christmas. We reviewed the activities book and saw that staff recorded who took part in the activities and whether people enjoyed taking part. Staff told us that cream teas were arranged to celebrate people’s birthdays and that people when possible went out for an afternoon with the registered manager. The registered manager used this as an opportunity to speak with people about the service they received and any improvements which they thought could be made. Staff were organising a Christmas party and relatives had been invited along. People were included in the planned activities and were asked which activities they enjoyed and would they would like to do more of. We reviewed records which showed that discussion had taken place on the activities which take place in the service, including what they liked best and least and if there was any way that they could be improved. People’s comments were positive and comments included “I like them just the way they are” and “it’s about right”.

People were involved in the care that they received. People were offered a choice in where they spent their time and whether they took part in the arranged activities. Most people chose to spend their time in the lounge area but knew that if they preferred some quieter time in the room

that staff would support them to their room. Once a month the registered manager meets with each person and discussed the care that they received and any changes within the service. The registered manager told us that they invited family members along to the reviews of people’s care. The registered manager ensured that people were involved in areas such as the menu choices. They spent time speaking with each person about their likes and dislikes and what meals they would like to have on the menu. The registered manager also spoke with people after the menu had been introduced to ensure that they were happy with the meals being provided.

The registered manager told us they did not hold formal resident or relative meetings but ensured that people were given opportunities to share their concerns and receive updates on the care provided. The registered manager meets monthly with people to review the care they received and discuss any changes. People’s family were invited to take part in the monthly review however family members were not always able to attend and the registered manager ensured that they were updated either by phone and when they next visited.

People and their relatives knew how to make a complaint and would feel comfortable speaking with either staff or the registered manager about any concerns. Staff were able to demonstrate an understanding of how to deal with a complaint and told us that they would listen to the person’s complaint and then pass these concerns onto the registered manager. The registered manager told us there was no recent written record of complaint to review as they had not received a complaint in over 12 months. People and relatives would speak to the registered manager when they meet with them and used this opportunity to discuss any concerns. The registered manager responded promptly to ensure that the issue was resolved. They told us “we try to get there first”.

# Is the service well-led?

## Our findings

Quality assurance systems were in place to regularly review the quality of the service. There was an audit schedule for aspects of care such as infection control, accidents and incidents and maintenance of the home. However we reviewed the falls audit which was completed by the registered manager and saw that the information within the document was not consistent with the falls which were recorded in people's individual care files. People's care files detailed falls which had not been recorded in the audit. This meant that the registered manager may not be able to identify trends with falls as they did not have accurate information. The provider was aware that they did not have robust quality assurance systems in place and told us that they were in the process of compiling a more robust quality assurance system to ensure that issues could be identified and responded to in a timely way. This would help ensure that further aspects of the care provided were monitored. Care plans, consent and activities were areas which would now be monitored. We were shown the documents which the provider and registered manager had agreed on and would be implementing as soon as possible. The provider was in the process of taking action to introduce quality monitoring processes and this was an area that planned for further development.

People, relatives and healthcare professionals told us they felt the service was well led and they had regular contact with the registered manager. People told us they saw the registered manager almost daily and that when needed they also offered care and supported to people. They felt that they knew them well and could approach them with any concerns. One person told us "(registered manager) is brilliant, she's around, I would speak to her if I was worried". A healthcare professional told us I would put it top of my list in the area". The registered manager met regularly with the provider and told us that they had a supportive relationship where they felt able to share concerns or challenges which the service might face. They told us "they're always there but don't peer over my shoulder, they like to know what's going on in the service, they have a good sense of the residents and what's been going on".

The registered manager felt confident that staff would report any concerns to them and staff were able to confirm this. Staff told us "if I've got a problem I won't keep quiet". The registered manager told us they made sure they had

regular contact with all members of staff to ensure that they could monitor their practice and ensure that any issues were identified and resolve in a timely way. They gave us an example of a member of staff where they had identified issues with their moving and handling practice. The registered manager ensured that they received additional 1-1 training and ongoing support through supervision to address these concerns. The staff members practice improved and they were able to work more effectively with people who needed support with moving and handling.

The registered manager vision was to create a homely atmosphere which provided quality care to people. Staff shared this vision and told us "it's just like a little guest house, everybody has good words to say about Ashdown". We were also told "we're like one big family, it's really important as it's their home at the end of the day". People told us "it would be difficult to find something more comfortable". Relatives felt that the service had a warm homely atmosphere and for some this was the reason they chose the home. We were told "we chose this home as it's small and caring". The provider told us about the improvements they were in the process of making to the garden. The garden was secure and had enclosed seating areas which people could use the warmer months which ensured they were protected from the sun while able to enjoy the garden. There provider spoke about their focus on ensuring that people had a secure and homely garden which they were able to spend time relaxing in and also as an area which visiting relatives could share with their family member. They told us "were passionate about what we do". The provider was focused on continuously improving the service and ensuring that people received good quality care in a homely environment.

The provider spoke with us about a scheme in which staff receive a badge based on their performance. All staff start off on a green badge which is upgraded to a gold or platinum badge for good practice or when they receive positive feedback from visiting relatives. Most staff had been upgraded to the gold badge and the senior members of staff had both been upgraded to platinum as the registered manager felt their practice was consistently good and they had regular positive feedback from people and relatives visiting the service. This scheme encourages staff to continuously improve their practice.

## Is the service well-led?

The registered manager told us that they do not currently gather formal feedback from people, relatives or health care professionals. They planned to introduce an annual feedback survey for people, relatives and staff to request their views. They were able to show us a selection of thank you cards from people's family which contained positive

comments. The comments were positive, one read "you should all be extremely proud of the care you give" another read "I know you all went out of your way and beyond expected duty to make (named person) as comfortable and contented as possible".

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment had not been provided with the consent of the relevant person because the registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(1) (2) (3).