

## Parkcare Homes (No.2) Limited

# Ashridge

### Inspection report

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05 March 2019

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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

About the service: Ashridge is a residential care home comprising of a main two-story building with a six-bedroom bungalow extension called The Beeches. It provides care and support for up to 18 people living with a mental health disorder, learning disability or autistic spectrum disorder. There were 17 people living at Ashridge when we inspected.

People's experience of using this service:

People had their risk of harm assessed for internal and external activities.

There was a nominated safeguarding ambassador to share best practice and support staff to keep people safe.

There were sufficient numbers of skilled, competent and experienced staff to provide people with individual care. Medicines were managed safely and all areas of the service were clean.

Lessons were learnt when things went wrong, this led to improvements in care practices.

People had a say on the menus and received a nutritious, varied and well-balanced diet to suit their needs and preferences.

Staff worked with other health and social care professionals to deliver effective care to people to meet their health needs.

People were involved in making decisions about their care. Staff supported people to improve and sustain their independence and be active.

People were treated as unique individuals and were enabled to maintain contact with family and friends.

People took part in a range of activities and pastimes of their choice.

The registered manager was approachable and had made significant improvements to the overall quality of the service.

People and their relatives had a say in the running of the service and were invited to give their feedback on the quality of the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection:

Ashridge was last inspected on 29 and 30 October 2017 (report published 28 February 2018) and was rated as requires improvement overall.

Why we inspected:

We asked the provider to complete an action plan at our last inspection. We wanted to see if the provider had made progress with their action plan and that the service was safe and well-led.

Follow up:

We will continue to monitor intelligence we receive about Ashridge until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-led

Details are in our Well-led findings below.

Good ●

# Ashridge

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by an inspector 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. In this instance, in the care of person living with a learning disability.

#### Service and service type:

Ashridge is registered as 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the provider 48 hours' notice of our inspection. This was because we wanted to be sure that the people who lived there would be in.

Inspection site visit activity started on 28 February 2019 and we returned on 5 March 2019.

#### What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included an action plan detailing the actions the provider would take following the outcome of our last inspection.

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 took this into account when we inspected the service and made judgements in this report.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. We spoke with the registered manager, the deputy manager, a peripatetic manager, quality improvement lead for the provider, two members of care staff, the head chef, the housekeeper and nine people who lived at the service. We also spoke with six relatives by telephone. A peripatetic manager is appointed by the provider to move between services to support registered managers.

We looked at a range of records related to the running of and the quality of the service. These included risk assessments, three staff recruitment and induction files, staff training information and arrangements for managing complaints. We looked at the quality assurance processes that the registered manager had completed. We also looked at care plans and daily care records for nine people and three medicine administration records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and secure living at Ashridge. We saw that several people had the key to their bedroom door. One person told us, "At night my window is open, but I lock my bedroom door. The doors [into the service] aren't open." Another said, "I feel safe [at night] because the doors are always locked."
- The grounds were secure and the front door was kept locked. We were told this was to keep strangers out, rather than to keep people in. The relatives we spoke with confirmed that security at the service was good.
- Staff and people who lived in the service had access to the contact details for safeguarding and whistle-blowing helplines.
- The deputy manager had almost completed safeguarding ambassador training with the local authority. They told us that the training had provided them with up to date knowledge about safeguarding supported by national guidance and research. Their ambassador role was to now lead the staff to keep people safe from harm and abuse. They had also been nominated to be a safeguarding officer with the provider organisation.

Assessing risk, safety monitoring and management

- We saw up to date records were kept on the maintenance of fire safety and utility systems such as electrical items and gas appliances.
- People who lived in the service had a personal emergency evacuation plan (PEEP) in place. This provided staff with information on how to safely evacuate the person to a place of safety in an emergency. Guidance on evacuating the premises in an emergency were in easy read and picture format. The service had designated fire marshals.
- Systems were in place to identify and reduce the risks to people living in the service. People's care plans included detailed and informative risk assessments for activities such as cinema visits, gardening, swimming and horse riding.
- We looked at the health and safety evidence file. This covered individual site risks, such as using the barbeque, securing wheelchairs in vehicles and food preparation.
- The six people who lived in the Beeches were assessed as able and competent to access the local community unsupervised. However, they were encouraged to carry a card with the service's contact details.

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Some people had one to one support from a member of care staff for social inclusion and to take part in

external activities. For example, one person used their one to one time to go to the gym.

- We found that there were sufficient numbers of staff employed to meet peoples' individual needs and keep them safe.

#### Using medicines safely

- We discussed medicine management with the deputy manager. Most people had their medicines stored in a secure locker in their bedroom.
- Several people were assessed as competent to self-administer their own medicines. This meant that people had the key to their medicine locker and were responsible for taking their medicines at the correct time. Staff did safety checks to ensure that people were taking their medicines as prescribed.
- People were able to tell us when and why they took medicine. One person said, "My medicine helps me. I take it morning and night. I do my medication myself. I keep it in my room in a wall safe." Another person told us that staff looked after their medicines and said, "Staff pop them out the blister packs for me. They have a folder they write in when I take them."
- We looked at the Medicine Administration Record (MAR) for three people and found that medicines had been given consistently and there were no gaps in the MAR. Each record had a photograph of the person for identification purposes and any allergies and special instructions on how to administer individual medicines were recorded.
- Some people were prescribed as required medicine, such as pain relief, and staff had access to protocols to enable them to administer the medicine safely.
- Any bottles and creams were marked with the date when they were opened. This was to prevent people receiving out of date medicines.

#### Preventing and controlling infection

- People and their relatives told us that the service was clean. One person told us how they kept their bedroom clean and said, "I Hoover all of it on Tuesdays." A relative said, "It's always clean. It's always well looked after."
- A housekeeper had been employed for 20 hours per week since our last inspection in November 2017 to clean communal areas and toilets and bathrooms. Staff and people who lived in the service told us that this had a positive impact on the standard of cleanliness in the service. Care staff continued to assist people to clean own rooms.
- A member of care staff was the infection control lead. They were supported by the local authority as an infection prevention and control (IPC) ambassador. They attended regular meetings and were kept up to date with best practice national guidance. The local authority clinical lead for IPC recently undertook an audit of the service. Significant changes were made following this, such as mattresses had been replaced and hand wash signs and soap and towel dispensers were now in place.
- We saw that IPC was a standing agenda item on team and governance meetings.
- All areas of the service were clean and there were no offensive odours. We saw that staff followed national guidance to protect people from the risk of infection or cross contamination. Colour coded chopping boards were used in the kitchen for different food groups. Mop heads were cleaned and stored correctly after use.
- Risk assessments had been carried out for the safe use and storage of detergents and the provider followed the Control of Substances Hazardous to Health standards (COSHH). The COSHH cupboard was locked at all times and staff were trained on how to safely handle detergents and cleaning products.
- The head chef showed us round the main kitchen. Food was stored appropriately, there was no clutter and the kitchen was spotless.
- The home had been awarded a five-star rating from the local environmental agency for ten consecutive years. This is the top rating and shows appropriate systems were in place to ensure good hygiene levels.

#### Learning lessons when things go wrong

- The provider had recently introduced a team briefing/de-escalation process for staff called a "team huddle". Following an incident, the staff involved met to reflect on the event; to look at what happened and what could have been done differently. Written records of the huddle were maintained.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At our last inspection in June 2018 we found the provider to be in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. This was because the registered provider and not ensured that the premises were properly maintained.
- On this inspection we found that a robust refurbishment programme was in place and several areas of the service had been redecorated and essential building work had been carried out. In addition, the garden had been cleared of clutter, made safe and was a useable space. This meant that the provider was no longer in breach of Regulation 15.
- People had a say in the decoration of the service. There was a fun wall with framed photos of events people had taken part in that were memorable to them. For example, a sponsored walk, a Halloween party, Christmas and a trip out to Nottingham War Hammer Museum.
- People were proud of their home and happy to show us round. Bedrooms were personalised and individual. People had chosen their wall decorations, soft furnishings and furniture. One person told us that they liked their bedroom and it was "cool".
- Relatives told us that the home had improved and one said, "They are always doing improvements to the place." Another relative referred to the recent decoration and said, "The rooms are very nicely done. It's beautiful; the kitchens and bathrooms are clean."
- Important documents such as the service user guide were in both written and picture format. The registered manager told us that everyone who lived in the service had varying levels of ability to understand what was being said to them through pictures.

Staff support: induction, training, skills and experience

- People were cared for by staff who were enabled to develop their knowledge, skills and experience. Staff attended mandatory training such as fire safety, food hygiene and safe moving and handling. In addition, staff were provided with training relevant to their roles and individual needs of the people in their care.
- Newly appointed staff undertook the Care Certificate, a 12-week national programme that covered all aspects of health and social care.
- Staff spoke positively about the training they received and how the availability of training had improved in the last year. One staff member who had been in post for three years said, "My skills have developed, much better understanding of autism, mental health and learning disabilities."
- We looked at supervision and appraisal records for three members of staff. Areas for improvement and professional development were identified and goals set.

Supporting people to eat and drink enough to maintain a balanced diet

- People with swallowing difficulties had their food specially prepared. We saw that catering and care staff

enabled the person to follow the guidance provided by the speech and language therapist. (SALT) and dietitian. For example, one person who was at risk of choking was to be offered food the size of five pence piece with sauces to give the food moisture. Another person had guidance on a balanced diet to help them lose weight. However, their dietary advice was at times counter-productive as they liked to eat "junk" food and were independent in making their own snacks and drinks.

- The head chef maintained records of individual likes, dislikes, food allergies and intolerances. People were involved in planning the menus and the three-week rolling menu was reviewed quarterly. We found that people had their favourite meal made for them once a week. Menus were in picture format to help people make their meal choice.
- People made their lunchtime choice each morning from a pictorial menu. The head chef told us, "I know enough British Sign Language and Makaton to communicate with them."
- People were provided with a nutritious, varied and well-balanced diet and all ingredients were fresh and locally sourced.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare and social care professionals such as their GP, community psychiatric nurse and social worker. On day one of our inspection one person was supported by a member of staff to attend a GP appointment for a skin condition that was not improving with treatment. On their return they were eager to share their experience and inform the registered manager that their treatment had changed.
- Care staff shared information at shift handovers about individual care needs and overall wellbeing to maintain continuity of care.
- In addition, staff recorded important information in a communication book, such as GP appointments and any external activities. This information was also shared at each handover.
- People were supported to maintain their physical fitness through regular exercise; some people attended a local gym and others were members of a walking group in a nearby town.
- We looked in care files and found that staff maintained a record of all health and social care professional visits and their outcomes.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection five people were being lawfully deprived of their liberty.
- We saw that staff had sought support from an Independent Mental Capacity Advocate (IMCA), appointed by the local authority MCA and DoLS team. The IMCA represented the person, to act in their best interest as they had no-one else to support them and were unable to communicate their wishes.
- People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed that people were cared for by kind, caring and understanding staff. Relatives confirmed our observations and one said, "When she was very poorly, one member of staff was very compassionate. He was very kind."
- Peoples' individual religious, cultural, spiritual beliefs and lifestyle choices were respected by staff. One person was supported by staff to attend their local church service once a week and another person celebrated significant events in the Christian calendar.
- One person preferred to dress in clothing of the opposite gender. The person was fearful that others would not understand and laugh at them. Therefore, staff supported them to dress as they chose and protected them from any discrimination. On day two of our inspection the person had gone shopping and bought a new item of clothing.
- We found that people were involved in making decisions about their care and well-being. One person was being supported by staff from the service and from relevant community health and social care professionals to move into another care setting. The person shared their story with us and said that although the move was traumatic and a life-changing event it had been their decision and staff had respected this.
- Another person with a profound hearing disability attended a club for people with mixed hearing abilities. They told us that attending the club helped them feel more normal.
- Two people who were unable to communicate their wishes vocally used either British Sign Language (BSL) or Makaton, an alternative sign language. Some staff had attended an introductory course in BSL and the registered manager was liaising with the SALT to access further BSL training. Several staff were booked onto a Makaton face to face foundation course in March 2019.
- Staff were considerate of peoples' individual emotions and psychological needs and responded to these in a caring and supportive manner. Routine played a significant part in one person's life and the person became agitated and destructive if their routine was broken. Therefore, the person always had a yoghurt, banana and bread and butter after a meal.
- We saw that care records, personal files and archived documents were stored securely and all computers were password protected. This meant that peoples' confidential information was stored in compliance with the Data Protection Act and the General Data Protection Regulations (GDPR).
- People who lived at Ashridge had made a joint decision not to have the name of the service on the front of the premises. The reason for this was they did not want to advertise that Ashridge was a home for people living with a learning disability. Some people had experienced discrimination in previous care settings.

Respecting and promoting people's privacy, dignity and independence

- The service accommodated 14 people in the main building and six in the attached single storey extension

referred to as "The Beeches". The people who lived in The Beeches. were more independent and able to do things for themselves. The Beeches were self-contained with a recently fitted bathroom with shower, a lounge that people told us was a quiet, relaxing space and a kitchen-diner with laundry facilities.

- People we spoke with told us that they valued their independence and freedom that living in The Beeches gave them. For example, people were enabled to look after their own laundry, prepare light meals and snacks and wash-up and tidy the kitchen after meals.
- People throughout the service were encouraged and enabled to maintain their independence to care for their bedroom and look after their laundry with support from staff. The chef prepared and cooked their main meal, but care staff supported people to be independent with their breakfast and tea-time meal. We observed people set and clear away the tables at mealtimes.
- Family and friends were welcome to visit at any time. However, it was recognised that some people did not have family or friends who lived locally or who were physically able to visit. Therefore, people and their relatives and friends were invited to maintain contact through social media. Some people had personal computers or mobile phones. Others were supported to use a shared computer to maintain contact with family and friends.
- People had their personal space respected by the staff and by fellow residents. Some people had their photograph and their name on their door; others had a sign requesting that others knock before entering. One person had a doorbell with a sign saying, "please ring and wait".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection the registered manager had introduced improvements to individual care plans and methods of communication between staff.
- Each person had a key worker who was responsible for assessing and reviewing their care plans. We found that the reviews process was now more structured, person-centred and people were involved in all stages of the process.
- We found evidence in individual care files that the service had taken steps to meet the Accessible Information Standard (AIS). All providers of NHS care or other publicly-funded adult social care must meet the AIS. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- One person with hearing loss had a doorbell for others to ring. There was a light that flashed in their bedroom to alert them that someone was ringing the doorbell. This helped to reduce the person feeling isolated, or risk others intruding on their personal space.
- Some policies and guidance were available in large print and easy read format, such as mental capacity, complaints and consent.
- We saw some people enjoyed playing games on their personal computers and laptops. There was also a shared computer in one lounge that people who did not have a personal computer could use to play games or access the internet. We observed one person ask the registered manager for assistance to access the shared computer to look for new bed linen.
- The service had an extensive garden that took a lot of maintenance. However, some people enjoyed gardening and had taken ownership of several projects. For example, one person had raised beds to grow flowers, herbs and vegetables, another looked after the rhubarb patch and a third tended the brambles. People told us that gardening was their hobby and they used the produce they grew in the kitchen. One person told us that they were proud of their homemade fruit pies.
- Several garden sheds were used to house electric scooters to keep them safe and protect them from inclement weather. One outbuilding was used as a craft room, and another shed stored outdoor games when they were not in use.
- Some people were inventive and competitive. They had made dream catchers from old bicycle wheels and their entry in a local "Bill and Ben" competition won them first prize.
- We saw that the garden was well used and the garden furniture was well maintained.
- The provider organisation had their own training academy for people who lived in their services to access. We noted that some people had achieved an award for health and safety training. The registered manager was supporting other people to access training courses in health and safety and food hygiene. In addition, one person had completed an art course at a local college. One relative told us that when their loved one had achieved a Life Skills award that they were invited to a graduation ceremony.
- Relatives told us that their loved ones were enabled to be busy. One person's relative said, "They are

always out somewhere. She goes ten pin bowling. She goes swimming. She is always busy." Another relative told us, "She used to spend 24 hours a day in her bed in the last place. Now she spends three quarters of her day interacting with others."

- Most people led an active social life in the community. Most evenings people attended the "Gateway Club". People spent quality time with friends over coffee, chatting and group activities.
- Relatives told us that their loved ones were happy living at Ashridge and thought of it as home. One person's relative told us that when their loved one returned to Ashridge after a visit to the family home they would say, "I'm home."
- The registered manager told us all people were supported to lead fulfilling and meaningful lives. We observed that CQC's policy on Registering the Right Support (RRS) for people with a learning disability and/or autism was engrained in the approach of all staff. It was clear from our findings throughout this inspection that RRS was embraced and the guidance followed to support people with leading their lives to the full, and to be a fully integrated part of their local community

Improving care quality in response to complaints or concerns

- People and their relatives told us that they would not hesitate to share any concerns with staff or the registered manager, although they never had cause to complain. The provider had a complaints policy in an easy read format. We looked at the complaint file and saw that no formal complaints had been made in the last year. One person said, "I'd talk with [name of key worker] or someone else. A relative told us, "I would talk with the management first. I have a good rapport with [name of registered manager] and all the staff." Another relative said, "I'd speak with the deputy or manager or one of the carers. Very accessible. I get on with all the staff."
- Relatives said that the service kept them up to date with information on their loved one's progress. A communication book was maintained and sent with the person when they went to the family home for a visit. One relative said, "We get a copy of their plan for the month. It comes home in the communication book." This process helped to reduce the need for relatives to make a complaint.

End of life care and support

- Staff understood the importance of supporting people and helping them prepare for care at the end of their life according to their wishes. People were supported to record their final wishes and preferences on an advanced care plan, such as where they wanted to die and their funeral wishes. However, we noted that most people found that the time had not yet come to record their wishes and their choice was respected.
- We saw that staff had discussed end of life care in detail with one person who had a serious life-threatening condition. The person had made the decision not to be resuscitated if their heart was to suddenly stop beating and their wishes had been recorded on the appropriate documentation and signed by a competent health professional.
- We read the person's care file and saw that they were supported by their family and Macmillan. Macmillan is a leading national cancer support group. The person had asked that others, "focus on when I am ill rather than when I am dying".
- Most staff in the service had little or no experience of caring for someone at the end of their life. Therefore, a community nurse had spoken with care staff a few days before our inspection to support them to be able to achieve a peaceful and pain free death for the person.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our last inspection in June 2018 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. Good governance. This was because the registered provider had not ensured that the quality assurance systems were effective to enable them to identify and resolve any shortfalls in the care provided for people.
- Since our last inspection the provider has replaced audits with walkabouts. The registered manager had checklists pertinent to the needs of the service. For example, medicines, the environment and to assess if the service was dementia friendly. People, their relatives and staff told us that there had been significant improvements made since our last inspection. The records and documents we looked at confirmed this. Therefore, the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was provided with support from the quality improvement lead (QIL) and peripatetic manager through regular visits.
- There were systems in place to share governance issues throughout the provider organisation. The registered manager attended monthly governance meetings, the outcomes from these were sent to QIL and fed into the provider's quarterly divisional governance meeting. The registered manager received feedback from these divisional governance meetings.
- All staff were invited to take part in an employee engagement survey and an action plan was developed to share the outcomes.
- Staff told us that the registered manager was approachable and supportive. One staff member said, "I just go to [registered manager] to answer any questions I have."
- Relatives told us that there was a positive culture in the service and the registered manager was approachable. One relative said, "The manager is accessible and approachable."
- It is a legal requirement that a provider's latest CQC inspection report is prominently displayed. This is so that people living in the service and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed near the main entrance and on the provider's website. In addition, the registered manager's and provider's certificates of registration were on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were invited to give their feedback on the service through a satisfaction survey. We saw that the results of this were positive.
- Relatives told that they were fully involved with the service. One relative said, "We do get information, we attend meetings and we get a newsletter; its posted two or three times a year." Another relative said, "Not that long ago we attended a residents meeting, we contribute."
- People who lived in the service took part in a quality walkabout. Staff accompanied them to document their findings. This provided an opportunity for people to have input into their home. The quality tool was in written and picture format.
- In addition, the registered manager carried out bi-weekly resident experience walkabout. This helped them to regularly gain insight and feedback into the personal experience of people who lived at Ashridge.

#### Continuous learning and improving care

- Staff had access to policies and procedures that reflected current CQC regulations, national guidelines and up-to-date research. The policies we looked at were clear, concise and easy to follow. When a new or amended policy or memo was introduced staff signed and dated to confirm that they had read it. Failure to do so was addressed by the registered manager with the staff member involved.
- All staff were invited to attend regular monthly meetings. We read the minutes from the meetings held on 4 January and 27 February 2019. Key topics discussed included health and safety, accidents and incidents and actions taken since the last meeting.
- Staff told us that they had a voice at meetings and the registered manager listened to them. One member of staff said, "We hear nothing negative, all feedback is positive. We've come a long way from where we were 12 months ago. We've progressed and improved. It seems a lot better. Good place to live and work."
- Another member of staff spoke about the positive changes since our last inspection and said, "Changed a lot in the last year. It's been like starting a new job. So many changes. Care plans in place. A lot more familiarity with policy. More training in past year. Changes are positive, and more staff on duty."
- A new incident reporting tool had been introduced and this included a body map to identify the site of any sustained injuries.
- The registered manager had signed up for national updates on best practice guidance and up to date research. For example, they received newsletters and email alerts from the National Dignity Council.

#### Working in partnership with others

- The registered manager and their team worked in partnership with their local clinical commissioning group, the local authority contracting team and a local further education college.
- We also found that there were effective and supportive networks within the provider organisation. The deputy manager told us that they linked with other services in the geographical area.
- The provider was a member of the Lincolnshire Care Association (LinCA). LinCA provides members with regular newsletters, workshops and networking to enable them to keep up to date with current best practice initiatives. The manager and deputy manager attended these meetings.