

# Westgate Healthcare (Hemel Hempstead) Limited Ashview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Ashview Nursing Home is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. Ashview Nursing Home accommodates up to 32 people in one adapted building.

### People's experience of using this service and what we found

People told us they were very happy with the care they received, and they enjoyed living at Ashview Nursing Home. Relatives were extremely positive about their experience and how the staff supported their family members. People felt the whole staff team were kind and respectful. We were told the service was exceptionally well run. The manager was approachable and listened to people. When issues arose, they were dealt with and learning from them was shared to help ensure there were no reoccurrences.

Feedback from people, relatives, staff and professionals was sought and this was used to develop the service further. The provider had implemented innovative ways to help ensure people were put first.

There were effective systems in place that not only ensured the home was running well but also improved the lives of the people they supported. Actions were developed as part of the ongoing quality monitoring and these were addressed to improve all areas of the service.

People's safety was promoted, this included during the Covid-19 pandemic, individual risks and management of medicines. Staff were available and trained to ensure people's needs were met. Staff felt they were well supported and enjoyed working at the home.

People were given choice and treated with dignity. We were told they enjoyed the food and the activities provided. There were events and competitions organised and people were able to contribute to local charities. Care was given in a person-centred way and people felt involved in the planning of their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection

This service was registered with us on 11/3/2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 1/11/2017.

### Why we inspected

This inspection was carried out to check whether the provider was meeting the legal requirements and

regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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

## 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 exceptionally well led.

Details are in our well led findings below.

Outstanding ☆

# Ashview Nursing Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission. This means the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider completed a provider information return as part of this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from

the local authority

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and received feedback from four relatives about their experience of the care provided. We spoke with six members of staff including the chief operating officer, manager, care workers and the housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from two professionals who visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe, if I was worried, I would speak to any of them." Relatives also told us they felt people were safe. One relative said, "We feel [person] is safe and in good hands."
- Staff had received training in relation to protecting people from abuse. They were able to clearly explain what to look out for and how to report any concerns.
- The manager reported any concerns appropriately.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. We noted that staff were aware of people's individual risks and supported them in accordance with their assessments and their needs. However, we did note that one person may benefit from a moving and handling review, so we discussed this with the manager. Following the inspection, they told us this had been completed.
- We were provided with a record showing the staff team had a moving and handling training session including competency assessments, a moving and handling champion was put in place to oversee staff practice, a lessons learned record was shared with the team and reflected on. Staff had reminders in people's care plans about reviews including if a person had an infection or a fall, this had to be mentioned in handovers and reviewed for seven days to ensure people's health improved.
- People who were at risk of developing a pressure ulcer had pressure relieving equipment and staff ensured they had regular position changes.
- The clinical lead had received training in different areas to enhance their skills and positively impact on people in the home. We received a statement from them that said, "I have been offered extensive further training including EMAR, blood test & IV training. It's so valuable to receive regular training so that I can ensure our nursing team continue to deliver the highest quality of care so that our residents remain safe, comfortable and happy here at Ashview."
- Falls were reviewed for any themes or trends and to help ensure all remedial action had been taken to reduce the risk of a reoccurrence.
- Staff had received fire training and taken part in a fire drill. Those spoken with knew how to evacuate people safely. There were evacuation sledges available.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "If you need something, they always come, even at night." Relatives felt there were enough trained and experienced staff.
- Staff told us they were able to meet people's needs in a person-centred way. One staff member said, "I'd

be happy to have a relative of mine here."

- During the inspection visit we saw that call bells were answered promptly and people's requests for support were responded to patiently.
- Staff were recruited safely. We saw that all required information was obtained prior to staff starting to work at the home. This included a full employment history, criminal records check, proof of identity and records of qualifications. There was a recruitment checklist to ensure this was completed.
- Changes had been made to positively impact on the recruitment process. As a result there was 80% staff retention, no need to use agency nurses and had minimal agency care staff usage. This meant better and consistent outcomes for people and reduced the risk of Covid-19 coming into the home.

#### Using medicines safely

- People's medicines were managed safely. They were stored securely, and records held were accurate.
- We checked a random sample of medicines to ensure the quantities held were correct. Time sensitive medicines were clearly identified.
- Boxes and bottles were dated on opening and there was guidance displayed in the medicines room to help ensure staff worked safely.

#### Preventing and controlling infection

- The service had not had an outbreak of Covid-19 during the pandemic.
- Feedback about how the management and staff team handled the pandemic was extremely positive. One relative said, "We had really good updates at key times. The home were very quick to install the pod in the garden when the government suggested that homes install them as a way around the visiting restrictions, they bought an extra IPAD to enable clients to make contact with relatives with an iPhone or an iPad with FaceTime technology. The smallest things bring the biggest hope."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. However, two staff were identified as not always wearing their mask correctly. The manager addressed this following the inspection with supervision, further training and checks and sharing a lesson's learned process with all staff. The staff members were required to complete a reflection statement following their training and supervision.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We did not need to signpost the provider as they had already taken steps to address the points raised.



### Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of.
- Staff felt the manager kept them informed.
- The manager completed a lesson's learned action plan in relation to events in the home. For example, to improve communication about refurbishment of the home as this had not been done robustly and to ensure people were better informed about choosing the gender of staff supporting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met by staff. Any plans and equipment required was in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards of care and support by the management team and this was checked at regular meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained and equipped for their role. One relative said, "Everyone there seems well trained in their roles. Any staff I speak to over the phone is happy to take the phone up to [person] answer any questions I have and if they can't, direct me to someone who can e.g. nursing staff."
- The recruitment process assessed staff knowledge and previous experience to help determine they would be effective as a staff member. When the new recruit was appointed, they were supported to go through a robust induction and training programme to ensure they could support people effectively. A member of the provider's management team told us, "We have together made the decision to change the priorities in our recruitment strategy – we now focus on recruiting a team with key attributes such as empathy, kindness and strong teamwork skills rather than looking for experience. We have many more inexperienced team members so to support them, we have developed a comprehensive and fun three-day induction that truly embeds the culture of Westgate Healthcare."
- Staff told us that they felt there was enough training, so they were able to work safely and provide good care. One staff member new to working in an older person's care setting said, "I absolutely love it, they [managers] make sure I have everything I need, check in and are really engaging."
- Competency was checked, and the manager ensured supervision was completed to support staff and ensure standards expected.

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

- People told us they had enough to eat and drink. They told us they enjoyed the food and had plenty of choices. One person said, "I have a little bowl of grapes every day that I like."
- There were snacks and drinks available, these were offered round to people. One person said, "If you need to ask a member of staff to get you a drink or a snack, they get it straight away no problem."
- We noted that if people were cared for in bed, staff assisted them to sit up before they started eating. In the dining room people were encouraged to wash their hands, offered a glass of wine and had eating aids available if they needed them.

- People's weight was monitored. Where people were losing weight, health professional advice was sought, and fortified food and drink was offered to boost their calorific intake.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority and clinical commissioning group to help ensure people received safe and effective care.
- There was good communication in relation to people's needs. A healthcare professional told us that the team at Ashview Nursing Home communicated well with the practice and staff team always provide detailed, insightful information about their residents should they fall ill.

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

- The building was not purpose built and was converted into a care home. This gave challenges due to ramps in the home. However, these were risk assessed to ensure they could be used safely.
- There was a large lounge and dining area for people to enjoy. There was also a large garden which people told us they enjoyed.
- The home was well maintained and the environment in communal areas was homely.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. One relative said, "There's brilliant system of the doctor visiting every Thursday before Covid-19 and on video link since Covid-19. The staff act immediately on concerns shown by clients or relatives. It was very hard for me to hand control for my [person's] medical care over to strangers, but they have proved themselves as great custodians of [person's] total life not just her health."
- We saw that people had access to health care services as needed and referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. Health professionals said that referrals were made appropriately, and they followed their advice and instructions.
- During the pandemic, a member of staff took on the role as hairdresser to ensure this service was maintained for those who enjoyed having their hair done.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were given choice, and this was respected. One person said, "They ask me before helping me."
- We observed staff asking people before supporting them and explaining what they were doing. Staff were clear that care was to be given in a way people chose.

- Capacity assessments and best interest decisions were recorded and reviewed. Where needed, an application was made to DoLS to help ensure a person's welfare. These were monitored and reviewed by the manager to ensure people's rights were protected.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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

- People told us staff treated them with respect and were kind. One person said, "They are all so lovely."
- Relatives also felt staff were respectful and attentive. One relative said, "I have nothing but praise for all the staff. When visiting, or over the telephone they are compassionate, cheerful and pleasant. I hear that too when speaking to/visiting [person], for example when staff come into their room. They take time to explain the current situation or answer my questions."
- We noted that staff were attentive to people and polite when assisting them. Staff were patient and friendly when people asked for help, even if it was for something they had just assisted them with.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff asked them what support they needed and listened to them.
- Care plans included people's preferences and wishes. Staff were aware of these.
- Meeting notes showed that people were encouraged to be involved in decisions about their care and how they lived their lives.

Respecting and promoting people's privacy, dignity and independence

- People felt that their privacy and dignity was promoted. We noted that doors were closed when people needed assistance from staff.
- Staff were aware of people's relationships with partners and encouraged contact during the pandemic. Staff gave people privacy when they had a visitor.
- People and relatives told us that staff made visitors to the home welcome. A relative told us, "I have been made to feel welcome when I visit, pre-lockdown I was able to go to the kitchen to heat up soup I'd brought for [person] and make us drinks." Another relative said, "Relatives are encouraged to assist in care, visits and mealtimes to recreate family life as much as possible."

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were supported in a way that met their needs and their preferences. One person said, "Care is done just as I like it, they ask me. The staff work very hard." Relatives also felt that care was tailored to each person and staff knew people well. One relative said, "The staff welcomed [person] warmly and helped them settle in, despite two weeks of Covid-19 isolation. They have been very attentive to their evolving nursing and personal needs and have notified us when there are matters of health concern."
- The personalised care and dedications staff showed towards people made a significant impact on their health and well-being. For example, a person moved into the home completely dependent on staff help in all aspects of their life. Health professionals assessed the person being nearing the end of their life. Staff worked with this person gradually building their confidence and independence through supporting them to improve their mobility and nutrition. The success of this dedication and care was evident when the person was able to move back to their home. Photos seen of how unwell they were when they arrived at the home, and those of when the person was back at home enjoying a meal with family were a significant contrast.
- The person's relative said, "[Person's] life changed for the better when they moved to Ashview. We thought we are losing our [relative]. We were told that their life expectation was very short and they needed to be transferred to a Nursing Home for palliative care. My [parent] was devastated. When we heard there was a place available at Ashview we were very pleased as we knew of Ashview. After just [number] months of great care at Ashview Nursing Home they recovered enough to be discharged home to live with [spouse] again. We cannot believe what they all did for our parent and we are so grateful to the whole team. [Person] loves everyone at Ashview and without them they would have given up."
- Staff said that care was given when and how people requested it. Staff were able to tell us about people they were supporting in good detail.
- Care plans included information to help ensure staff had all information they needed to support people safely and appropriately. Plans were reviewed to ensure that information was accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans. One person used picture cards to help express their choice.
- Staff knew how to communicate with people, we saw that they gave people time to speak.
- Information was given to people in a way they could understand.
- Relatives told us that staff supported people to keep in touch with them. One relative said, "The staff have

provided willing help in keeping their mobile phone charged and have placed their laptop in position when requested to enable video calls."

- Information taken from the PIR states, "Some individuals make use of tools such as wipe boards or pictures. When someone has communication difficulties, we research what is available that will be suitable to their needs and we have iPads available in the home which are very useful, from looking up pictures, to videos, to enlarging text."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The pandemic had meant visitors, trips out and entertainers could not happen. The team decided upon a series of events and activities to help boost people's well-being and keep people engaged and entertained.
- People told us they had plenty to do and there was a range to things they were interested in. One person said, "We won the gardening competition and we have a great singer too, always something to do." We read a statement from another person that said, "There is nothing ordinary about our activities, there is something new every day." Relatives told us they felt there were always activities and events arranged. One relative said, "I've seen these in evidence during visits and from posters, photos etc around the home."
- There were photos and media posts about all the events that people had been participating in. One person wrote a statement that said, "It is lovely getting outside for some exercise, a few months ago I couldn't even walk properly, now look at me." This included gardening competitions, themed days and celebrating key dates. There were also daily activities such as crafts, pampering and quizzes. We saw that there was a pantomime that people and staff both took part in.
- A relative told us, "[Relative] has access to exercise equipment like foot cycle to keep her legs and feet going, excise hand balls, putty etc to keep her hands and fingers going. The home has a program that gives respect, dignity, individuality, it reaches mind body and soul. There are monthly visits from the local Anglican Vicar to do a small service going towards meeting spiritual needs as well. Outside of Covid-19 the home encourages visitors from the local school in groups and parents and children playing, reading letter writing etc. Things that a grandmother or grandfather would do."
- For people who spent time in their rooms or were cared for in bed, one to one time was allocated and activities, such as the Olympics events were taken to people's rooms. One person told us that they were asked to spend time with someone who was in bed but enjoyed chatting. They told us, "I was happy to, I love a chat."
- A visiting professional told us, "They often provide theme days for their residents to keep them mentally in tune such as recently a karaoke session which our GP joined in though not in tune!"

Improving care quality in response to complaints or concerns

- There was a record of any complaints received which included what action had been taken. This was reviewed to ensure the complainant was happy with the outcome.
- Any actions or learning from complaints was shared with staff.
- People and their relatives were happy with how staff responded and felt listened to.

End of life care and support

- At times, people were supported at the end of their lives at the service. Staff received training to enable them to care for people at this time.
- Care plans were in place to help ensure people were able to spend their last days in a dignified and pain free way with their wishes respected. One relative told us, "I understand that [person] is nearing the end of their life but am confident that the staff will continue to look after them in the best way possible, whilst also being compassionate with me."
- The staff team worked in partnership with the local hospice. This had increased staff knowledge

and skills, introduced end of life care champions and reduced hospital admissions. It had meant that people were cared for in a way they chose in a home that was familiar to them. At their request, the staff team have an opportunity coming up to shadow the hospice team at the hospice to further develop learning.

- A healthcare professional told us people were treated with compassion and dignity and there was always a feeling of a safe, caring environment. A professional from the hospice team wrote thanking staff for their dedication and commitment stating it was a pleasure to work with them.

- Feedback from relatives was extremely positive. One wrote, "Prior to coming into the home, [person] had been bedridden. On arrival they were encouraged out of bed every day." Another wrote, "The staff were always loving, compassionate and extremely professional. They were always ready to help me with information. I cannot speak highly enough of them."



# 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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had developed an innovative and collaborative training programme for staff to embed the culture and ethos which placed people at the centre of their care. The training included real scenarios and experiences to help staff better understand how their actions and approach could impact on someone's life. As a result, people were extremely happy living in Ashview. The positive, caring culture embraced by staff working at the home enhanced the life of people living there and put people at the heart of what they do. One person told us they only moved to the home for a trial and they liked it so much they never left.
- The provider understood the importance of having a strong and collaborative staff team especially for people who lived with Dementia to form relationships and trust. They were constantly looking for ways to ensure their homes were well staffed and they were able to upskill and retain staff. Due to their approach, training, ethos and values they shared with the staff they recruited, retention rate was extremely high, which had a positive impact on people. For example, people admitted from hospital with a poor prognosis given by health professionals improved and enjoyed a comfortable life in the home. One relative said, "The care at Ashview has been professional, I believe the care [person] is given has made their last 3+ years as good as they can be. The change in [person] when they moved there was clear, in hospital they had been mostly sleeping, seemed very confused and wasn't in a good way. At Ashview they have been brighter, happier and is kept comfortable." A member of the provider's management team told us, "We have found that implementing training in a holistic manner has had a significant impact on staff morale and retention and this has really impacted on the quality of life of our residents and barriers have been broken down between residents, staff and relatives."
- The management team in the home were leading from the front, continuously looking for ways to improve further. They were role models for staff and champions of a positive and caring culture. This was recognised by people, relatives and staff who told us the home was extremely well-led. One relative said, "When my [person] first moved to Ashview Nursing Home from Hospital the staff did not think that they would make it through the night. With their amazing positive natured, very well trained, patient staff my under [low weight] relative is now [increased weight]. She is very positive, able to walk with a frame assisted by a carer around the garden. She is able to join in nearly every activity." Another relative said, "I consider the home to be very well run. I was impressed that there were no Covid-19 cases at all during the pandemic. All the staff are approachable and knowledgeable. I am kept well informed about my relative, and I believe their needs are met totally by the understanding and caring staff." One staff member said, "[Manager] is great, so engaging, even dresses up to get involved with the activities."

- The manager and the provider created an inclusive and empowering workplace for staff who were involved in every aspect of the service. Staff actively participated in daily handovers detailing updates or changes to people's needs in some cases, and regular meetings where staff discussed all relevant information. This meant that there was no breakdown in communication when something changed as all staff were aware and provided the care people needed.
- While this was the first inspection with the current registration, these were registration changes only as the home and provider had been established for a number of years previous to the change. People and their relatives were very positive about how the changes were managed.

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

- The manager robustly and consistently used the provider's governance systems meaningfully, to help them identify and resolve issues in the home. They took every opportunity to involve people and staff to help find ways of driving improvement. These systems included audits, observations, meetings and checks which were carried out thoroughly looking for every opportunity to improve the quality of the care people received further. Action plans were developed following these checks and actions were signed off when completed. This included the manager reviewing the checks of a senior staff member to ensure it had been done.
- The provider was committed to finding innovative ways to further improve standards and care provision in home. New protocols for recruitment and training helped to embed the desired culture in the homes. Staff felt confident and empowered to provide people with the care they needed and desired. Supporting and valuing the staff team helped staff feel invested in the home and the work that they did. One relative said, "I really do not know how they manage to do so much for the staff [manager and provider]. The staff work with compassion and definitely as a team."
- The impact of these strategies and the managers leadership was evident on observing staff and how they engaged with people and how people responded to them. People were comfortable in asking for help, even when it was repetitive, staff responded every time in a friendly and respectful way. Staff were able to tell us about people in great detail and spoke very fondly of them.
- The management team and staff understood how difficult it was for relatives and people, when visiting could not take place in the last year. They all ensured communication was flawless and they made themselves available to always answer relatives' questions as well as keeping them informed about their loved ones. One relative said, "Office staff are excellent too, I have spoken to [administrator] many times, [Activities organiser] arranges video calls with [person's] relatives in [country], they are also updated on their situation by email. I receive news updates about Ashview from the home." Another relative said, "The management team is approachable and responsive to requests."
- Health professionals visiting the home frequently praised the management team and staff for the quality and safety of the care provided to people. A visiting professional told us, "The home is superbly run. The home has done an amazing job during the pandemic keeping Covid-19 to an absolute minimum and ensuring their residents are safe and protected."

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

- People and their relatives told us the service received was exceptional and distinctive. It was embedded in the whole team to work together and find ways to make the service better through consultation and reflective practice. The culture in the home was about putting people first and creating relationships between people, their relatives and staff. One relative said, "I consider their strengths to be the way the home is run (from management down), the professionalism and compassion of staff, activities arranged. Another important aspect is the relationship I feel I have with staff, I feel listened to/cared about every time I

call or visit, or through emails. I can't actually think of any improvements that could be made."

- People were truly involved in the running of the home and their input was valued. They had meetings regularly to discuss the service and anything they wanted to change or plan for the future. Where suggestions had been made about things people would like or tasks that needed completing, these had been shared with the relevant team for implementing. For example, one person wanted a particular magazine, another had wanted the bird feeders filled up and someone else had commented that the TV was flickering. All these were promptly completed by staff which gave people confidence that their voice was heard.
- Nothing was too much trouble for staff or the management in the home. When people expressed a wish, staff went over and above to grant them even if this meant they had to do additional work. For example, a person loved chickens and asked if the home could get them. The staff team made all the arrangements to make this happen. In addition to the photos of people holding the chickens we saw people expressed their joy. One person pictured with the chicks stated, "I love these little chicks and I think they love me." Another person said, "I love these chickens, they remind me of my childhood on the farm. The small things make such a difference."
- Not everyone in the home could communicate verbally with staff to easily express their thoughts or wishes. In response, the provider introduced an innovative and creative communication tool called 'chatterbox'. The aim was to give staff confidence to start conversations and build relationships with people less able to communicate. In addition to this, 'About me' books were completed to help ensure important information about people and their families was readily accessible to staff and agency staff. Feedback given to the provider about this included, "Mum can no longer communicate, so this is important to us knowing that you all know her as much as her loved ones do. The book speaks for what mum can't say."
- Feedback received from people, relatives, staff and health professionals was an important aspect of the service to ensure rigorous and constructive challenge to the way they did things. In addition to the regular meetings where feedback was received, there was a feedback survey completed annually for people, relatives, professionals and staff. Feedback was listened and used to improve further. Action was taken to ensure everyone who responded to the survey felt their feedback had an impact and purpose. For example, In the relative's survey one of the concerns was that the front and the side access to the home needed need work. This action was completed by adding a new path to facilitate easy access for relatives in wheelchairs when they visited people.
- Staff created opportunities for people to be involved in their local communities. People were involved in fundraising events to help contribute to local charities. Information about fundraising was displayed around the home and one person told us how much they enjoyed being part of this.
- The management and staff truly understood how difficult the winter holiday 2020 was for people, due to not being able to have visitors or enjoy the usual festive events. To try and help people feel part of a festive community the team arranged for a Christmas tree outside the home for the community to come along and decorate. A neighbour had stated, "What a lovely idea, well done."
- The provider was in the process of developing a new welcome pack for people moving into the home. This was being led by a person living at the home who was writing from their experience to help people settle in when they arrive.
- Giving people a role and a purpose in the home was a theme running through the core of the organisation. One person who was keen to be active was enrolled as the home's yoga coach. It was made official with a ceremony and certificate. Staff reported that the person's sessions lifted the mood of everyone who joined in. A statement from the person said, "I really feel like part of the team, being able to participate and coach the session. Feels like before I retired, I can't believe I came to a nursing home and got a job!"
- The service had a 'wishes' tree, and where initially was used to grant wishes of people living at the home this now included staff wishes as well. There was a real effort made to grant people and staff wishes, no matter how big or small. For example, wishes granted for one person who enjoyed getting their hair done for

their birthday and for one person who wanted to sit with the sun on their face. But also, one person wanted a horse themed day and this was arranged. The person wrote to staff, "I can't believe this happened, thank you for making the day so special." Equally staff wishes were also fulfilled. For example, one staff member received a new pair of glasses.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a record of any events, incidents or accidents in the home. The review of these events included if people and their relatives should be informed. When needed, an action was created to ensure information was shared.
- The manager reported all reportable events to us and the local authority. We found them to be open and transparent about any incidents and events in the home.

Continuous learning and improving care

- The provider carried out monthly quality checks with the quality team to ensure there was continuous learning and opportunities for improvement could be taken. Information from these checks and learning across the provider was shared with the home's staff for any required actions to be taken.
- The staff team included champions for key areas within the home. For example, falls, infection control, end of life care, medication and nutrition. The champions were responsible for reviewing issues within their subject lead role and develop solutions to any issues. There was a low number of incidents, falls and adverse events with demonstrated the systems in place were effective.
- The provider and manager demonstrated that they appreciated and valued their staff team. Rewards were given in the form of treats and certificates to acknowledge good care and dedication. Staff told us they were proud to be working at the home and felt supported, valued and respected.

Working in partnership with others

- The manager was open and honest so had ensured that other agencies were informed of any issues arising. The manager had links with various agencies which included the local authority and a local care providers association. The care team had won 2020's Outstanding achievements award with the association which demonstrated the team's dedication and standards of care.
- There had been a recent monitoring visit from the local authority and the monitoring officer had found this to be positive. The manager was working through an action plan to address the areas identified by them as needing further improvement and had made progress at the time of our inspection. For example, ensuring actions were signed off when completed.