

Alexandra Homes (Bristol) Limited

# Ash View House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 20 May 2018 and was unannounced.

Ash View House accommodates 17 people in three adapted buildings. Ash View House is a care home. People in the care home receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There was a registered manager for the service. 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 a culture of dynamic risk taking at Ash View House. This was supported by very well trained staff and really up to date systems and procedures in place, to keep people and others safe. This meant people thrived in an environment where they could develop and live a really fulfilling life but still be supported to stay safe.

People, relatives, professionals and staff gave exceptionally positive feedback about Ash view House; Comments included "The care is excellent, the staff are amazing." "The staff strive to improve all the time, the owner is also lovely", and "I would recommend this place to anyone, you are here with people who try to look after you and do the very best they can."

The whole team were led by the management who were exceptionally committed to providing people with a highly responsive and very flexible service. Care was goal and aspirations led and this meant people thrived and planned to achieve long-term goals and outcomes. One person told us "It's brilliant here they let me decide what I want to do and help me do it". Another person told us "It's the best home I have ever been in I can do so many things here, I went greyhound racing which I enjoyed a lot."

Care was creatively planned to respond to people's individual needs or goals. Activities were highly personalised to people's specific interests. Care plans were personalised with information co-written with people at the home. This supported staff to provide high quality care and support.

People, relatives and staff were at the centre of Ash View House's quality checking programme. The management team followed a wide range of systems to gain their feedback and views. Systems included regular meetings and a range of satisfaction surveys.

People, relatives and staff, told us the home was very well run and well-led by the management team. One person told us "I see the owner all the time I can talk to him about anything". Another person said, "They are always asking what you think; it makes you feel you matter and are involved."

The whole team's total commitment to delivering a truly person centred service has been embedded even further into all aspects of the service. Staff who have shown specific interests in particular areas, such as safe responses to behaviours that challenge were designated 'Leads'. These leads continued to play a key role in developing and improving practice as well as sharing learning and acting as role models.

The management team and staff they led had a good understanding and appreciation of people's needs. The team were creative in the ways they provide person centred care. This put people at the centre and 'heart' of how the home was run. The management continued to find new and creative ways to support people to have an exceptionally fulfilled quality of life.

## 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 had improved to outstanding.

Risk management was a person centred process and staff worked in close partnership with people at Ash View House. There were innovative systems, which maximised the safety of people who lived there.

Care records and thorough risk assessments were written with people and these reduced risks to people's safety and welfare.

Staff had an in depth awareness and approach of safeguarding principles.

People were protected and their safety was enhanced because there were very high staffing levels and skill mixes.

People were a central part of the provider's very robust recruitment procedure. This was to protect people from the risks from unsuitable staff.

Staff were very well supported to follow clear procedures to meet support people and involve them fully in the management of their medicines.

**Outstanding** 

### Is the service effective?

The service remains good

**Good** 

### Is the service caring?

The service remains good

**Good** 

### Is the service responsive?

The service has improved to outstanding

Staff worked in collaboration with people and their relatives to deliver joined up high quality care.

People received care and support that was highly flexible and responsive to their needs.

**Outstanding** 

People were fully involved in devising care plans that were highly personalised. These guided staff to provide really responsive, person centred and fully individualised support.

People were fully supported and the staff went to exceptional lengths to they were able to engage in activities and any known interests and hobbies that they enjoyed.

People's views about anything were actively encouraged and there were arrangements to manage complaints and concerns so these could be addressed in a timely manner.

### **Is the service well-led?**

The service was extremely well-led.

The provider had a real passion and a strong commitment to involving people, relatives and staff in the development of the service

People were at the heart of the comprehensive quality checking system that was in place. This kept an up to date overview and maintained the high levels of quality in the service.

The provider and management were constantly looking for ways to improve and to continually drive up the quality of the excellent service that people received even further.

Staff were treated exceptionally well and were therefore highly motivated to deliver high quality care.

**Good** ●

# Ash View House

## 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 checked 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 last inspection took place in January 2016. The service was rated Good in all domains at that time.

This inspection took place on 20 May 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who lived at the service and three relatives. We also received feedback from two health care professionals.

We interviewed six members of staff, the registered manager and a director of the organisation that ran the home. We spoke to the registered manager and a senior manager. We also interviewed five staff.

We received email feedback from five relatives and two healthcare professionals.

We pathway tracked the care of three people. We observed staff respond to people's care and support in communal areas, they spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

## Is the service safe?

### Our findings

The service has improved to outstanding. The provider's philosophy to risk management placed a strong emphasis on empowering people to take responsibility and 'ownership' of their own safety. People and staff understood these values. One person told us that they were very well supported because the staff gave them all the information they needed. "I am free to go as I please but the staff will talk to me if they are worried about what I want to do." All staff explained a key part of their role was supporting people and working closely with them to take dynamic but safe risks in their life. For example staff worked with people to safely go to nightclubs. They supported them to fully understand the risks there may be at such a venue. For example the risk from illegal drugs, excessive alcohol, and strangers were clearly discussed with the person concerned. Ways to stay safe but still to have a good time were clearly explained in the person risk assessment. Some people now safely went to night clubs independently. This considered planning around safety with people clearly enhanced people's potential and opportunities in their daily life.

People told us they were actively encouraged to be as independent as they wanted in a safe way. People explained they helped plan and write the detailed appropriate risk assessments we read. People told us that staff kept them safe but in a way that did not restrict their individual freedom. We were told of many examples, of how people could have their freedom and independence. One person had always wanted to visit Las Vegas. They had recently been there with the support of a member of staff. The person told us that staff spent many weeks planning and supporting them to understand the possible risks to their safety and wellbeing. For example the person told us how anxious they were about going through customs in America. Planning and support was put in place and they went through safely and without undue anxiety. Another person told us how staff supported them with their interests that included collecting historical guns. A safe had been purchased and the person was able to continue with their interest that was very important to them.

The registered manager and provider had an extremely clear overview of risk and safety to inform action and business plans. This was possible because they completed daily environmental checks as well as checks with the people who lived at the home. People were actively encouraged to develop their own strategies if they felt unsafe in the home or the community. One person now went directly to the nearest police station at times when they felt very unsafe due to their mental health needs. This meant that by working with the person to build their own strategies they were still able to go out into the community and live a varied fulfilling life.

People were extremely well supported by staff to develop their own ideas and actions to stay safe. People were encouraged to attend training sessions with staff if they wished to. An example of this was fire safety and awareness. The local fire service had been working with staff and people to promote fire safety. The staff told us that improving people's ability to make independent decisions and still be safe had enabled them to assist some people in moving to supported living settings. They told us the work they did with these people gave them the confidence to lead more independent lives with minimal support from staff.

Every person, relative and staff member we spoke with felt that staffing levels were excellent. We saw there

was a high ratio of staff as well as a low turnover that kept people safe and met their needs. People told us if they needed or wanted one to one staff support this was always available for them. One person told us "I never have to wait they are always here when you need them." We saw that staff engaged people in many different tasks and activities at flexible times with people. We saw that people were able to approach staff and ask for support at any time, this was given promptly. People told us the high levels of staff made them feel "safe" and "secure" at Ash View House. The managers told us staff were matched to work with people based on personalities. For example certain people preferred to be supported by quieter more introverted staff. Others wanted to be supported by more outgoing members of the team. The staff and people we met told us how a considerable amount of time and shared planning took place around who they wanted to support them planning with their care. Staff were matched with them according to their wishes. This was an excellent example of a person centred approach to the safe staffing skill mix at the home.

People who lived at the home shared the provider's vision of a person centred approach to staff recruitment. One person told us about attending a recent jobs fair "It is important to have a say in who works at Ash View House." People also told us they met all new candidates who came to the home for job interviews. Records showed that people's direct feedback was used to inform the outcome of all staff recruitment.

Medicines were managed safely in line with national guidance by well trained staff. People told us they were involved in working towards managing their own medicines. One person had written their own medicines risk assessment with staff support. This was an excellent way to fully involve people in their own care. The person told us it was much better following their own risk assessment and made them more independent.

The provider had invested in a digital medicines management system. This was linked to the pharmacy and the staff told us this was a very safe way of managing medicines. They said it gave them a better overview of stock, improved the audit trail and provided more accountability. There was also a reduced risk of mismanagement and better oversight. Medicines recording were accurate. A daily medicines audit was conducted and a random full audit conducted regularly by the registered manager and the pharmacy. The system also did not allow for medicines to be given too early or too late. This system promoted safety and also supported some people who were learning how to manage their own medicines. This in turn promoted independence and autonomy for people. The system also gave staff more time to provide direct support and quality time to people since the system had been introduced.

People were given the information they needed to keep themselves safe. There was an easy read safeguarding policy available in the home. People knew about this policy which was designed to support them to understand how to reporting any concerns they had about their or other are safety. Other risks people may experience such as avoidable harm, neglect, abuse or discrimination were reduced. This was because there were systems in place to protect them.

Staff were guided by an up to date safeguarding policy and staff went on safeguarding adults training. The staff were knowledgeable about how they ensured people were kept safe. This included detailed investigations and timely reporting of incidents to relevant authorities such as safeguarding adult's team and CQC. This was if and when risks to people's safety and wellbeing had been identified. For example a recent investigation had just been completed for a person with really complex and sometimes challenging behaviours in the community. The registered manager had ensured a detailed risk management plan was in place for the person. The registered manager had also cooperated very openly with the Local Authority CQC and other relevant professionals.

People were empowered to lead their lives in the way they wanted to be and to be protected. The staff were knowledgeable about how they ensured people's rights were protected. This was in line with the

characteristics of the Equality Act. This included awareness where people had expressed specific requirements for support in relation to their sexuality.

Learning from incidents and accidents was a priority for the safety and wellbeing of all at the service. For example, a regular analysis was conducted by the provider and reviewed by a director which highlighted the annual, monthly and daily trends in the service. Where incidents had occurred between people that could have caused harm a new and person centred risk assessment was completed with each person's full involvement. People told us the staff approach helped them to better understand the consequences of their actions. They said staff helped them to try different strategies if they felt their wellbeing was at risk or they were likely to threaten the wellbeing of others.

## Is the service effective?

### Our findings

Staff were observed assisting people using approaches that showed they knew how to support people with their needs effectively. For example this was demonstrated when staff used a calm and 'warm' engaging approach with people to motivate them with their care. Staff demonstrated they understood how to provide people with effective support with their care needs. They explained how they worked with certain people to help them to feel calm when their mood changed and they felt angry. They also told us their role included helping people with activities of daily living. For example these included activities such as shopping, money management, laundry and cleaning their rooms.

People's support and care plans were very clear, detailed and up to date. The information was relevant to each person's current health needs. This helped to ensure that when people required a visit to hospital, or health or social care service, there was clear and up to date information. This would also help ensure that those services were able to provide people with the care and support they needed swiftly. When needed we also saw information included about how to effectively communicate with each person. People's care records contained detailed information which explained how people communicated, their personal preferences with regards to how they liked their healthcare to be provided and any known risks that other agencies should be aware of. This helped ensure a smooth process for people between health and social care service locations.

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.

The home was working within the principles of the MCA. At the time of our inspection no one was assessed as lacking the ability to consent to decisions about their care. However support records contained assessments that showed people fully understood decisions about their care. If a person was unable to consent to a decision, mental capacity assessments were completed. These included decisions such as supporting people with their personal care, keeping safe when in the community and medicines. Best interest documentation would be recorded when a particular decision had been made for people. This documentation is important as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made.

To ensure people living at the home would be aware of the process of how a decision had been made for them; an easy read version of the provider's mental capacity policy was in place. People can only be deprived of their liberty to receive care when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food provided at the home. Some people also told us how they really valued being able to self-budget and plan and cook their own food. One person said, "I'm independent and I buy what I enjoy". People were fully involved with menu planning and buying and cooking food for them and for others. People sat down and reviewed with staff what meals they wanted each week. Pictures of food and drink items were used during these meetings to assist people with communication needs to make their views known.

We saw that kitchens were well stocked with a wide variety of healthy and snack foods. Food was stored safely. Staff have been on safe food hygiene training and knew the information about people's allergies and food preferences. This helped to reduce the chances of people receiving food that could cause them harm. We saw lunch being prepared; this was a shared activity with staff and some of the people who lived at the home. People were offered choices and they told us that lunch had been "Very nice" and "Not bad at all."

Staff were well trained and well supported with professional development. The team all had their performance and competency checked regularly. This was to ensure they were skilled enough to carry out their role. The staff had completed the Care Certificate as part of their induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. The development of staff performance and ensuring all staff had achieved a minimum of Level 2 diploma in adult social care, with many obtaining higher levels, showed a continued investment in developing the team. Many of the team had been promoted from within to take on senior or management roles. This in turn reflected a really low turnover of staff. All of the staff we spoke with felt included and valued and they felt a high level of satisfaction gained from their individual roles.

Training was also been completed in areas relevant to their role including; autism awareness, managing behaviours that may challenge and mental health issues. Staff received regular supervision of their role and a regular assessment that reviewed their competency in all areas relevant to their role and performance. The management team said they were proud of their staff. They also said they knew they had the right skills and experience to provide people with a really high quality of care and support.

## Is the service caring?

### Our findings

People had formed close relationships with staff which they felt had made a positive impact on their lives. One person said, "I have a key worker and I am definitely fully involved in my support plan. Staff are there for the residents when you need them I would recommend living here to anyone. I trust them." Another person said, "They are helpful and they go with me to see pop concerts, I think they are all brilliant they are respectful." Another comment was "The service are very attentive of my relative's needs."

Relatives and people told us staff were extremely caring and kind people. Relatives told us there was always very good communication with staff when they visited. We saw staff engage very warmly and openly with people's relatives during our visit. This helped them to feel welcome to visit at any time.

People were actively encouraged and involved in having as much choice, control and independence as possible. One person said, "We do what we want to, we can go to bed when you like, I can go out when I want to." People were fully involved with decisions about their care and support needs as well as the activities they liked to do. House meetings and one to one key worker meetings were in place where people were able to meet with their key worker or other members of staff. This was to discuss what was important to them and how staff could support them to achieve what they wanted.

People could be supported by an independent advocate and information was available for people in an easy read format about how they could access this support. Advocates support and represent people who do not have family or friends to support them at times when important decisions are being made about their health or social care. At times, people have requested the registered manager to act as their advocate in meetings with social workers and other healthcare professionals.

Every staff member we spoke with conveyed a clear passion for their roles. One member of staff said, "It's the best job I've ever had we are a family here." A person's relative told us staff were "Exceptionally caring, they all go above and beyond not just with my relative but with everyone."

## Is the service responsive?

### Our findings

The service has improved to outstanding. People spoke extremely positively to us about the high quality of care and very flexible support they received "The staff are all very good they will do anything for you to get things done the team are amazing they let you do your own thing" and " I think the staff are all brilliant they help me get to go to concerts", "The staff team are very competent, very professional and very able to assist people if there is a problem the staff ensure it gets resolved".

A relative told us "The staff team care about my relative as much as I do, when they were in hospital the staff were with them 24 hours a day." Relatives also said, "My relative has evolved into almost a different person he is more capable, and shows awareness of responsibilities and continues to try to improve". A healthcare professional told us that the team was "Exceptionally responsive and they are always looking for new and creative ways to support people to grow."

People were provided with high quality person centred care and support. People worked in partnership with the staff to ensure their care and support was really individual and personalised to them. Each person had a very detailed assessment in place .People told us they had been directly involved with staff in writing these. Each person's views of their care and support needs, as well as level of independence and quality of life were fully taken into account. Care plans also included goals and aspirations for people. One person had photos of all their achievements in their care plan. This helped the person to fully understand how well they were doing at the home. For example they now cooked meals, and were able to be much more independent in their daily life; Information was clearly set out in care plans about a person's personal history, individual preferences, interests and goals. Relevant information about important relationships was also clearly set out. This included sexual orientation to support each person to express themselves in the way they chose.

People and their relatives all felt the staff team were exceptionally good at supporting them. One person told us that they were all "Brilliant". Staff showed they had a very in-depth understanding of people's needs. Staff knew each person's values and beliefs really well. Staff understood these influenced people's decisions on how they wanted to be cared for and supported. For example, some people were very discreetly supported to express their sexuality in a safe and non-judgmental way.

To further support staff and people who lived at the home the provider commissioned and paid for their own psychiatrist and psychologist input. This was paid for by the service and guidance and advice was offered for the benefit of each person who lived at the home. Staff told us these sessions were also time for additional support for them. They said if a very challenging incident had happened being able to talk it through with the psychiatrist and psychologist was very helpful and very beneficial for their wellbeing. They said being helped to understand why people may behave in a certain way towards them helped them to feel a lot less stressed about certain behaviours. A senior manager told us a long term aim of this process was to retain staff and make staff feel fully supported. The staff team had remained very consistent since it opened and every person we met told us this was highly beneficial for them. Sessions were held on an at least weekly basis. This guidance and advice was used to assist the staff to work with people to create care plans to meet their needs. For example some people had behaviours that could be seen as challenging. They had care

plans in place that did not restrict their freedom of movement and still promoted their independence. We met people who told us how these approaches and type of support meant they went out into the community every day. People took part in a range of activities they valued. This included going to work, going to concerts, going abroad, to art galleries, night clubs, and pop concerts. One person told us they had been supported to gain part time employment.

People told us about a full and varied range of activities they enjoyed. One person told us the provider had paid for a season ticket for their local football club. They told us they really enjoyed being able to watch regular football matches with staff support. Another person told us they really liked to watch greyhound racing and the staff supported them to regularly attend. Another person we met told us they were studying for a master's degree and were supported to undertake this. For example staff went with the person to art galleries that they wanted to go to as part of their studies. Extra space in the home was created at no negative impact to others for the person to paint and be creative. The need for this person to be given extra space and time away from others for their studies was fully incorporated into their care plan.

Other people told us they had paid employment and had been supported and encouraged with this. Staff supported the person so that they got up on time. Staff also worked with the person to fully understand some of the challenges of a work environment. The person had been involved in writing a detailed care plans around this. Each person's care plan goals in relation to these activities had been written with the person concerned. The ways they wanted to be supported with these activities were clearly set out and explained. These very varied interests showed how people were being very well supported to meet and reach their full potential in life.

People had been supported by staff to set up their own regular newsletter. This method of communication was used as a way to celebrate people's achievements. The newsletter was circulated to those who wanted to see it such as family and friends. One person told us how they had wanted to have a 'stars in their eyes' themed night at the home. This took place and staff and people dressed up and sang together. This was proudly celebrated in the newsletter. People told us this event had been "Fantastic." This shared activity was also an excellent example of having fun and building up confidence the same time.

The service was a part of the community where it was located and the nearby City of Bristol. Strong community links had been built up that benefited people in the home as well as the wider community. One person told us of an example of this; they worked with the staff to support homeless people in the City of Bristol. The person told us they valued this activity as it made them think about people who were worse off than they were. This was part of an initiative that one of the providers had been actively involved with for many years. People were encouraged if they wanted to be part of a 'soup run' for homeless people. Another person told us how they had been supported to find work in a nearby restaurant, the work had been very hard but they had been really well supported by staff in this activity.

One person had been fully supported when their closest relative was at the end stage of their life. Staff had supported the person to be fully involved in planning and going to the person's funeral as well. Staff had gone above and beyond and given the extra support in their own time to support them with this very sensitive and key life event. This was an excellent example of staff showing an extremely caring and very supportive approach to enable the person to grieve for a close relative.

One person's relative told us how the registered manager and the team had worked together for the benefit of their relative. This was when they were physically ill last year. The staff team had worked together to support the person when they were in hospital. Staff had provided 24 hour support for them. During this there was no agency staff used in the home or at the hospital. This is a commendable example of the staff

team working together to provide consistent care and support. The team clearly went the 'extra mile' to support one of the people who lived at the home. The staff told us the team always aimed to support people who had to go into hospital in this way. Staff had given up their own time and worked extra hours. This was to ensure people at the home and the person in hospital received consistent care from people they knew. People told us it was very important for their wellbeing to be supported by the staff they knew. Certain people went on to say that due to their Autism the need for consistency of the people and staff around them was essential for them to feel well.

People were supported to maintain relationships that mattered to them. These included family, community and other links. Visitors were encouraged to visit at any time with no restrictions on this. Relatives we met also told us this. People's daily records confirmed they received visitors on a regular basis. We saw how staff were very welcoming and friendly to people's visitors during our visit.

People, their relatives and staff were actively encouraged to make their views known and raise concerns to drive improvement in the service. Everyone and the relatives we spoke with were aware of the complaints procedure and said they knew how to raise a concern. No one we spoke with had any complaints. People told us they were encouraged to raise any feedback directly with the management team. Everyone knew the managers well and they said they would always resolve any concerns before they developed into a formal complaint.

We saw a range of ways people could feedback about their experience of care. People could complete a Satisfaction Survey every four months, which was incorporated into the internal review process for the service. There were also regular 'resident meetings', which were analysed and responded to, action taken where appropriate. Relatives and Involved professionals were sent an annual satisfaction survey which was analysed and responded to with an action plan where appropriate. People were also involved in one to one support meetings where their views were discussed, noted and responded to. Relatives could also send off review cards, anonymously, to the carehome.co.uk website as a means of rating the service provided by the Home. We saw that all suggestions were analysed with thoughtful feedback given. We also saw that suggestions were acted upon. For example, suggestions about house rules and social events were implemented in ways that people suggested they should be. This meant the service acted on suggestions and used them as opportunities to improve the service.

People, staff, relatives were sent survey forms on a regular basis. These could be filled in anonymously if preferred. We saw that feedback had been analysed. For example enhancements to the décor in the home had been put in place in response to specific feedback.

## Is the service well-led?

### Our findings

The director and managers of Ash View House told us how they were committed and driven by high quality care and not by financial demands. The registered manager was supported by a team of deputy managers who they led. They in turn were supported by a director of the company who was also a registered manager of another service run by the provider. People and staff told us that the management team were all highly approachable and extremely supportive. One person told us that the registered manager was, "A really nice person who gave up their own time to come on holiday with me." Our inspection was undertaken out of hours, and all of the relevant management team came in on their days off to assist with the inspection. This conveyed a real commitment to their roles and to their work at Ash View House.

The management philosophy was to treat and respect people as unique individuals. This in turn encouraged people to reach their full potential in life. The home was led by a team of highly committed driven, caring, enthusiastic and experienced managers. The registered manager was highly praised by people. One person told us "He's an excellent bloke "Another person said, "He's really nice and always there if you need him" This was for their approach to improving the lives of people. They were also praised for developing a strong and effective team.

One relative told us about the management team and how the home was run they said "I have no qualms about saying anything to any of them it is just brilliant .The way they all support people. I'd give it 10 out of 10."A person at the home told us "The director is very nice he is very helpful". Other comments included "The registered manager has been very supportive to me" and "The home is outstanding the managers and staff are there for you when you need them, the registered manager also helped me with my Broadband, and the home is amazing."

The registered manager and team always took 'on board' professional advice and guidance from other professionals. For example guidance from psychologists and from community learning disability nurse teams was always incorporated into care plans and risk assessments. This was used to further develop both their and their staff's knowledge and understanding of their role. This was also reflected in the teams philosophy of supporting people with a 'can do' approach and attitude. For example people were now regularly achieving life ambitions such as traveling long distances by plane with the skilled support of the team.

People, staff and others benefited from a really organised management team who had well-defined roles and worked together effectively. The management team each had their own designated roles. These included leading on staff employment, managing and monitoring quality. Other senior staff led on matters related to the care people received and care plans as well as day to day staff concerns. The staff and the people we spoke with told this organised and clearly defined management team made it easier to know exactly who to speak to. This meant issues and matters were resolved swiftly. For example, if staff needed to talk about a care matter they said it was very beneficial to go directly to the senior staff member responsible. When we spoke with each of the deputy managers they demonstrated a very clear understanding of their particular roles and responsibilities. Throughout our visit, we observed clear and effective communication

among them. For example if a person or staff wanted to see them this was always seen as a priority. Time was spent talking to the person to find out how they were and exactly what they needed. People and staff were very close to all the management team. We saw that whenever people wanted to see them they were very friendly and attentive in their responses towards them.

The registered manager and management team worked in partnership with other organisations and local forums and had taken part in several good practice initiatives designed to further develop the service. The provider's new training academy had been developed in part from these liaisons with other services. The director we met told us the aim was for staff to stay with the organisation and to be motivated further and developed within the organisation. This in turn benefited people as they were supported by a well-motivated, well trained and consistent staff team.

The managers and staff we met told us the provider aimed to offer staff with a career path. There were opportunities for continued professional development and for promotion in the organisation. This helped ensure that committed and experienced staff were in place to work with the registered manager. This in turn led to people receiving a high quality of care and service. This enabled the home to still operate effectively if and when the registered manager was absent.

Quality monitoring was seen as a shared process with the people who are involved at the home. Systems were in place which assessed and monitored the quality of the service on an on-going basis. Examples included regular one to one time and time in house meeting with people to seek their views about overall quality in the service. Where changes were suggested or felt to be needed there were named people to implement them

Staff told us that they felt proud to work at Ash View House and were very motivated and dedicated to providing the highest possible care they could. Staff attended regular meetings with the registered manager and the representatives of the provider. All staff felt their opinions were valued and acted on. The registered manager had been in their role since before the home had opened. The registered manager was very well supported by directors who were in the service daily for support. Staff and people told us that if there were any issues at all they would raise them with the directors. They said they always swiftly addressed these issues. The registered manager kept up to date with best practice by going to registered managers meetings and other relevant social care managers meetings.

Areas that were checked with the full involvement of people at the home included managing complaints, safeguarding issues and incidents and accidents. Records and direct feedback from people showed that the management team learnt from such events. Measures and actions were put in place which meant they were less likely to happen again. For example one person told us how staff supported them at length if an incident occurred and they had expressed behaviours that challenged. They said staff worked with them to help reduce the likelihood of a repeat of such an incident.

People were supported by staff who felt appreciated and valued. Staff told us that their opinions were respected. They also understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are members of staff who have become aware of possible illegal activities taking place in the work place.