Signature of Sunninghill (Operations) Limited

Ascot Grange

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

Our inspection took place on 5 December and 6 December 2017 and was unannounced.

Ascot Grange is a 'care home' with nursing located in Ascot. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Ascot Grange can accommodate 106 people across four separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. The premises are modern and purpose-built. At the time of our inspection, there were 28 people living at the service and there were 70 staff.

People live in self-contained apartments and have access to communal facilities such as a bistro, restaurant, café, hairdresser, cinema and lounge areas. Each apartment has an ensuite shower and there are communal bathrooms on each floor. A large landscaped garden is located at the rear of the premises.

The provider is required to have a registered manager as part of their conditions of registration. 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 time of our inspection, there was a manager registered with us.

People were protected from abuse and neglect. Appropriate systems were in place to safeguard people from the risk of preventable harm. People's care risks were appropriately assessed, mitigated and recorded. Recruitment practices and supporting documentation met the requirements set by the applicable legislation. We found appropriate numbers of staff were deployed to meet people's needs.

The service was compliant with the requirements of the Mental Capacity Act 2005 and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff induction, training, supervision and performance appraisals were satisfactory and ensured workers had the necessary knowledge and skills to effectively support people. People's care preferences, likes and dislikes were assessed, recorded and respected. We found there was appropriate access to other community healthcare professionals. People were supported to maintain a healthy lifestyle. People complimented the food and drink and we found the risks of malnutrition and dehydration were satisfactorily managed.

The service was caring. There was complimentary feedback from people who used the service and relatives.

People told us they were able to participate in care planning and reviews and some decisions. People's privacy and dignity was respected when care was provided to them. People told us staff were respectful.

Care plans were appropriate and contained information of how to support people in the right way. We saw there was a complaints system in place which included the ability for people to contact any staff member or the management team. Questionnaires were used to determine people's satisfaction with the care. We made a recommendation about care in the unit for people living with dementia.

People had positive opinions about the management and leadership of the service. There was a good workplace culture and we saw the staff worked cohesively to ensure good care for people. Audits and checks were used to gauge the safety and quality of care. The provider met the conditions of registration and complied with other relevant legislation related to the adult social care sector.

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.

Effective systems were in place to protect people from the risks of abuse or neglect.

Appropriate risk assessments about people's care were completed and regularly reviewed.

There were sufficient staff deployed to meet people's needs, although people expressed they would prefer better continuity.

People's medicines were safely managed.

Lessons were learned and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People's likes, preferences and routines were considered and used during the provision of care.

There were satisfactory levels of staff induction, training, supervision and performance review. Training in specialist care subjects required improvement.

People's nutritional and hydration needs were met, but a review of recording fluid intake was required.

The service worked well with other community healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us staff were patient and kind.

People had developed positive relationships with staff.

People were encouraged to participate in care decision-making.

The service actively sought and acted on people's feedback.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was tailored to their needs.

People's care was reviewed and changed, when required.

People and relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People and relatives told us the service was well-led.

There was a positive workplace culture with clear organisational goals and objectives.

Staff were involved in the operation of the service and had good access to the management team.

Relevant audits were completed to ensure safe, quality care.

The service was compliant with the conditions of their registration.

Ascot Grange

Detailed findings

Background to this inspection

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

Our inspection site visit took place on 5 December and 6 December 2017 and was unannounced.

This was our first inspection of the service since the registration of Ascot Grange on 21 June 2017.

Our inspection was completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience was familiar with the care of older adults who receive support in care homes with nursing.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked feedback we received from members of the public, local authorities and clinical commissioning groups . We checked records held by Companies House, the Information Commissioner's Office and the local fire inspectorate.

We spoke with 11 people who used the service and four relatives who visited during our inspection.

We spoke with the provider's care quality manager, and at the service we spoke with the registered manager, the residential care manager, the nursing care manager, the human resources manager, the restaurant manager, the maintenance person, three cleaners and a laundry worker. We also spoke with three registered nurses and five care workers about people's support and treatment.

We looked at seven people's care records, seven staff personnel files and other records about the management of the service. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our

inspection.

Good

Is the service safe?

Our findings

We asked people whether they received safe care. All of the people we spoke with confirmed they felt safe at Ascot Grange. One person said, "Yes, always someone [staff] around. [I have] not seen anything to be concerned about." Another person told us, "[I] have no reason to feel unsafe. It is a safe facility...not had any concerns. The next person said, "I feel quite safe. They [staff] know about my sight loss and they are nice people." Other comments we received included, "It is very secure", "I feel safe because there are plenty of people around" and "[I] feel safe just living here. It's very special and very clean."

Appropriate systems were in place to prevent abuse, neglect and discrimination to people. This included staff training, relevant policies and records of referrals to the local authority and investigations. Staff told us they received safeguarding training and updates and were confident that they would know how to access the service's safeguarding procedures if needed. Staff were able to provide definitions of different forms of abuse when asked and said that they would report any concerns immediately to the care coordinator at the office or the registered manager. All of the staff we spoke with were aware of the whistleblowing policy. We found the registered manager was clear about their responsibility in safeguarding people from abuse and neglect.

Risks to people related to care and support were appropriately assessed and managed. Staff were able to access people's individual needs on electronic handsets and generally see the support they required to stay safe. People's care records included risk assessments, which were reviewed regularly and covered areas related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. In most cases, we saw the care plans provided clear guidance to staff in respect of minimising risk.

We asked ten people whether they were involved in any accidents, incidents or sustained any injuries since their admission to Ascot Grange. Two people we spoke with reported they had fallen. They said, "[I] have fallen a couple of times in my room" and "I have had a couple of falls [but] no injuries." The two people told us that staff assisted them appropriately and checked their welfare. There was evidence that staff proactively managed risks to people involved in accidents or incidents, to prevent further harm from occurring.

People who used the service were protected from risks associated with the premises and grounds. We found that appropriate risk assessments and maintenance were completed. This included routine assessments of gas, electrical and water safety. Other risks that were monitored included the hoisting equipment, passenger lift, fire safety and window restrictors. The risk to people and others was satisfactorily mitigated and documented.

We asked people their opinions about staffing deployment. We asked them to tell us their experiences regarding continuity of staff, and staffing at night and weekends. People generally felt there were sufficient staff to meet their needs. One person said, "At mealtimes, yes, in the dining area generally there are at least two visible carers. Staffing is consistent. [I] have never had to go hunting." Other comments included, "[Staff

are] pretty quick to respond if needed", "Brilliant. Quite enough [staff]; yes at all times" and "All the nurses are [my] friends." Some people expressed that continuity of staff was not always maintained. They explained they experienced this when staff took unexpected leave, for example sick leave. However, no one we spoke with told us that shifts were not filled by other workers. The registered manager confirmed that all shifts were filled when staff took planned or unplanned leave.

The service had a system for determining staff deployment. People's needs were assessed and then a 'banding' tool was applied to determine the number of hours per person per day required for care. This was then used to calculate the number of staff per shift. We found that staff were not always visible on the floor. There were a number of factors for this. These included the number of people that used the service, their location within the building, the geography of the premises, when staff were supporting people in their rooms and when staff went to other parts of the building, such as communal areas or administrative areas. The registered manager produced a print out of staff response times to people's call bells. This demonstrated a satisfactory response time by staff when people requested assistance. Staff also carried their electronic handsets which displayed when someone pressed their call bell for support.

We looked at staff recruitment. We examined the contents of seven personnel files. These were well-maintained and easy to navigate to find information promptly. We saw appropriate checks for new workers were completed. This included verification of staff identities, checking any criminal history via the Disclosure and Barring Service, obtaining proof of conduct (references) from prior health and social care roles, and ensuring staff were able to perform their roles. The on-site human resources manager also checked nurses' registration to ensure they were authorised to practise by the Nursing and Midwifery Council. We found the service employed only fit and proper staff to care for people. Staffing recruitment was very robust and the record-keeping was of a very high standard.

We checked whether people's medicines were safely managed by staff. Not all people who used the service required support with their medicines. We were told where possible, people were encouraged to maintain their independence and take their medicines without prompting. There was an appropriate medicines policy in place. Staff training was completed to ensure their competence with administration of medicines. The service obtained a list of medicines the person took at the commencement of their admission. This was updated if any changes occurred. Medicines were correctly administered by staff and there were no reported medicines incidents. We checked medicines administration records and these were satisfactorily completed and showed people received their medicines. People had appropriate protocols in place if they self-administered their medicines. There were also appropriate systems in place for 'as-required' medicines. We checked the ordering, storage, recording and destruction of medicines with a registered nurse and found these were appropriate and safe. Clinical rooms were clean, tidy and temperature checks of the room and fridges were completed.

People were protected from the risks of infection. We found there was good information on any infection prevention and control risks in people's care documentation and there was evidence staff had attended appropriate training, including food hygiene. Staff told us they always used personal protective equipment (such as disposable gloves and aprons) when they delivered care. We saw there was adequate access to handwashing facilities and alcohol-based hand gel. We observed staff washed or disinfected their hands regularly to reduce the risk of cross-infection. Cleaning staff were knowledgeable about their roles how to ensure the hygiene of the premises and kept appropriate records. The main kitchen was also hygienic. We found all parts of the premises were clean and tidy.

We found lessons were learned and improvements were made when things went wrong. The registered manager showed us records at the office which documented items such as safeguarding referrals or

allegations, complaints and concerns, health and safety and accidents or incidents. Staff were aware of the procedure to follow in the event of an accident or incident. They said that they would make a note of any accident or incident in the care system and then inform the registered manager or other senior staff member. They explained they would document the incident which would be reviewed and signed by the care coordinator. We noted that notes from managers on incidents and accidents were not always recorded by management staff. We pointed this out to the registered manager who was receptive to our feedback and reassured us they would take steps to ensure this occurred after our inspection.

Good

Is the service effective?

Our findings

We asked people whether they had choice and control when making decisions about their care. All of the people we spoke with confirmed they were involved in care planning and review. People's comments included, "Yes, overall they are very good", "Yes, no one forces you to do anything", "Yes I do. They [staff] are very attentive and ask before helping me" and "Yes, neither of us [feel we] need care...just companionship." This confirmed people were actively included in their care choices and their independence was promoted by staff.

People's care choices were recorded in plans stored in a computer and also in paper format. We looked at six people's care files. The care files we reviewed were sufficiently detailed to enable staff to support people safely and consistently. Care plans contained an "all about me" section which included details of the person, their life history, likes and dislikes as well as contact details of people important to the person. However, staff said they tended to use the handset for care needs rather than the paper files. The handsets provided prompts throughout the day to help staff with attending to people's needs. Staff then recorded what care was provided to the person using the handset.

We asked people their feelings about the staff's training and competency. One person told us, "I have no reason to believe they are not [well-trained]. We haven't had cause to use the call bell. They [staff]enter information in their gadgets [handsets] when they bring the medication." Another person said, "Yes, they [staff] all seem very efficient. I haven't ever used the call bell." Other comments included, "Staff are excellent", "Oh yes, I think they are [knowledgeable]", "I haven't needed any help. Care is good" and "We are quite independent and not needing any specialist skills."

Staff we spoke with said there was enough training and they did not feel they had any gaps in their knowledge. There was evidence staff had received two days of induction training after they commenced their employment. This included training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and dementia awareness. Training was reviewed regularly and staff were supervised to ensure their practise remained at a high standard. Staff who did not have existing nationally-recognised qualifications in social care commenced on the Care Certificate at the beginning of their employment. The Care Certificate is a set of 15 standards that care workers are expected to stick to in their daily working life.

Staff supervision every quarter was used to advance staff knowledge, training and development. However, there was not always training by the service for specific conditions or needs, for example mental health awareness and behaviours that challenge.

We checked whether people were supported to eat and drink enough to maintain a balanced diet. We asked people their opinions of the menu. People told us they were satisfied with the food and drinks they received. One person told us, "Food and experience is very good. Staff are attentive. It's a good service. Yes, drinks and snacks can be had at any time. There are usually two or three choices [of food on the menu] and alternatives, if required." Another person told us they had, "Just simple food. It is well presented." The

person received pureed food because of the risks of choking. We noted although the person was slow to eat, they were encouraged to do so independently without staff taking control. Another person we spoke to commented, "The food is excellent, 'VIP'. Lunch, drinks and snacks are there for the taking and offered regularly." Other comments about nutrition included, "Nice food. Small portions. Yes, drinks are offered all the time", "I quite enjoy it. [It is] well-served. They offer me drinks all day long", "Very good. Plenty of choices", "Quite happy" and "It's alright. Well-served [and] lots of choice."

In the restaurant, we noted food was well-presented and individual orders taken from menu choices. Three courses were available with reasonable choices that meant a balanced diet was promoted. Most tables seated four people and we saw there was a good atmosphere with social conversation. People were free to come and go as they chose, wine was available and other drinks such as juice were offered. We spoke with the restaurant manager, who we observed check on people multiple times during lunch. The restaurant manager had an excellent knowledge on older adults' nutritional requirements. This included the risks of malnutrition, strategies for promoting people to eat and drink, likes and dislikes, allergens, and how to respect any religious and cultural food and drink requirements. They told us they "led by example" to their team, so that the same style of care was demonstrated by all staff responsible for people's nutrition.

At the service, records were kept about people's weights and assessments were completed, where necessary, about the risk of malnutrition. Food and fluid intake charts were only used when a person was at risk of insufficient eating or drinking. However, on one care plan we noted information regarding a person's weight was not updated. For example, one person required weekly weight to monitor their weight loss. We found they were still being weighed monthly. The care plan was also not updated to reflect weight loss and reviews also remain unchanged. Risk assessments also remained unchanged with this person's risk regarded as being medium risk. When we asked staff, they were unsure how often this person should be weighed. This meant the person could suffer from further weight loss without appropriate management of their risks. We reported these findings to the registered nurse and registered manager. We found other people's risks of malnutrition were effectively assessed and mitigated.

Staff were given prompts on the electronic handsets when people required drinks and to address people's needs. This was a useful reminder to staff to ensure people were offered frequent fluids or snacks throughout the day. On some occasions however, we found the recording of drinks offered and consumed by people were not always accurate. For example, we saw a person's record showed they were offered 2,075 mls of fluid and had 1,095 mls by 10.30 am in the morning. On other occasions the amount offered and amount taken was exactly the same figure. We brought this to the attention of the registered manager during the inspection . They were receptive of our feedback and reassured us they would review this following our visit. They confirmed this was an issue with the recording of fluids in the electronic care system and this would be investigated.

We asked people how the staff team worked together to ensure their needs were met. People's comments included, "There is no animosity. They [staff] appear knowledgeable", "They work well. Yes I would say they know their residents" and "They do work well together. [I've] not had any referrals. They [staff] do understand our needs."

We checked how staff, teams and services within and across the service worked together to deliver effective care, support and treatment to people. Staff felt communication and support amongst the team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing. Staff also told us they felt supported through regular staff meetings.

Most people we spoke with had not required support from community healthcare professionals during their

stay at Ascot Grange. One person said, "We haven't needed any health professionals [but] they are accessible if needed." Other people had experiences of the GP visits. Comments included, "Just a week ago, I saw the doctor. I had a cough that they [staff] were not happy about", "I have seen a doctor; nobody else" and "[My] medication is working and I am feeling much, much better. Everything has been explained [to me], even down to any side effects of the tablets." One person told us they additionally had an eyesight test. They said, "[I] saw the visiting optician. My sight is checked regularly. [The] doctor comes in two days a week."

Staff told us that they worked closely with other healthcare professionals such as the GP and emergency services as needed. We found there was good evidence in care records of multidisciplinary team working. We saw care records showed dates and details of input from the other healthcare professionals. Staff we spoke with knew where to find the information in the person's file or record and what type of communications and outcomes to record. We also noted information of reviews and orders from the GP and others within people's files.

We asked people to describe the design and layout of the premises at Ascot Grange. We received mainly positive comments about the building. Comments included, "The apartments are of a very high standard, comfortable and meet our needs. We were able to choose how we wanted them furnished. We brought some of our own furniture. All decisions [about the room] are discussed", "It is comfortable and kept extremely clean. I'm sure they do listen", "It's kept clean and I am happy living here", "Very clean, comfortable and easy to navigate", "It's a very comfortable environment. I miss home though" and "It is very comfortable. Warm and friendly people." One person told us adjustments were made to their room based on their requests and that they were satisfied the service addressed their concerns.

We noted the service had a large amount of communal spaces, various dining areas, seating throughout the building and a spacious landscaped garden. All areas of the interior and exterior of Ascot Grange were accessible for people who used wheelchairs or mobility aids. Signage was appropriate throughout most of the building.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Records showed that all the people's files we viewed had appropriate mental capacity assessments in place with regard to making certain choices and decisions. There were appropriate DoLS authorisations in place. The registered manager was aware when they would need to apply for the necessary authorisation from the local authority. One local authority confirmed further applications had been made by the registered manager and were awaiting assessment by a best interest's assessor. Our records indicated that the service correctly reported DoLS authorisations to us, as required by the relevant regulation.

We saw that the nursing and care staff were trained in the principles of the MCA and DoLS. However, we

found staff knowledge of MCA and DoLS was not always consistent. We spoke with three staff in the unit for people living with dementia. One staff member said one person had mental capacity and another staff member said everyone had capacity, except for the person on covert medication. A third member of staff was unsure because "...we have key pads [on the doors]." The staff member was describing "continuous supervision and control, combined with lack of freedom to leave"; a principle of the MCA related to deprivation of liberty. In the unit for people living with dementia, we did not find any evidence that people's liberty was unlawfully restricted. Other people who used the service had freedom of movement and were not restricted in any way.

Good

Is the service caring?

Our findings

We asked people how the service ensured they were treated with kindness, respect and compassion. People provided positive feedback. One person told us, "They are doing a good job. Plenty of laughs and fun. They all seem to know us pretty well." Another person commented, "Very good and helpful." A further person fed back to us, "[Staff are] helpful and kind to me. They help me get around and know what I like." Other comments we received included, "Yes, they [staff]can be trusted. They do [understand needs]", "I can't fault them [staff] at all. [They] treat everyone with dignity and care", "Hugely [kind]. They are very pleasant. Always lots of laughing, happy and friendly" and "[I] have no objections to any. [I] have no complaints."

During our inspection, we observed staff were friendly and patient with people. As people moved about the premises, staff greeted them and asked them how they felt. We noted on several occasions that staff members asked if there was anything the person needed. During times when people did not wish to be disturbed, such as when they were reading in a quiet space, staff respected their freedom but maintained a visible presence if the person needed something. We observed that people enjoyed starting conversations with staff and engaging with them. We saw people laughed and smiled when they were talking with staff. This demonstrated people had developed positive relationships with the team at Ascot Grange.

We heard from people and relatives that communication with staff was of a respectful nature. People told us that staff who communicated politely with them included ancillary staff such as the administrators, kitchen staff, cleaners and maintenance person. Comments included, "Yes, they [staff] are very respectful, they never interrupt [and are] polite", "Yes, they [staff]are very polite to us and visitors. They always refer to me by name, ask how I am, if I would like a cup of tea...", "They [staff] are always polite to me", "They [staff] are very respectful" and "Always very polite and respectful."

We asked people whether they felt their opinions were listened to by the service, and acted on when needed. People told us they felt they had a say in how the service was run, and that staff listened to them when they had requests. One person said, "Yes I do [feel listened to, but I] can't think of an example." Another person we spoke with said, "All staff integrate very well and will listen." Further comments we heard included, "They [staff] are getting to be like family" and "Yes, they always call me by name and will sit and discuss things with me." Some people were unable to fully express their views and opinions, and records showed that some family members and advocates had been involved in care plan reviews.

The first satisfaction survey for people who use the service was completed in November 2017. We reviewed the report from the impartial external consultant. We noted there were 20 responses, which represented a high percentage of people who lived at Ascot Grange at the time of the survey. When asked whether they would recommend the service to others, we noted 93% of respondents said they were "likely" or "highly likely" to do so. All 20 people who completed the survey recorded the overall care as "good" or "better than good." We saw results were colour coded red, amber or green and represented strengths of the service, opportunities and weaknesses. There were a small number of areas rated by people as requiring improvement. These included the activities programme, the laundry service and the grounds. There were some additional comments within the report from people who completed the survey. These included, "After

staying in hospital it was a lovely welcome home when I returned today and I was glad and happy to come back here", "I really enjoy the flower arranging and social side as well as shopping trips. Everyone is friendly" and "The staff are always courteous to us and thank you...you do an amazing job." The results of the survey were only received by the registered manager at the same time as our inspection. Therefore, actions to address areas for improvement were not yet planned.

We observed that staff checked on people's well-being throughout the day. Individual choices, preferences and decisions made about peoples care and support needs were recorded. This demonstrated that staff supported people's decisions about how they wanted to be supported.

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. We observed that people's doors were closed when staff were in the room to provide care. We also noted staff knocked on closed doors before they entered and announced their arrival and asked permission if a person's door was open.

We asked people about their privacy at Ascot Grange. All of the people and relatives we spoke with told us they were satisfied that privacy was maintained. One person responded, "They [staff] knock before coming in...they wait until we answer. There is no safe in our room...valuables can be kept secure in the office if needed. Visitors are made welcome." Another person told us, "[I] have no concerns about my privacy. I am able to be independent at the moment." Other comments we received were, "I can dress and shower myself. I feel more comfortable keeping my things with me and carry them in my bag or wear them", "I have no need for personal care. They [staff] will always knock and wait for me to answer before they enter my room. Everybody is very friendly", "They [staff] always knock before coming in" and "They [staff] will not bother us unless we ask for something. There are no locks on the door, [but this is] not a concern." One person told us staff ensured their welfare when they did not answer the door. They said, "They [staff]always knock and wait for me to ask them in. There was one occasion when they came in. They couldn't get an answer and came in to make sure I was OK."

Good

Is the service responsive?

Our findings

We asked people whether they felt care was personalised to their individual needs. One person said, "I am not aware of any key workers as such. They [staff] are all quite considerate. [They] always refer to us by name." Another person told us, "Yes [care is person-centred]. No need to be difficult." Other comments included, "They [staff] are all nice to me", "They [staff] are all very pleasant and helpful. They call me [by a preferred name] as they have difficulty with my name", "Yes, I think so" and "[I have] not felt isolated. All staff are very, very good. So lovely."

When we spoke with the registered manager and quality manager, we asked about the design, decoration and care within the unit for people living with dementia. At the time of our inspection, six people lived in the Devonshire suite. We were told this was specifically designed by the provider. We noted that this unit was not entirely aligned with national best practice related to decoration and premises for people living with dementia. We observed the colours and contrast of fittings and furniture, lighting choice, light and electrical sockets and signage. For example, colours of fittings and fixtures recommended for people living with dementia were not used. This could lead to confusion for people with cognitive and sensory impairments. We observed there were some objects for people with dementia to use such as dolls, pet toy dogs and activity puzzles. We did not see staff use these with people throughout our inspection. Activities in the unit for people living with dementia were basic. We found the one-to one activities were simple conversations by staff with the people involved and were not motivating. We did not observe evidence of appropriate activities such as reminiscence, reading, poetry, massage or similar events in this unit. Staff we spoke with also were not aware of appropriate social stimuli for people living with dementia. For example, one staff member we asked said that they normally just chat with people. We provided our feedback to the registered manager about this at the time of the inspection.

We noted that most people's apartments were very nicely decorated to their choice. They told us they were able to have their own furniture and belongings, and we observed the room was laid out in accordance with how the person liked it. However we observed a difference in the unit for people who lived with dementia. Some people's rooms we saw in this unit were clinical, basically furnished and uninviting. Some people did not have personalised information in their room which would encourage their reminiscence or memories.

We recommend that the service reviews the environment for people living with dementia.

We looked at six people's care plans, which included pre-admission assessments. Care planning was linked to people's needs which ensured care plans were individual to each person. We saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and information about peoples' lives and family histories. We also saw detailed information about one person's dietary intake. The care files we viewed were comprehensive, and revealed regular reviews. This demonstrated the care process at Ascot Grange was responsive to people's changing needs.

We found evidence that people's independence was promoted. Care plans recorded the abilities of each person, and what assistance may be required by care workers or nursing staff. People we spoke with stated

several examples of how they were encouraged to remain as independent as possible. For example, one person liked to prepare food and drinks in their room without staff assistance and another person preferred to administer their own medicines. We observed staff actively promoted people's independence by first asking them whether they were able to perform tasks on their own, and only assisted when necessary.

We looked at people's ability to have an active social life at the service and within the community. We saw care plans reflected peoples' individual person-centred choices. The planned activities were posted throughout the premises and copies were provided to people in advance so they knew what events were planned. Despite a full programme of planned activities, we observed not all of them took place. One staff member was away at the time which had impacted the number of social activities that occurred. However, when we spoke with the available activities team members, they explained they had lots of plans in place. They told us that every Wednesday there were outside trips and regular entertainment visits. On one day of our inspection, a ballroom dancing class took place which was well-attended by people who use the service.

People felt they had access to an active social life at Ascot Grange. One person told us, "Lots of activities. We participate in most. Go out on trips or walk in the garden. They have two buses." The service's buses were used for transport into the community both for social purposes and healthcare-related appointments. Other comments from people included, "I am not keen on activities. I like to walk in the garden. I have made friends with several of the residents", "I like the cinema, some games and quizzes", "[There are] exercises, singing and dancing. Something going on most days" and "There is often something happening. Whatever you ask for they will try to do." Some people told us they preferred to be on their own and that staff respected alone time. People told us they liked reading, watching television and walking around the garden. Other people relied on their own social networks. For example, one person told us, "I like to have a walk around the garden. It is very natural. I don't get involved in any activities or outings. We see our family and they take us out."

We asked people whether they had any concerns or raised any complaints. People told us they were satisfied and would not hesitate to raise any matters with the staff or management. People we spoke with also knew how to make a complaint. When we asked, people said, "I don't have any complaints", "Whatever concerns I have are minimal", "No, I don't think I have any complaints. If need be I would speak to my [relatives]", "Yes, but nothing serious. Just minor things. They [staff] do their best to resolve issues."

People were provided with service guides which contained key information about various aspects of Ascot Grange. This included how to raise a concern or make a complaint. In addition, information was available in the reception area of how to report issues concerning care, accommodation or other matters. We saw the service had a satisfactory complaints policy and we looked at the complaints folder. We saw the registered manager dealt with any recorded concerns or complaints promptly and outcomes and actions were recorded. The registered manager was knowledgeable about their role in complaints management.

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told some staff could speak languages other than English. We found people's support plans also included information about how to effectively communicate with them. This included evidence of any cognitive or sensory impairment, and what strategies staff could use to promote communication with people.

No one was receiving end of life care at the time of our inspection and therefore we did not inspect this part of the service.

Good

Is the service well-led?

Our findings

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The statement of purpose was available in the reception area for members of the public to view if they desired. An easy-read version for people who use the service was not provided. The document clearly set out the aims and objectives of the service, and the key contacts. The registered manager's contact details were not correct at the time of our inspection. We pointed this out to the registered manager who agreed to liaise with the provider and have the statement of purpose updated.

We asked people what they liked about the service. People provided complimentary feedback. One person said, "We are very happy, really. Staff are very helpful and caring." The next person commented, "Lots of good things about it; well designed and first class staff." Another person told us, "I am going blind and need to get used to my surroundings. I find the building easy to navigate." Other comments from people and relatives included, "Everyone is very friendly and welcoming. It's lovely", "Best thing is the restaurant", "The activities and the company of other like-minded people", "I looked around many places in district. I just needed help to get up and dressed, so was pleased I could have a carer for an hour in the mornings" and "Everyone here is very nice." These comments indicated people felt the service was well-led.

People's opinions of the leadership and management of the service was positive. For instance, a person commented, "I have met them [management]. It seems well-run." Another person told us, "Very good, without being intrusive". Other comments included, "Seem capable and accessible", "Very good. Very approachable" and "Good. It is early days." Some people and relatives we spoke with told us they did not have a good knowledge of the management team, or could not recall meeting them. Feedback we received included, "Don't come across them [managers] often, [but] I believe there are enough resources" and "[I] don't have anything to do with the management." We did observe the registered manager and other senior team members speaking with people and interacting with visitors during our inspection.

We observed a very positive workplace culture amongst the staff during our inspection. We saw staff worked well as a team, heard enthusiastic and person-centred conversations between them and observed joint working to ensure people's care needs were met. Staff we spoke with were friendly, approachable and willing to tell us about their experiences of working at Ascot Grange. Those we spoke to were satisfied with their roles and the service. More than one member of staff told us the service was better than anywhere else they had worked in social care.

People and relatives we spoke with confirmed our observations of the positive team spirit within the staff. One person said, "Staff are person-centred and seem quite supportive." Another person told us, "[There is a] good balance [of staff]." Other comments from people and their relatives included, "The new people [staff] take a bit of time", "The management are people-centred [and] staff work well together" and "Trying to do their best."

Regular general staff meetings were held, and we reviewed the minutes from the meeting held in October 2017. We saw the meeting covered a number of operational issues specific to staff and allowed staff to suggest ideas, state any difficulties with their role or the care process and receive answers to questions from management staff. The first staff survey was being distributed to workers at the time of our inspection, to gather feedback about the service. We were told there was also a staff rewards and recognition programme. The service had collected information about staff likes. When staff were nominated for an award for their care or commitment, the service provided a gold, silver or bronze achievement award and prize. Example of staff who had provided excellent service included a care worker who bought a person sweets from their own wages, and a chef who went to help out at short notice at another location. The registered manager explained the recognition system helped further build the team spirit at Ascot Grange.

There was a robust management structure in place at Ascot Grange. This included the registered manager who oversaw the entire service and was supported by a care services manager, residential care manager. Nursing care manager and dementia care manager. These care roles were considered part of the senior management team and we saw they were set clear respective responsibilities and were held accountable for the units or areas they managed. Additional support to the management team consisted of client liaison managers, a moving in coordinator and an onsite human resources manager. The additional team members focused on ancillary tasks related to the operation of the service, effectively allowing the care management team the time and resources to focus on the safety and quality of support provided to people. We found this was a very effective management team that demonstrated strategic working together. Additional support was available to the service from the provider's head office. We heard this included regional managers and quality assurance staff. The provider's staff visited regularly to speak with the management, staff, people who use the service and check the quality of care.

A number of quality audits and checks were used to gauge the safety and quality of care. These were completed according to an audit calendar and included assessments from staff who worked at Ascot Grange, staff from the provider's support team and contractors. We saw areas that were audited included the kitchen, laundry, maintenance and repairs, medicines, infection prevention and control, staff training and recruitment, personal care and nursing documentation. The calendar clearly set out who was responsible for each audit, and what month the check was to be completed in. We reviewed some of the audits which were completed. For example, we reviewed the group operations manager's "site inspection report" dated 24 October 2017. We could see this covered checks of the service's own quality assurance systems. For example, the report indicated that medicines audits were reviewed, incidents and accidents were examined as well as the number of safeguarding referrals and complaints. The report provided an action which was required to be completed by the registered manager.

A series of scheduled meetings complemented the audits completed. The meetings were an additional method for discussing and reviewing changes in care, quality and safety. There were at least ten different types of meetings, most of which were held at the service-level. Meetings held at provider-level included a "standardisation" meeting, where policies were reviewed and approved, and any changes to relevant legislation were discussed. There was also a governance meeting every other month, which discussed the provider's performance as well as that of the individual services, including Ascot Grange. At the service-level, meetings included medication steering committee, falls steering group and a monthly head of departments meeting with the regional operations manager.

We reviewed the medication steering group meeting minutes for October 2017. The meeting was held monthly. We saw the care managers discussed the medicines policy, medicines incidents and themes and trends about the correct administration of medicines by staff. We noted medicines incidents were correctly reported by staff and these were analysed as part of the meeting's standing agenda. Actions were noted in

each preceding meeting, but these were not carried over or discussed at the next meeting. This meant that some of the same issues were recorded each time there was a meeting. We pointed this out to the registered manager, who agreed to address this with the attendees of the medication steering group. This would ensure that actions not closed off since the last meeting were reviewed each time medicines safety was discussed.

Where areas for improvement were identified through audits or meetings, actions were collated on a central action plan. We reviewed the document dated 1 December 2017. We saw that issues were listed, actions were identified to mitigate risks and improve the service, a staff member was listed as responsible and a timeframe was set. Progress updates were noted in a separate column of the action plan. This was an effective way to track changes whilst monitoring the quality and safety of people's care.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing).

The service had an appropriate duty of candour policy in place which gave clear and specific instructions for management to follow when the duty of candour requirement was triggered by safety incidents. When we asked the registered manager, there were two notifiable safety incidents which triggered the duty of candour requirement. The registered manager's knowledge of the duty of candour principles was good, and we recommended they further increased their understanding of the concept and associated processes. They were receptive of our feedback. We were provided evidence after our inspection that written accounts and apologies for the notifiable safety incidents were sent to the relevant persons.

Confidential information about people who use the service and staff was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events.