HC-One Limited

Ashgrove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Ashgrove Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is registered to provide accommodation and nursing care for up to 57 people, including older people. People live in two separate units, Ashgrove and Coppice. The provider provides care for people with dementia, some of whom are supported in Coppice. At the time of our inspection there were 45 people living at the home.

The inspection was undertaken on 18 and 23 May 2018. .

There was a registered manager in post and they were present during this inspection. 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.

At the previous inspection on the 27 January 2017 the provider had an overall rating of 'requires improvement.' At this inspection the provider had achieved an overall rating of 'good' as they had made significant improvements.

People told us they felt safe when staff supported them with their needs and staff applied their training when using equipment to ensure people were safe and comfortable. Staff practices were consistent in monitoring people's care needs so risks to people from avoidable harm were reduced. The registered manager kept staffing arrangements under review to ensure people's needs were supported in a safe and timely manner. Recruitment checks had been completed before new staff were appointed to make sure they were suitable to work with people who lived at the home.

People were happy with the support they received from staff when taking their medicines as prescribed. Staff practices around the administration and management of people's medicines reduced the risks of people not receiving their medicines as prescribed to meet their health needs.

Staff received and induction and on-going training to meet the specific needs of people who lived at the home. People were supported to stay well and had access to health care services and enjoyed their mealtime experiences with the registered manager ensuring staff's main focus at mealtimes was the care needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive

practice.

People appreciated the support they received to make their individual rooms as homely as possible. The physical environment and facilities in the home reflected people's requirements with redecoration on-going to enhance people's wellbeing. Systems were in place to ensure effective infection prevention and control.

People felt staff were caring towards them and staff had developed respectful relationships with people. People's privacy and dignity were respected by staff who enjoyed their work and wanted to provide people with the best possible outcomes. People were given encouragement to make their own decisions about their day to day care when they needed it. People's rights to dignity and privacy was understood and acted upon by staff.

People were provided with fun and interesting things to do although the registered manager had identified plans for further improvements to support people with dementia. Staff provided end of life care in a sensitive and centred on each person.

People who lived at the home and their relatives were supported by the management and staff team to raise any complaints they had. The registered provider had a complaints procedure which included investigating and taking action when complaints were received.

The management team had established a positive open culture where staff were clear about their responsibilities and continued to have learning opportunities.

The registered manager had made every effort to bring about the improvements required and had done this by effectively developing and regularly assessing and monitoring the quality of care. This ethos had continually driven improvements to the care experiences of people, which reflected the registered manager and registered provider were committed to provide high quality care.

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.

People were supported by staff who had the insight into recognising and reporting abuse to keep them as safe as possible. Risks to people had been identified so the right equipment and aids were sought to meet people's needs in the safest way. People's needs were met and responded to by sufficient suitably recruited staff. People's medicines were made available as prescribed as there were effective management arrangements in place. Staff followed procedures to help prevent and control infections. People could be assured that staff continually learnt from incidents and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves. Food and drinks were provided to a good standard and in line with people's eating and drinking guidelines. People were supported by staff who worked well across organisations to ensure safe admission, discharge and transfer of care. People's needs were being continually assessed and improvement work undertaken to ensure people's needs were met by the adaptation design and decoration of the premises.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people, knew them well and respected their dignity and privacy. People were consulted about their care and enabled to express their views. Staff understood the importance of people's relationships and visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs and preferences. People's social and recreational interests had been considered and the registered manager had identified further work was required to meet the needs of people with dementia. Complaints procedures were in place in formats to empower people in raising any concerns they had so these were responded to and addressed. People were supported to plan and make choices about their care at their end of life.

Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to voice their opinions and make suggestions for service improvement. The registered manager showed an open, accountable leadership style and staff at all levels worked well together. The provider's quality checking systems and the registered manager's passion to continually drive through improvements contributed to people receiving a good standard of care.

Ashgrove Nursing Home

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.

We carried out inspection visits on 18 and 23 May 2018. Both days of our inspections visits were unannounced.

On 18 May 2018 the inspection was carried out by an inspector, specialist advisor and expert by experience. The specialist advisor is a registered nurse with extensive knowledge and experience in many fields including older person's care and dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the provider and the service. This included information received from the local authority commissioners, clinical commissioning group and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

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 met and spoke with ten people who lived at the home and six relatives. We saw the care and support offered to people at different times on the two days of our inspection. People were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager and deputy manager. We met and spoke with five care staff, a senior

care staff member, two nurses and a chef. In addition, we met the provider's area director and area quality director and a visiting healthcare professional.

We sampled four people's care records and associated monitoring charts where required, and 14 people's medicine administration records. We looked at the records about incidents, accidents and four staff recruitment files, clinical equipment and cleaning schedules. Furthermore, we saw how the management team checked the quality of the service people received by looking at various documents. These included checks completed on care documentation, the minutes from meetings held with people who lived at the home and relatives, and the staff team, checks on call bell response times, medicine checks, complaints and compliments.

Good

Is the service safe?

Our findings

At our previous inspection in January 2017 the rating for the key question of Safe was 'Requires Improvement.' This was because the staffing arrangements were not always effective in meeting the needs of people with dementia. During this inspection we found staffing arrangements were sufficient to meet people's safety and care needs so we have rated Safe as 'Good.'

People felt there were enough staff working at the home to meet their needs. People told us if they needed help, the staff were quick to respond. One person told us, "I don't wait long for help. At night I might just press the buzzer and they come promptly." Another person told us, "They [staff] are always popping in to see me and check I am okay. I am never left alone for very long." We saw there were sufficient staff to respond to people's needs at the times they required this so people's health, physical and emotional needs were safely met. This included staff ensuring people who remained in their rooms had staff presence so they were not left for long periods of time. There was provision within the staff rota system to ensure people's needs were met, such as when they required two staff to support them with equipment to move safely and or to reposition people in their beds. Staff ensured people with dementia who wanted to go to their rooms to relax had the support so their anxieties were not raised.

Since our previous inspection the amount of agency staff employed had reduced because of the on-going processes in place to recruit permanent staff. Where agency staff were employed the registered manager had endeavoured to use their own bank staff and or agency staff who had been to the home before so people had continuity of familiar staff who supported them. People who lived at the home and relatives valued this with one relative commenting, "It is all done [care] properly and now they have regular staff on more. It's the same ones [staff] they know how to handle her [family member] or when to leave her alone." The registered manager showed us they had assessed and kept the numbers of staff together with a mix of skills and experience reviewed against the complexities of the needs of people who lived at the home. Staff told us they believed there were sufficient staff on duty with a mixture of nurses and care staff to meet people's safety and their individual needs. Staff said if there was an increase in the amount of support a person needed staffing arrangements would be adjusted to meet people's needs. This was also confirmed by the registered manager.

In the information we requested, the Provider Information Request [PIR] the registered manager confirmed, 'We have robust recruitment and induction processes and we ensure that relevant checks and documentation are in date and stored securely.' We saw this was the case as before new staff started work at the home the registered manager checked they were of good character, obtained references from previous employers and checked whether the Disclosure and Barring Service [DBS] had any information about them. The DBS is a national agency that keeps records of criminal convictions. The registration of nurses was also checked with their regulatory body to ensure they maintained their professional registration.

People told us they felt safe living at the home and with the staff who provided their care. One person said, "I feel very safe, there is always someone [staff] around if I need anything." Four relatives told us their family

member was safe at the home. One relative commented, "I do feel he [family member] feels safe. He likes the staff, I know [name of family member] that well, he would communicate if he wasn't happy." Staff showed they knew how to raise any concerns with the right person if they suspected or witnessed abuse or poor practice. Staff told us they would report any concerns to senior staff on duty and the registered manager. One staff member told us, "If I saw any type of abuse I would report it to [registered manager's name]. I know she will deal with it by contacting CQC and the safeguarding team." The registered manager knew how to raise safeguarding alerts and had systems in place to investigate any concerns if required to do so by the local authority.

People were cared for in ways which meant they were still able to do things they enjoyed which reduced the likelihood of people accidentally harming themselves. Staff gave us examples of the types of risks some people experienced and knew what actions to take so people's safety needs would be met. For example, one staff member told us about the risk of choking one person experienced when they ate. Staff had been given information on the best way to care for the person, so risks of this happening were reduced. We saw staff took the action required, so the person would be as safe as possible when they ate. One relative also commented, "The risk assessments are thorough. At first, I was upset as to why thickener was put in his [family member] drinks and it was explained so the drink doesn't gush down his throat. I was satisfied." People's care and risk plans were regularly reviewed and updated when people's needs changed so people consistently received safe and effective care.

People received their medicines when they needed them and staff spoke with them and explained what the medicines were for. One person told us, "Staff are good here with my tablets." One relative told us, "Staff give medicines to [family member] and I know they're correct, that's what they had at home." We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. There was a sufficient supply of medicines; these were stored securely including any unused medicines, pending collection by the supplying pharmacy. Records were available to demonstrate when people took their medicines and or declined these for monitoring purposes, together with details of any allergies so staff knew about any related risks.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Overall, guidelines for the administration of these medicines had been implemented to make sure they were administered safely and consistently. However, we did identify where a small number of the protocols were not in place and provided these details to the registered manager so this could be rectified. Staff told us people's medicines were reviewed in consultation with their doctors to make sure these continued to be effective.

People told us, and we saw, the provider took steps to protect people from the risk of infection. One person commented, "My room and everywhere is clean. They're [staff] very thorough with cleaning." There was a team of domestic staff who were led by a 'head of domestic' who supported care staff in ensuring the premises and equipment were kept clean and hygienic, following daily cleaning schedules. We saw they paid particular attention to potential infection, such as toilet areas. Staff received infection control training, and made appropriate use of the personal protective equipment provided, such as disposable aprons and gloves. Hand sanitiser was available for use by staff and visitors. To help ensure these standards were maintained, the registered manager also conducted regular infection control checks.

In the event people were involved in any accidents or incidents, staff recorded and reported these to management. The management team reviewed these reports on an on-going basis, and carried out monthly analysis to ensure appropriate action was taken, and lessons learned, to stop things from happening again. For example, a person who was at risk of falls had these reassessed with the care plan amended to reflect

action had been taken to support the person's safety and welfare.

Good

Is the service effective?

Our findings

At our previous inspection in January 2017 the rating for the key question of Effective was 'Requires Improvement.' We found people's needs were not supported so they were able to make informed meal choices. At this inspection we have rated Effective 'Good.' This was because we saw examples of how staff practices were effective in supporting people's choices of meals in different ways.

In the PIR the registered manager stated, 'We have introduced a pictorial menu to ensure residents [people who lived at the home] are able to make informed choices in relation to meal choice.' This was confirmed by staff although we saw the menus displayed were also in the printed word to reflect people's different needs. In addition, staff were seen to know people well and what their food likes and dislikes were. This was important as some people lived with dementia and required support together with encouragement to maintain healthy appetites.

People told us they enjoyed their meals. One person said, "The food is lovely. Breakfast is always a choice of cooked or not, and it's warm. Lunch and evening meals are good." We saw many of the people who lived at the home enjoyed socialising with other people and staff during their meals, and meal times were not rushed. Where people needed assistance from staff in order to eat safely this was provided.

However, on the first day of our inspection on Coppice, some people with dementia had their meal time experience impacted upon by staff not following the registered manager's set guidance. Some people became restless and anxious after their meals however staff were not always available to support people. The registered manager took immediate action to remind staff about ensuring they were available at mealtimes to concentrate solely on people's needs. On the second day of our inspection people with dementia had an improved mealtime experience because staff were available to effectively meet people's individual needs.

People's nutritional risks were assessed and their care plans explained the support people needed to maintain a balanced diet and sufficient nutrition. Staff were aware of people with risks associated with their nutrition, for example, swallowing problems, and the cook told us they prepared special diets for those who required these. These included pureed diets and vegetarian choices. Staff said if anybody was not eating or drinking well, they had discussions with nurses and referrals were made to the relevant professionals, such as the doctor and dieticians.

Prior to people moving into the home, the registered manager and or senior staff met with the person, their relatives and the community professionals involved in their care to assess their individual needs and requirements. This enabled them to develop effective care plans to achieve positive outcomes for people and avoid any form of discrimination in the care and support provided. Appropriate use was made of technology to enhance people's health, wellbeing and independence. People were supported with various equipment that included sensor mats to ensure people's needs were met effectively and safely. One relative reflecting upon the aids their family member had said, "[Family member's] in this chair which is adapted, and has an adapted bed, and a floor mat which is cushioned in case he falls, even though it's a very low bed

as he tosses and turns."

People expressed confidence in the knowledge and skills of the staff team. People said staff knew how to look after them. One person said, "They [staff] know their job is to help me." Relatives we spoke with told us staff understood how to care for their family members so they were able to enjoy the best well-being possible. Staff were positive about the training they had received and gave us examples of training which had been arranged in response to people's individual needs. We saw many examples where staff used their knowledge and skills in communication in order to effectively meet people's needs. The examples of staff practices showed us they noticed when a person with limited verbal communication needed support to go to their room and or do something they liked. This had a positive impact on people's quality of life and showed staff applied their skills and knowledge in meeting the specific needs of each person. In addition, nursing staff used their skills to effectively meet people's specialist health care needs. Training records showed and staff told us they had also completed varying levels of recognised qualifications in health and social care to a level to meet people's needs.

New staff members completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member described their induction, "Was not thrown in at the deep end. Really good [induction], all staff were really nice, they [staff] showed me everything I needed to know. Got to know everyone [people who lived at the home], who needed thickener and hoisting."

Staff had regular opportunities both formal and informal to gain support and advice from the management team, nurses and senior staff which assisted them to undertake their roles. Staff told us they had meetings on an individual [supervision] basis to discuss their performance and training requirements. One staff member said they were interested in dementia care so the registered manager was looking for a specific training course to assist the staff member in expanding their knowledge further.

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. The registered manager understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make specific decisions; the decisions were made by a team of people in their best interests. The 'best interest' team included various people, such as healthcare professionals, the person's representative and people who were important to them. Staff understood the requirement to adopt the least restrictive practice, if a person was at risk of having their liberty restricted in their best interests.

Staff had training in the MCA and understood the importance of supporting people to make their own decisions. A staff member told us, "We try hard to help people to make their own decisions in whatever way we can." Staff showed in their practices and when talking with us how they understood how to specifically

present choices to people so they were able to make an informed decision. For example, a person used gestures to communicate and staff knew how to interpret these. In addition, we consistently heard staff ask people for their permission before they supported people, such as, "Would you like me to help you?" and "Where would you like to sit?"

People were supported to see health professionals so they remained physically and mentally as well as possible. One relative told us how their family member had been supported by staff, and said, "She [family member] just had a mini stroke and they called the ambulance and us ASAP [As Soon As Possible], they [staff] dealt with it very well." The relative told us as a result of this their family member enjoyed the best health possible. We also heard how people came to stay at the home on a short-term basis whilst regaining their health and physical needs. Staff understood people's needs and what assistance they required to support people to reach their goals of returning to their own homes.

Staff and management recognised the need to work together with external professionals to ensure people received coordinated care and support. For example, when people were admitted to hospital, staff provided hospital staff with key information about people's current care needs and prescribed medicines. Community professionals spoke positively about their working relationships with the registered manager and staff, which supported linked care for people. For instance, information and specialist advice had been sought from the tissue viability nurse about the treatment for people's skin to support the healing of wounds. In addition, we heard dieticians were positive about how the registered manager had a good understanding of people's nutritional needs so these were met effectively.

The registered manager had ensured the home environment was designed and redecorated to meet people's needs and work towards this was on-going. For example, on the Coppice area the redecoration of the walls and doors were in colours which were considered to meet the needs of people with dementia. The registered manager was already aware now the redecoration had been completed signage needed to be replaced. This included visual clues to specific rooms, such as toilets to make these easily identifiable, and floor indications so people who enjoyed walking around their home had helpful directions. On both Coppice and Ashgrove there were different rooms for people to use which included dining areas and places to sit when people required some quiet time and space. One person and their relative felt this was particularly beneficial as it meant people had choices of where they could meet their visitors.

Good

Is the service caring?

Our findings

At our previous inspection in January 2017 the rating for the key question of Caring was 'Requires Improvement.' This was because some people told us staff did not always respond to their needs promptly and people's dignity was not consistently maintained. At this inspection we have rated Caring as 'Good' as people were positive about the caring nature of staff when responding to their needs and staff made sure people's dignity was supported.

People we spoke with shared positive examples of the compassion they had experienced from staff. One person told us, "The care is high quality. They [staff] do it well." Another person said, "They're [staff] so patient with everyone, and work well as a team. It's warm and friendly." Relatives were equally positive about the caring nature of staff with one relative commenting, "The staff are nice here. Really nice." Another relative described how they were made to feel welcome and commented, "They [staff] do welcome the families here. They do a weekly coffee morning with homemade cake and coffee and chat." We saw people enjoyed banter with staff and whilst talking about the royal wedding one person said they would like to wear a tiara so staff presented some to them.

Health and social care professionals were also complimentary about the care people received. Comments included, staff were "Caring in their approach, had a positive attitude towards people using the service and maintained people's dignity."

Staff spoke warmly about the people they cared for and knew them well. Staff told us they found out about people's needs by checking their care plans, talking to their relatives and staff who knew them well. Staff understood when people may be becoming anxious and took time to provide people with reassurance and practical help when they wanted this. For example, we saw one person had misplaced an item that was important to them, and staff promptly offered to locate this and were happy to help. Another example was shared with us by one staff member who described how one person who was not able to eat and or drink orally but was now able to. The staff member said the person "Loves a cup of tea. We [staff] are so proud of her. That's the sort of thing that makes the job worthwhile."

People we met were wearing clean clothes, had fresh bedding and attention had been paid to ensure people were comfortable. People told us that they were helped to stay clean. One person told us, "I'm clean and comfy. I have had a wash and a clean nightie. I feel fine."

Staff were seen checking whether people were comfortable, warm enough, or had the aids they required to meet their needs. We found staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example, one person had a cherished item and staff made sure they included this within their conversations with the person. On another occasion a staff member recognised a person was unavailable to reach their drink with comfort. The staff member checked with the person whether they would like their table moving before they did this. There was happy banter between the person and staff member which we saw enhanced the person's wellbeing which they showed through their facial expressions as they were smiling and laughing. In

addition, we heard examples of how staff brought in newspapers for people who they knew enjoyed reading these.

People were complimentary about how staff supported their different levels of independence. One person commented, "They [staff] do some things for me, but I wash myself. They help with some things I can't do. When I'm not well, they do help me more then." We saw many examples where people were assisted to be as independent as possible, such as during mealtimes people were supported to eat their meals with any adaptations in place to meet people's needs. Staff also described how they supported people to assist them in building their confidence when they came to stay on a short-term basis with the goal of returning to their own homes. One staff member said they felt proud of being part of the team which supported one person recently to return home. In addition, the registered manager was proud of their staff team who created special moments for people and commented about this in the PIR, 'One resident [person who lived at the home] was recently able to surprise her husband for a birthday at a local social club; two of our staff members gave their own time to create a wonderful memory for the couple.'

Throughout our inspection we saw evidence of the registered manager's commitment to giving people as much choice and control as possible. People made some of their own day to day decisions such as what they wanted to wear, where in the home they wanted to be and what fun and interesting things they wanted to do. We saw staff gave people gentle encouragement to be involved in the daily life at the home, and provided care to people in ways which recognised people's preferences and decisions. One staff member explained how one person had been involved in deciding with staff support how they wanted their personal items displayed in their room. This was to assist the person in making their room feel as homely as possible with a sense of belonging. Another staff member explained one person always enjoyed wearing certain items of clothing. We saw the person had been supported to do this.

People who lived at the home and relatives spoke positively about how staff provided care which respected their dignity. One relative told us, "Not one resident [people who lived at the home] has food on their clothes, you see that in other places [homes]. If something gets spilled, they [staff] change them [people who lived at the home] straightaway, but they'd let them finish pudding and then change." We found improvements had been made following our previous inspection as staff consistently supported people to maintain their dignity. Throughout our inspection staff made sure where people required support to change items of clothing this was promptly done in a discreet manner to avoid people becoming embarrassed.

In many aspects of care the registered manager showed they led by example. For instance, the registered manager called people by their preferred names and knocked on doors to private areas before they entered. Reflecting on respecting people's privacy one relative told us, "Any discussions are in the nurse's station with the door closed, or with [registered manager] in her room." In addition, people's personal information was securely stored.

Since our last inspection the management team had made sure people had access to local advocacy services and leaflets were on display for people to read about the local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

At our previous inspection in January 2017 the rating for the key question of Responsive was 'Requires Improvement.' We found people's individual needs were not consistently enhanced by doing things they enjoyed. At this inspection we have rated Responsive 'Good' as the registered manager was continually looking at ways to ensure leisure pursuits were more personalised.

People were able to choose what things they wanted to do for fun and interest. One person told us, "Sometimes I want to be in my room, other times I will go and be with others. I am happy with what's on offer." A weekly timetable of what was happening for people to enjoy was displayed so people were aware of the different events which were taking place. During our inspection people were engaged in different conversations to provide interest such as the royal wedding, the planning of seeds and plants for their garden areas.

Staff also recognised some people preferred doing things they enjoyed on their own. One staff member we spoke with explained how they made sure people were supported to do the things they enjoyed on their own if they preferred. This staff member told us they were encouraged to spend time with people when they were in their rooms, so they did not become isolated. This was an area the deputy manager showed an interest in. They had suggested butterflies were displayed on people's doors to remind staff to keep popping in to see and chat with people.

Although there were fun and interesting things on offer for people with dementia more thought was required. The registered manager had already identified this was an area which required developing further for people with dementia. The registered manager was keen to support staff to provide different opportunities for people which were personalised to meet their needs so people's wellbeing was enhanced. This included ensuring there was a dedicated person to lead staff in consistently supporting people to have fun and interest. At our next inspection we will look at how the registered manager has progressed recreational pursuits further for people with dementia.

We saw care plans had been developed to provide information about people's individual needs and how staff should respond to these. Staff we spoke with told us the care plans were personalised, particularly informative, easy to read and showed how people had been involved in and agreed to their care. One staff member told us, "Care plans are built around their [people who lived at the home] needs." One relative also confirmed this was the case as staff had used the information they had gained to respond to their family member's needs. For example, the person receives aromatherapy and has foot and head messages monthly. The relative told us their family member really enjoyed these therapeutic interventions.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were effectively responded to. One example shared with us was how a person's specific needs had been responded to by staff assisting the person to drink thickened fluids so their needs were effectively met. People who lived at the home and relatives provided many examples where due to staff's responsive approaches their needs had been

successfully met. For example, one person's skin care was maintained so they no longer had problems with dry skin. For another person staff knew if they were reluctant to eat they could tempt them with a favourite piece of fruit.

Staff understood the importance of promoting equality and diversity. This included making arrangements to meet people's spiritual needs. One staff member told us they were aware not everyone is religious and staff respected this. A Christian group visits to sing hymns and a regular church service is held so people who want to join in were supported to do so. People felt the current arrangements met their needs and were happy with these. Staff explained they were able to access local services people could go to if they had different faiths or beliefs.

We saw staff kept daily records of the care they provided and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. The registered manager was present at the handover meeting and told us she sat in on these meetings whenever she was in the home. The registered manager also used other daily meetings with heads of departments and 'resident of the day' arrangements as a further way of monitoring the care and support people received. This was to see if it was meeting people's expectations.

Staff showed a detailed knowledge about the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly when people's needs changed. For example, the need for a doctor to review a person's health needs. In addition to this staff recognised a person required encouragement to drink more to make sure they remained well.

There was a strong commitment with the management and staff team to provide compassionate and supportive care to people and their families before, during and after death. We heard from one relative who described how the registered manager had supported them to make an advanced care plan. Reflecting on this process the relative told us, "I've done an end of life care plan, it was very sensitive the way it was done. [Registered manager] did it herself with me in one and a half hours and it was very thorough. She asked some questions which were really done in a way that made it easier for me. She asked if we would like a CD, and that refreshments could be brought to us, and also, which member of staff I would want to support me. She did an excellent job."

People were supported at the end of their lives by staff who consulted with health care professionals to ensure people's needs at this important time were responded. This was confirmed by health care professionals during our inspection who told us staff worked together so people remained comfortable and pain free. Staff we spoke with explained how they worked to this ethos with one staff member stating, "We [staff] want people to feel as comfortable as possible. They [people who lived at the home] are not alone and we make sure they don't feel alone."

We saw written comments from relatives expressing how appreciative they had been of the end of life care and support their family member had received. One relatives comment read, 'For all the kindness and attention he [family member] during the last days of his life.'

The provider had complaints procedures and these could be made accessible in different formats such as larger print to meet people's different needs. The information about how to complain and how complaints would be managed was in the documents provided to people when they came to live at the home. These documents were also displayed at the home. People who lived at the home and relatives we spoke with knew how to raise complaints if they needed to. One person told us the registered manager was visible in

the home and if they had any concerns they would feel comfortable in raising these with the registered manager. One relative said the registered manager had told them, "Any complaint no matter how trivial I want to know, if I don't know I can't do anything about it." One relative said there was a missing item of furniture from their family member's room but action was taken to find this.

Good

Is the service well-led?

Our findings

At our previous inspection in January 2017 we rated the key question of Well-Led as 'Requires Improvement.' We found the provider's quality checks had not been effective in identifying improvements to consistently ensure people received safe, effective and responsive care. In particular, the poor levels of staffing for people with dementia. During this inspection we found the management and staff team had all worked together to make improvements in many areas since our previous inspection. The rating for Well-Led has changed to 'Good.'

The registered manager came into post shortly before our previous inspection in January 2017. At this inspection people who lived at the home, relatives and staff were complimentary about how the registered manager had brought in changes to improve people's care experiences. Comments included, "This manager's fantastic and I can't fault it here" and "She's an excellent manager." Additionally, one relative's comments read, 'I have seen many changes at Ashgrove all of them for the better under [registered manager's] management.'

The registered manager was supported by a deputy manager who was new in post at the time of our inspection. The registered manager was also supported by the provider's management teams who undertook quality checks. This was so the provider's management team's could assist the registered manager in ensuring people were receiving the best care possible. We met some of the provider's management team who came to support the registered manager during our inspection which reflected the organisation had a caring approach to its manager's and staff teams.

The registered manager was committed to make continual improvements as they were motivated to provide people with high quality care. These included continuing to focus upon personalised fun and interesting things to meet the individual needs of people with dementia and ensuring staff were consistently available at mealtimes. The registered manager told us when they came into post their, "Main priority to improve standard of care for our residents [people who lived at the home]."

The registered manager showed during our inspection they led by example and had a high presence in the home. We saw the registered manager spoke with their staff to provide direction and answer any queries which showed staff had consistent management support to undertake their roles. One staff member told us the registered manager is, "Supportive towards me. I feel that I am able to approach the manager." Staff we spoke with also told us the registered manager spent a lot of time "On the floor" and "Not in their office." The effectiveness of this approach taken by the registered manager was reflected in the improvements made following our last inspection.

We saw staff from the various departments within the home worked together in a well-coordinated and mutually supportive way. For example, there were daily heads of department meetings which assisted in communication being provided to relevant staff teams. This helped ensure the delivery of effective care to people. Describing the approach of the registered manager and how staff worked together, one staff member said, "It's a really supportive team. We rally round whenever it's needed and there is a good culture

here." Another staff member told us, "I feel rewarded by working at this home, we work as a good team." We also saw how the management and staff team worked well with other agencies through the conversations between staff and visiting health professionals and from the feedback those professionals gave us. Comments included, "Manager and staff have a good relationship and strive to get the best outcomes for people."

Staff we spoke with told us they were encouraged to raise any concerns if they felt people were at risk from poor practices. Reflecting upon this one staff member commented, "I would speak to the manager, she is very good, you can approach her." Another staff member told us, "If I had concerns about another carer [staff], the manager would deal with it." However, staff were also aware of organisations they could contact if they felt the registered manager and or provider did not take action. In addition, staff told us they felt able to raise suggestions and were listened to by the registered manager. One example of this in practice was a position had been created within the staffing arrangements whereby an additional staff member was allocated. This was created to support people who lived at the home and staff during the period of the day when people wanted to go to bed. Another example was how staff had noticed a different sized aid would support a person to maintain their level of independence. One staff member told us the management and senor staff team had listened and action was taken which had made a difference to the person.

The registered manager told us and showed us they had a range of effective systems in place to monitor the quality of the care. These systems included, regular care plan reviews and equipment and infection control checks. The registered manager also described how they ensured people received safe, effective and responsive care. For instance, the registered manager told us they would not commit to a person moving into the home until they had assessed the person's specific needs could be met. In addition, the registered manager took an open and responsive approach to any issues raised with them and sought solutions. One example was the system they had developed to monitor staff's responses to people's call bells. This development assisted the registered manager to gain an oversight of the timeliness of their staff teams response when meeting people's requests for assistance and also enabled them to see where any changes to staffing arrangements were required.

The registered manager described how they had a clear vision for continuing to drive through improvements as they were passionate about people receiving high quality care. For example, the registered manager talked about further developing their staff team within link roles in different subject areas, such as continence care and skin care to support knowledge to be shared between all the staff team including best practices. Another example showed how the registered manager positively acted so when people passed away their deaths could be verified by staff who had received this training. This training was completed as the registered manager had recognised the negative impact on relatives if they had to wait for long periods of time for the verification of their family member's death. The registered manager summed up their approach to supporting people to experience good deaths in the PIR, 'This will ensure residents [people who lived at the home] are treated with dignity after death and that the process is smooth and family members have no delays in the in this process.' The registered manager also commented on how they, 'Plan to build stronger links with the local community through invitations to coffee mornings as well as inviting speakers from associations such as the Alzheimer society.'

People, their relatives and staff told us they had opportunities to make suggestions about the care provided and the way the home was run, such as in questionnaires and meetings. People highlighted communication was good, and they found the management team and staff to be open. We saw feedback was positive from people who had expressed compliments about the standards of care. One person's comments read, 'The care she [family member] received has been second to none. In my experience, all carers [staff] who work here are extremely committed to their job and residents [people who lived at the home] needs all come first.

When she [family member] came into the home she was eating nothing she now eats four meals a day and snacks due to staff.'

The registered manager had ensured that the current rating of the home was on display within the home. This is required by law, but also demonstrates transparency and an open culture.