Barchester Healthcare Homes Limited

Ashcombe

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

This inspection was unannounced and completed on the 22 and 23 May 2018. At our last inspection in August 2016 we found the service required improvement in the key questions safe and effective. At this inspection the required improvement had been made so the service is rated good.

Ashcombe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashcombe accommodates 31 people in one adapted building. At the time of our inspection 26 people were living at the service.

Ashcombe is a two storey building with a lift to access the upper floor. The home has communal areas such as a lounge and small conservatory. There is a small secure garden and a sheltered seating area at the front of the property with garden furniture.

There was a registered manager in post. 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.

Medicines were managed safely. Registered nurses were responsible for medicines management and were assessed and trained by the provider. People had individual medicines administration records that had been completed in full with no unexplained gaps.

Staff had been recruited safely. There were sufficient staff available to people and staff rotas demonstrated consistency. Staff were aware of their responsibility to keep people safe from harm and told us how they would report any concern. Staff were confident that the registered manager would take appropriate action.

The environment was clean and well maintained. All equipment was serviced regularly and safety systems were checked and tested. Fire systems were tested weekly and staff practiced fire drills monthly.

Risks had been identified and assessed. There were safe systems in place which were reviewed on a regular basis. If people required equipment to keep them safe such as hoists or bed rails this had been sourced and were available.

Staff were trained in a variety of topics relevant to their role and all new staff had an induction. Supervision was provided on a regular basis, all staff we spoke with told us they felt well supported in their role. There were daily meetings for the heads of department and monthly team meetings with minutes produced.

People had regular food and drinks. There was support provided for people to eat if needed. The dining experience was relaxed and unhurried. The tables were laid with tablecloths, napkins and flowers to support

a positive dining experience. The chef served all meals when possible so they could monitor satisfaction levels.

People were supported 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. Where people had their liberty restricted, the service had completed the related assessments and requested the authorisation from the local authority.

The environment had been refurbished and improved in many areas. The registered manager had also submitted requests to improve more areas and was waiting for approval from the provider. Some people's rooms had been updated with decoration and new furniture.

We observed many positive social interactions which demonstrated that staff were kind and caring. People's privacy and dignity was promoted and respected by all staff. Visitors were welcomed and there was opportunity for them to stay and enjoy a meal with their relatives.

People had individual care plans that were person centred and reviewed regularly. Care plans detailed people's needs and how the support was to be provided.

Systems were in place to manage complaints. Any received were logged and investigated. The registered manager shared complaints with the staff team so that lessons could be learned. The service had received a number of compliments from people, relatives and other visitors.

Activities were structured and provided daily. Engagement levels were recorded and monitored for effectiveness and enjoyment. There were two dedicated activities workers who planned and organised activities with the involvement of people. The service had good community links in the local area.

End of life care was provided. People were able to record their wishes for this stage of their lives. Nurses worked with local healthcare professionals to make sure people were not in pain and had all they needed at the end of their lives.

Without exception the feedback about the registered manager was very positive. People, relatives, staff and healthcare professionals were happy with their leadership style and thought they managed the service well. There was an open and positive culture at the service, staff told us they worked together as a team and enjoyed coming to work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were stored safely and administered by staff that were trained and assessed as competent.

Risks were identified, assessed and managed safely. Risk assessments were reviewed regularly.

Staff were recruited safely. There was sufficient staff available to people and levels of staff were consistent. Staff were aware of the different types of abuse and how to report any concerns.

The service was clean and well maintained. Equipment was serviced regularly.

Is the service effective?

Good

The service was effective.

People's needs were assessed and if needed referrals were made to healthcare professionals.

People had access to food and drinks and the support needed to eat well. The dining experience was supported by all staff at the service and was relaxed and unhurried.

Staff were supported with regular supervision and had access to a variety of training.

The environment had been improved in some areas. There were also plans for further refurbishment.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respected their privacy and dignity. We observed many positive social interactions between people and staff.

People told us all of the staff were caring.

Visitors were welcomed to the service with no restrictions. There were refreshments available so visitors could help themselves.

People were involved in their care. There were regular resident meetings which were well attended.

Is the service responsive?

Good

The service was responsive.

People had individual, personalised care plans which were reviewed regularly.

There was a structured activity programme in place for every day. People told us they enjoyed the activities on offer.

The service had a complaints procedure, complaints were recorded and logged with detail of the response.

End of life care was provided with support from local healthcare professionals.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was a visible presence. They were well known to people and their relatives.

There was a positive culture at the service, people liked living at Ashcombe, staff told us they enjoyed working at the service.

Quality monitoring was robust and carried out by the service and the provider to improve quality and safety.

The service worked in partnership with other agencies and had established community links in the local area.

Ashcombe

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.

This inspection took place on 22 and 23 May 2018 and was unannounced. The inspection was completed by two 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. For this inspection their experience was caring for a person who had used nursing homes.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return. This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

We spoke with six people, three relatives, the registered manager, deputy manager, regional director and six members of staff. We reviewed six care plans, three personnel files, training records, supervision records, medicines administration records and other records relating to the management of the service. We spent time observing practice at the service and observed meal times on both days of our inspection. Following our visit we contacted two healthcare professionals for feedback about the service.

Good

Is the service safe?

Our findings

At the last inspection in August 2016 we found the improvement made to staffing levels required time to make sure practice became embedded and sustained. At this inspection the required improvement had been completed.

Staffing levels at the service were consistent and flexible to the needs of people. The registered manager told us they partly used the provider's dependency tool but also monitored people's needs themselves. If people required additional care and support due to illness staffing levels could be increased for a period of time. This made sure people got the support they needed at the time they required assistance. People's comments included, "I have not noticed any time when there is less staff", "There is always someone when I need them", "If I need to call them they are quick to respond", "There seems to be a lot of staff". A healthcare professional told us, "There always appears to be staff around, I have never felt they have been understaffed and always give me enough time when I visit."

Reliance on agency staff was minimal as the service was fully recruited. Staff were recruited safely as the necessary recruitment checks had been completed prior to employment. The service had obtained references from previous employers, a full employment history and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with adults at risk. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people

People and their relatives told us they felt safe at Ashcombe. One person told us, "I have no concerns; they [staff] are very good, very careful." Another person told us, "I do feel safe, I am not good at walking, and I always get the help I need." One person said, "I feel so lucky to be so well cared for." A relative told us, "I feel [relative] is safe and well looked after, if [relative] wasn't happy he would complain."

The service was clean and well-kept with no odours apparent in any part of the building. Staff followed good infection prevention and control practice. There was personal protective equipment available such as gloves and aprons; we observed staff wore them when appropriate. Soiled linen was placed in red plastic bags, soiled waste was disposed of appropriately and staff washed their hands regularly. People told us, "They [staff] wear aprons and gloves and keep the room clean", "Staff wash their hands", one relative told us, "I have seen the staff washing their hands after handling residents." Staff received training in safety related topics such as infection prevention and control, food safety and moving and handling.

The kitchen had been refurbished in 2017 by the provider. Hampshire's environmental health officer had visited in May 2018 and awarded the kitchen a '5' rating. This meant the kitchen had very good hygiene standards. All rooms were deep cleaned monthly and there were cleaning schedules for day to day to make sure all areas of the home were cleaned.

The provider had a lessons learned folder on their intranet which held information on internal accidents and near misses. All staff could access this folder and see the lessons learned which included pictures of the

hazards, information on what happened and what action the provider had taken. Lessons learned were also discussed in the daily stand up meeting between all heads of department and at team meetings to a wider staff team.

Maintenance records were robust and demonstrated the building was well maintained and equipment was serviced regularly. There was a maintenance person employed who supervised external contractors when on site and made sure people were safe whilst works were being completed. Records demonstrated that fire systems were serviced regularly and the service regularly tested water samples for legionella. Safety certificates were available and up to date for gas and electrics. The service tested their fire alarms weekly and held fire drills for staff at least monthly. The registered manager told us there had been more fire drills recently to make sure all newer staff were clear about what to do in the event of a fire.

Medicines were managed safely. Registered nurses were responsible for the administration of medicines. The deputy manager, who was a registered nurse, said that nurses undertook annual refresher training and competency assessments to make sure their practice remained safe. We observed the deputy manager, on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to and their practice was seen to be safe. Medicines were stored safely. The temperature of the medicines room was recorded daily, records reviewed were within acceptable limits.

People had an individual medicines administration record (MAR) which had all the required information about the person recorded. There were no gaps seen on the MAR sheets reviewed. Any handwritten additions or amendments to MAR sheets had been signed by two people. This is good practice as it reduces the risk of transcribing errors.

There were 'as required' (PRN) protocols in place for medicines that were prescribed PRN. Protocols are good practice as they direct staff as to when, how often and for how long the medicine should be administered. This improves monitoring of this type of medicine and reduces the risk of misuse.

Risk assessments were in place where risks had been identified. They were detailed and gave staff guidance on appropriate safety measures. The safety measures included staff intervention and equipment required. For example, one person had been assessed for moving and handling support and their risk assessment stated they required a hoist, sling and two members of staff for all transfers. We observed staff using this equipment safely to support this person to transfer. People who were assessed as being at risk of developing pressure ulcers had been supplied with appropriate pressure relief equipment such as air mattresses and cushions. Air mattresses we checked had been set at inflation pressures appropriate to their weight. This meant people had equipment that was appropriate for their needs to keep them safe.

Behaviour support plans were in place where needed to give staff guidance on how to provide support. There were clear strategies in place where required which had been reviewed monthly. Strategies varied depending on people's preferences and needs. One person found personal care difficult at times. The behaviour support plan informed staff that singing a song with the person often helped the person relax and connect with staff. This strategy worked for this person, incidents of distress during personal care had been reduced.

Staff we spoke with told us the different types of abuse and the indicators of abuse. They were clear about how to report any concerns and told us they were confident the manager would take appropriate action. Records demonstrated that all staff received training on safeguarding including domestic and kitchen staff.

Good

Is the service effective?

Our findings

At the last inspection in August 2016 we rated this key question as requires improvement. We gave the service a recommendation that they seek advice and guidance about developing a more dementia friendly living environment. At this inspection the service had made the required improvement so this key question is good.

There had been many improvements made to the environment which benefitted people living at the service. Moving and handling equipment was no longer being stored in the corridors and handrails had been put in place in all corridors. This meant that people could walk around the building independently if they wished. There was pictorial signage around the service so that people could locate areas more easily. For example, there were pictorial signs on all communal toilets and bathroom doors which clearly indicated what the room's function was.

A lounge area had been created upstairs which also included a small kitchenette area. This meant people had a communal space upstairs to use for any reason such as meeting with their visitors. There were also facilities for visitors to make drinks if they wished. Carpets in corridors had been replaced and some rooms had been refurbished. A care office had been created so that care records could be stored securely and staff had a room to store small care related equipment. The care office also gave visiting professional's space to record their visits and discuss follow up treatment with staff.

New staff were supported with an induction and given an induction folder to document their progress. The provider's induction incorporated the care certificate. The care certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. Inductions included online learning, face to face learning, shadowing more experienced staff and discussion with a mentor. New staff were also assessed for competence in practical skills such as moving and handling and supporting people to eat and drink. Once all elements of their induction had been completed the registered manager signed off staff as competent. A member of staff told us, "My induction gave me a good background to the home and Barchester."

Staff had the opportunity to access a range of training courses and were supported with supervision on a regular basis. Supervision is a formal process which gives staff the opportunity to discuss topics such as training needs, any concerns or additional support they may need. All staff had participated in an appraisal process. The registered manager had recently completed all appraisals with support from the deputy manager. This is an annual process which supports staff to reflect on their performance and discuss their on going development in their role.

Nurses at the service were supported by the registered manager and the provider. A regional clinical development nurse visited the service monthly to support nursing practice. They offered nurses support, helped with clinical assessments or auditing and made themselves available to offer guidance if needed.

People were assessed prior to moving into the service so the senior team could identify if the service could

meet people's individual needs. Assessments were on going and if needed referrals were made to healthcare professionals. One person received their nutrition through a percutaneous endoscopic gastrostomy tube (PEG). This was a tube, which has been passed into a person's stomach through the abdominal wall. People have PEG for a number of different reasons, but mainly it is because people are not able to eat or drink orally. They had a detailed care plan which included a copy of evidence based NHS guidelines along with their feeding regime supplied by a nutritionist. The service was supported by local GP surgeries. A community matron visited weekly to monitor health and well-being. This meant that people's health needs were well supported by healthcare professionals.

There was a meeting every day at 10.30am. Heads of department would meet to discuss day to day activity such as admissions, discharges, planned maintenance works, activities and complaints. If people were moving into the service their needs were briefly discussed and the plan of admission was made known to all departments. We observed this meeting on both days of our inspection. All departments were represented and involved in discussion.

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. We found the service was working within the principles of the MCA. Mental capacity assessments had been completed and there was evidence of best interests meetings. The meetings documented a range of options that were considered as part of the best interest process.

People can only be deprived of their liberty so that they 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 are called the Deprivation of Liberty Safeguards (DoLS). The service had applied to the local authority for DoLS authorisations as appropriate.

People had regular meals and drinks provided and could also have snacks whenever they wished. We observed meal service and saw it was relaxed and unhurried. There was a whole home approach to providing support during meals. This meant that all free staff came to offer support including the administrator, the registered manager and activities workers. People told us they enjoyed the food and the dining experience. One person said, "It is a good dining experience, the tables are laid nicely, I am asked each day what I would like to eat and there is plenty of choice." Another person said, "If you don't like the choice on offer there are other options, the food is marvellous." Another person told us, "The food is very good, there is lots of choice. Drinks are readily available including wine at lunchtime for those who like it."

Chef was aware of people's individual dietary needs and met with them on a regular basis to discuss their preferences. Food was a regular agenda item at resident meetings where people had opportunity to put forward ideas for meals. On the day of our inspection dessert was bread and butter pudding. The chef told us this was a result of discussion at a residents meeting, they had requested this dessert on the menu. Meals were served daily by the chef so they could monitor people's choice and consumption. They told us they met with the deputy manager weekly to discuss people's needs, weight loss and changes to diet. For example, if people developed pressure ulcers the kitchen would provide a fortified diet to support healing. This is a diet that has had additional nutrients added through foods such as cream, butter and milk powder.

Good

Is the service caring?

Our findings

People we spoke with were happy with the staff at Ashcombe. Comments included, "I know all of them [staff] and love them very much", "Marvellous staff", "Staff are lovely" and "They [staff] are always very good to me", "Staff are kind, caring, helpful, happy and smiley", "Excellent staff, very pleasant and helpful".

People and their relatives were complimentary about the home. One person told us, "I love it here; I really couldn't have picked a better place." Another person told us, "It is marvellous, I have been here three years, and nothing is too much trouble." Another person said, "The home is cosy and comfortable, it is not too big." One relative told us, "We looked at a couple of other homes, they were not up to the same standard, and they are very obliging here." A healthcare professional told us, "The home is well presented and very welcoming. The staff are very friendly and I feel I have a good rapport with all of the nursing staff."

People were supported to maintain relationships that were important to them. There were no restrictions on visiting and we observed family and friends visited throughout the day. Relatives were welcomed to stay and enjoy a meal with their relative with no charge. There was an area in the front foyer where relatives and other visitors could help themselves to fresh coffee and cake.

Staff treated people with kindness. A relative told us, "All the staff here are kind and caring." One person told us, "Staff are always very kind, it is excellent care, they listen and spend time chatting with me, they always take time with me." We observed positive interactions between people and staff. Throughout the inspection we were able to observe all members of staff treat people with kindness and compassion.

Staff spoke to people respectfully and used preferred names. When communicating staff always spoke to people at eye level, they used appropriate touch as a reassuring gesture. For example, one person was becoming a bit anxious in the lounge area. A member of staff approached them, sat down next to them and put their hand on the person's arm. They spent time talking to the person and explaining what was happening. The person became reassured and was comfortable talking to the member of staff. One person told us, "The staff are brilliant here they talk to you on your level."

People's dignity was maintained by all of the staff team. The service had cards which staff hung on the door handles of rooms to alert others that they were busy inside providing personal care. This made sure that visitors, staff or other people respected this time. There were privacy screens in communal areas which we saw in use when a district nurse visited. People had a choice to see healthcare professionals in their room or if they preferred they could stay where they were sitting and have a screen around them. One person told us about their initial embarrassment at having support with personal care. They said, "I didn't want them to wash me to start with, it was embarrassing. But the staff treat me with dignity, now I don't mind at all, the staff are smashing and wash me every day and cream me."

People's privacy was respected. We observed staff knocking on the doors of people's rooms before entering and people told us staff always knocked on their doors. Comments included, "The staff always knock, they keep the door closed when helping me with personal things", "They [staff] will knock before coming in",

"They not only knock they wait for me to say come in". People's confidential information was stored securely and only authorised staff had access to records.

Staff demonstrated good knowledge of people's needs and had time to spend with people. One person told us, "The staff here are very aware of my likes and dislikes." Another person told us, "They [staff] have got to know me well." Another person said, "They [staff] are very attentive, If I'm in my room they will ask if there is anything I need, we have very good staff." A relative told us, "The care they provide is excellent, they [staff] have time to chat to her all the time." There was a key worker system in place which meant people had an identified member of staff to develop a relationship with. Key workers had specific responsibilities such as helping people to tidy their room, take care of clothing and make sure people had toiletries. The registered manager told us they tried to match people with staff based on interests and personalities. They told us that some people had requested a specific member of staff based on time spent working together.

People were involved in their care. There were monthly 'residents meetings' where any issues, concerns or activity could be discussed. There were minutes recorded of the meetings and we saw discussion included ideas for future activity, food and noise at the service at night. One person told us, "We discuss all sorts of things at our meetings, If there is something that needs looking at it is dealt with straight away." One person told us, "The staff are always willing to listen and discuss things." One relative told us, "I have no doubt that people's views are listened to."

There was a resident of the day system. Every day one person was identified as being the resident of the day. This meant they were the focus of a full review of all aspects of their care. People were involved in this process and able to feedback about things that were important to them. All heads of department visited the resident of the day for their feedback for their area of service. For example, one person had chosen the menu options for the day, food that was particularly enjoyable for them.

Respect was demonstrated by all staff at the service. People were spoken to respectfully and choice was promoted. People were asked where they wanted to spend their time, where they wanted to sit, what drink they wanted and what they wanted to eat. If people struggled to make choices staff supported them in different ways. At mealtimes we observed staff offering people a choice visually. They showed people both plated options so that people could visually see the options and smell it. Staff did the same with drinks. Staff sat with people and explained to them what options were available taking the time to make sure people understood. One person told us, "The staff are very respectful, nothing is too much trouble." Another person told us, "I have to say the staff here are very respectful, they help me to do things and make choices for myself."

Good

Is the service responsive?

Our findings

People were assessed prior to moving into Ashcombe. One person told us, "The staff did a full assessment when I first came in." The assessment was used to compile the initial care plan and then reviewed monthly by the nursing team. The care plans were detailed and covered a range of needs such as personal hygiene, mobility, pain management and cultural, spiritual and social values.

People's nursing needs were recorded with detailed supporting documentation. For example, one person had a wound which had been photographed with consent. There was a wound treatment plan, progress notes and evaluation of healing. Where people had specific health conditions, we saw that additional guidance was available. For people who were diabetic we saw that the service had detailed guidance on what to do if blood sugars dropped below certain levels or were too high. People had parameters in place identifying what was a concern for them and what action the staff should take. This gave clear guidance to the staff on what to do if a person who was diabetic became unwell.

In addition to detailed care plans people had a 'well-being observation record' file in their room. This contained checks that were carried out relating to how the person was feeling, positional changes, pressure mattresses, call bells and bed rails. Those seen had been fully completed. These documents were checked and signed by care assistants, senior carers and the registered nurse at the end of each shift. If people had food and fluid monitoring charts in place these were recorded in full and audited daily by the nursing staff.

The service used a pain assessment tool to monitor pain for people who may not be able to express pain. These were completed by the nursing staff so that appropriate pain relief could be given. A healthcare professional told us, "The nurses are always responsive to need and if there are concerns they immediately contact the surgery for advice."

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. People's care plans contained assessments of communication needs. This informed staff what people's specific needs were around communication and the appropriate interventions. For example, one person had a communication care plan which informed that the person was able to verbally communicate but was partially sighted. The staff were required to introduce themselves to the person when they approached. All information given was to be in large font. The registered manager told us they prepared documents in a larger font for other people and could do other formats if needed such as pictures.

There were posters around the service informing people of the activity plan and a large activity board by the downstairs lounge which was a pictorial aid. The board had all the activities on for the week both in text and a picture. This meant people and their visitors had a visual point of reference to inform them of what was happening on any given day at the service.

Structured activities were provided every day. There were two dedicated activity workers who co-ordinated

a range of activity and events. People told us they were happy with the activities provided. Comments included, "I like the musical sessions, singing and going out", "There is usually something going on and people from outside come in", "I knit a lot of dolls clothes with help from staff", "There is always lots going on", "There is plenty to do if you want to". One person told us, "There is a full programme every day and the staff will remind us so we can attend." In addition to the structured activities the staff had time to spend with people. For example, during our inspection the weather was warm and sunny. Staff were observed taking people out onto the patio area and sitting with them in the sunshine.

Activity records were kept which recorded people's attendance, mood, well-being, interaction and engagement levels. These were used to evaluate the effectiveness of each activity and determined future planning. The activity worker explained that a low score did not necessarily mean that they would remove that activity from the plan. It may mean that people required different support to engage. This meant that people had the support they needed to participate in activities.

Systems were in place to manage complaints. The registered manager kept a complaints log which recorded each stage of complaints received and the action taken to resolve them. People knew how to complain but told us they did not want to. Comments included, "I have never had to complain", "I haven't found anything to complain about", I would complain if I needed to but so far nothing", "Never had a need to".

The service was providing end of life care. People were able to record their wishes for this stage in their life and make choices. For example, people could choose whether to remain at Ashcombe; they had made choices about what they wanted to happen during their last days and who they would want present. One person who was nearing end of life had interventions carried out to ensure they remained comfortable. They had a drink and call bell within reach and records indicated that staff were checking them hourly and that there position was being changed regularly. They had been recently reviewed by the GP and appropriate pain relief medicines were prescribed.

The service had received a number of written compliments and thanks for their end of life care. Relatives had written comments such as, 'There are special people in the world and all the staff are that. Thank you for the care, love and good times you had with our dad'. Another had written, 'I can't thank you enough for all the care and kindness you have given [relative]. All the staff showed him respect and dignity'. A relative had written, 'I wanted to thank you for the way that you looked after [relative] in the last few weeks of their life. Your staff were very patient and attentive to [relative]'s needs and we are truly grateful'.

Good

Is the service well-led?

Our findings

Without exception the comments about the registered manager were positive. One person told us, "She [manager] is approachable and runs this well." Another person told us, "She runs Ashcombe for the residents, I would not want to be anywhere else." Another person said, "She is marvellous, very attentive, a good listener and calls everyone by their name." Another person told us, "She is lovely, always available for a quick chat, it is very well run here." A relative told us, "The manager is very approachable and it is an open door policy." Another relative told us, "Management get involved and know the residents by name, it is very good here."

The registered manager introduced us to people and showed us around the service. It was evident that they knew people well and had good relationships with people, their relatives, staff and visiting professionals. They interacted with people demonstrating kindness and an understanding of people's needs, wishes and preferences. People were relaxed and comfortable in their presence and able to talk to them easily about things that were important to them. A member of staff told us, "The manager is good for the home, she looks after everyone." A healthcare professional told us, "I have to say [registered manager] is one of the best managers I have worked with in the local area. She is an asset to the home and is so incredibly caring. She is a pleasure to work with."

There was a positive and open culture at the service. The registered manager told us they operated an 'open door' policy which meant people, relatives, staff and professionals were welcomed at any time. The registered manager was a visible presence in the service and walked around the home every day. Staff told us they felt well supported by the registered manager and their colleagues. One member of staff told us, "It is an amazing team here, no-one ever says no, everyone is always happy to help each other." Another member of staff told us, "I wake up and I want to go to work, I love coming to work."

People we spoke with were happy living at Ashcombe. Comments included, "Would definitely recommend this home", "They look after us very well", "I am really happy here", "Very nice staff and a good environment" and "It is very much my home, it is good in every way". The service worked in partnership with other agencies to improve the service and ensure sustainability. The registered manager had developed good relationships with local authority workers, healthcare professionals and had established partnership working with teams at the local hospital.

The service had established community links. Services that people were not able to easily access were brought into the home such as chiropodist, library and hairdresser. People accessed their local church for religious services but a group of people also visited their local church every week for a cream tea. This was a social event. At celebratory events such as Christmas and Easter local school children visited to sing carols and join in with activities.

Feedback was sought via resident meetings, reviews and surveys. One person told us, "We have residents meetings and they always ask how we feel about things on a regular basis." Another person told us, "They did have a residents meeting but I could not attend, they did however come and see me and see if there was

anything I wanted to discuss." Another person said, "I am frequently asked what I think and if I am happy." There was a suggestion box in the foyer with cards so people, relatives and other visitors could give feedback.

There was a 'you said, we did' board in the front foyer. This gave people and visitors information on feedback received and the action the service had taken in response. Feedback received had been to have more chairs available in the lounge area and more day trips wanted to the local garden centres. In response the service had ordered more chairs and borrowed a mini bus to provide trips out.

Quality monitoring was comprehensive and completed for a range of areas across the service. Audits were completed by staff working at the service. The deputy manager was responsible for carrying out clinical governance audits and reviews covering medicines management, care profile documentation, tissue viability and weight loss each month. Audits seen were comprehensive and had been fully completed. Outcomes and actions taken in response to findings were uploaded onto a home central action plan. This plan was used to drive improvement in all areas. The regional director checked this plan and made sure actions had been completed. If they were not satisfied with action taken they could ask for it to be repeated before closing the action.

The provider also completed audits in a variety of areas. There was an overarching audit completed by a member of the central quality team. There was a report of the findings which demonstrated a robust check of systems and processes. In addition the provider's local training officer visited the service to complete observations of practice. There were monthly observations of the dining experience, activities provided and staff practice. The registered manager visited the home at night and at weekends to monitor the service. They told us that this supported night staff and gave the service a management presence on a weekend.

Team meetings were held monthly where results from audits could be shared with the wider team. Minutes were kept for each meeting and we could see items for discussion included infection prevention and control, falls, privacy and dignity and out of hours support. The registered manager told us they aimed to expand team meetings into social gatherings. They provided staff with ice-creams or pizzas to eat at a team meeting to thank staff for their hard work.

Provider values were evident at the service. Posters were displayed which asked that staff 'Know and live our values'. Staff we spoke with were aware of the values and how they applied to their work day to day. Values were included on the agenda at all team meetings and discussed. The provider produced an employee newsletter which updated staff on provider news and activity.

The team at Ashcombe were diverse from different backgrounds and cultures. The registered manager told us they tried to celebrate this diversity by supporting each other. They had made a note of important celebrations for the different cultures. They told us they tried to make sure staff were able to take time off if they wanted to celebrate with their families. The chef cooked food from different countries so that people and staff felt included. A member of staff told us, "There is really good teamwork here, we are treated equally, we are all part of the team." Another member of staff said, "We help each other, we communicate really well, I have never felt excluded."

The provider completed annual employee surveys which are used to drive improvement across locations. The results from 2017 were available and showed high levels of satisfaction, all bar one area scoring over 80%. Staff were able to access a number of reward schemes and awards. For example, one award is the employee of the month award. People, relatives, staff and professionals could vote for a member of staff they felt deserved employee of the month. The person with the most votes won the award which included a

monetary voucher.