Stockdales Of Sale, Altrincham & District Ltd

Ashton Lane

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

We inspected Ashton Lane on 02 and 03 February 2016. Due to the nature of the service we contacted the registered manager the day before the inspection so they could let the people who lived there know we were coming. At the last inspection on September 2014 we found the provider met the regulations we looked at.

Ashton Lane is a care home for six people with physical and learning disabilities. There is a parking area to the front of the building and an enclosed garden to the rear. The accommodation is over two stories with a lift to the first floor. All of the bedrooms are single. There is a communal kitchen, a dining room, a sitting area with conservatory and a shared bathroom on each floor.

The service had a registered manager. 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.

Family members told us that they felt their relatives living at the home were safe. Staff understood about safeguarding vulnerable people, had received safeguarding training and said they would report any concerns.

There were enough staff on duty to meet people's support needs and to provide activities for them. People's access to activities was excellent; we saw that they were supported to get out and about in the community and to pursue hobbies they enjoyed.

The home undertook risk assessments for all aspects of people's care and support. Equipment used to support people was well maintained and regular health and safety checks of the premises were made.

People's medicines were well managed by the service. Support staff administering medicines and undertaking other clinical tasks had been trained and assessed for competence.

Staff received the training they needed to support the people safely.

Support workers had a good working knowledge of the Mental Capacity Act (MCA) and how it affected the people using the service.

People were supported to eat a healthy diet. They were involved in choosing meals, shopping for food and in meal preparation. Staff tried to ensure that the dining experience was person-centred so that individuals were supported to have meals in the manner they preferred.

Relatives and other healthcare professionals involved with the service said that the support staff were caring. Support staff we spoke with knew people well as individuals. We observed staff interacting with

people with warmth and humour and found there was a relaxed and friendly atmosphere at the home.

Staff promoted people's independence by giving them choices. This included supporting them to choose activities and holidays.

People's support plans were comprehensive and very much person-centred. Support plans contained details about how people liked to communicate and be supported in all aspects of their care.

We saw that care files were regularly reviewed and updated as people's needs and preferences changed. People and their relatives had an annual meeting with support staff where their achievements for the year were celebrated and new goals and aspirations were discussed.

The language used to describe people in their support plans and in other written records was at all times warm and positive. We saw that support plans were 'living documents' which were used by staff to ensure the support they provided was individualised and met the person's preferences.

People were provided with excellent opportunities to take part in activities which were person-centred. Their enjoyment of new activities was evaluated to ensure they were only supported to do things they liked.

The system of audit and monitoring at the service was impressive. Staff at all levels, from support workers to the chief executive officer (CEO), were accountable for people's safety and well-being. The service had also developed a collaborative approach to reviewing and updating its policies and procedures.

The service had an open culture. People, their relatives, staff and other healthcare professionals involved with the service were asked for feedback on their experience. People also had residents' meetings and the opportunity to meet regularly with the CEO.

Support staff worked as a team to improve the service for the people. Support workers from all the provider locations met regularly with the CEO to share good practice and discuss ideas for improvement.

The home had developed effective partnerships with other local organisations and businesses in order to increase people's opportunities to access activities and the community.

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.

Relatives told us they felt that people at the home were safe and we observed that people seemed happy and relaxed in the company of staff.

Risk assessments were in place at the home and equipment had been checked to make sure it was safe. All aspects of people's care and support had been risk assessed.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

We saw from records and staff told us they were trained appropriately to care for and support people who used the service.

The service was meeting the legal requirements relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff knowledge of the legislation was good.

People were supported to eat a healthy and varied diet. They also went shopping for food and helped prepare meals with staff.

Is the service caring?

Good

The service was caring.

Relatives said staff were caring. We observed staff treated the people with dignity and respected their choices. The atmosphere at the home was warm and friendly.

Staff knew people well as individuals and could describe their likes, dislikes and personalities.

Staff described how they tried to promote people's independence by encouraging them to do as much as they could themselves and by providing them with choices.

Is the service responsive?

Good

The service was responsive.

People's choices and preferences were used to create their support plans. Each year people's achievements were celebrated with them and their families. There was a novel approach to how people's support plans were reviewed.

People had excellent opportunities to take part in a wide range of activities based upon their personal preferences. People's relatives and other healthcare professionals we spoke with confirmed this.

People's support plans were 'living documents' used by staff on a daily basis to understand people's needs and provide person-centred care.

Is the service well-led?

Good

The service was well-led.

There was an impressive system of audit and monitoring that involved staff from all levels of the organisation. It made each employee accountable for the quality of the service people received.

People, their relatives and staff were actively encouraged to feedback on the service. People and staff also had regular opportunities to meet with management to suggest improvements.

The provider had worked hard to develop partnerships with local businesses and charities so that people's ability to access to the community to take part in events and activities could be improved.

Ashton Lane

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 02 and 03 February 2016. We telephoned the registered manager the day before the inspection so that she could let the people living at Ashton Lane know we were coming.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service and we spoke with other healthcare professionals involved with the service after the inspection. This included the local authority safeguarding team and clinical commissioning group, Healthwatch Trafford, a social worker who was involved with people using the service and two members of the local community learning disabilities team. None of the organisations we consulted had any concerns about the service and the health and social care professionals directly involved with Ashton Lane gave us positive feedback.

During our inspection we spoke with the registered manager, the operations manager, the deputy manager and four support workers. Due to the complex care needs and unique communication styles of the people who lived at the home, we were unable to ascertain their views about the care they received, so we spoke with four of their relatives.

During the two days we spent at the home we observed the care that people received and the way that staff interacted with people. We looked around the building including in bedrooms, the bathrooms and communal areas. We also spent time looking at records, which included two people's care records and documents relating to the management of the service.

Good

Is the service safe?

Our findings

Due to the unique communication style of people using the service we were unable to obtain verbal feedback about how they felt about living there. Instead we observed the way that support workers interacted with the people and we spoke with their relatives. All the relatives we spoke with said they thought that their relative who used the service was safe. Relatives told us, "Yes, I think [name] is safe there", "Safe? Oh yes, absolutely", and, "Yes, definitely. You know when something's wrong and we don't get that feeling when we go. [Name] is happy."

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Support workers could describe the forms of abuse that the people using the service could be vulnerable to and said they would report any concerns to their manager. Two members of staff said that if they were not satisfied with the outcomes of an investigation, they would escalate their concerns to the local authority and Care Quality Commission (CQC).

Safeguarding policies and procedures were in place at the home; this included an 'easyread' explanation of what abuse is and how to report concerns. 'Easyread' is a written format designed to present information to people with learning disabilities so that it is easier to understand; sentences are usually short and text is accompanied by pictures.

Each person needed the assistance of two support workers for most aspects of their care. We asked people's relatives if they thought there were enough staff to support the people using the service. They told us, "When I go there's always at least six (staff on duty)", "Yes, oh yes, there's enough staff", and, "Sometimes there seems to be more staff than people."

Three relatives mentioned that there had been a turnover in staff at Ashton Lane. One relative said, "Sometimes staff keep changing", and another said, "Sometimes when I go I don't recognise the staff." We asked the operations manager about staff recruitment. They explained that three new members of support staff had been employed in the second half of 2015; this took the number of support staff at Ashton Lane to 17. When asked, the relatives said all the support workers they observed caring for their family members knew the people very well and could meet their needs.

Our observations of the support people received and the feedback from people's relatives, the staff at the home and visiting healthcare professionals, showed that there were sufficient staff employed to meet people's needs.

We looked at the recruitment procedures in place to ensure only staff suitable to work in the caring profession were employed. The registered manager told us that the people who used the service were involved with interviewing new staff, as the first stage of recruitment involved inviting prospective employees to the home to spend time interacting with the people. Applicants who people responded well to were then invited for a formal interview.

When we checked the recruitment records for three members of staff we saw that all had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. The personnel files we looked at contained a copy of the original application in which any gaps in employment were explained. Each file also contained two written references obtained before the staff member started work.

Each person living at the home had a detailed Personal Emergency Evacuation Plan or PEEP in their care file. PEEPs provide instructions on how to evacuate a person from the building in an emergency. We also looked at the records for gas and electrical safety, for water testing and for fire and manual handling equipment checks. All the necessary inspections and checks were up to date which meant that the facilities and equipment used were safe.

The service had a detailed contingency plan for various emergency situations, for example, fire, flood and loss of electricity supply.

People's care files contained risk assessments for various aspects of their care and support. These included moving and handling, bed rails and other bed safety equipment, bathing and showering, travelling, neglect and abuse, and medicines. The registered manager told us the service had a positive risk-taking approach, in that people were supported to take risks if they could be mitigated or the benefits were justifiable. Examples of this were taking the people on a canal barge holiday, taking one of the people out in the wind and rain because they liked it and supporting people to holiday with their families. This showed that the service was mindful of the risks of providing care and treatment but also supported people to take risks if they could be managed appropriately and benefitted the people.

During our inspection we looked at the systems that were in place for the receipt, storage and administration of medicines. All of the support staff who administered medicines had received training in 2015, which involved an observation of their competency. Support staff had received training to support people with the administration of oxygen and the use of suction, when needed. These skills were also regularly assessed by observations of competency which were documented. This meant that staff had received the appropriate training to administer medicines and had been assessed in terms of their practical skills.

We saw that medicines were stored and administered safely. Medication administration records were up to date with no gaps in recording. A 'hints and tips' file accompanied the medicines folder; it included detailed person-centred instructions on how each person liked to receive their medicines. We saw that topical medicines, such as creams and lotions, had body maps and cream charts to show where and how often they should be applied. People also had detailed medicine protocols for 'as required' medicines. 'As required' medicines are those administered to a person when they feel they need them, rather than on a regular basis. This meant that medicines administration was person-centred and people were receiving their medicines as prescribed by their GP.

We found that people spent time away from the home staying either with relatives or being supported to go on holiday. The deputy manager told us they had a system for managing medicines when people were away from the home.

During the inspection we found the home to be clean and tidy. Relatives told us that the home always appeared clean and smelled fresh; one relative said, "It's clean and tidy", and another said, "Yes it smells fresh and clean."

Good

Is the service effective?

Our findings

We asked people's relatives and other healthcare professionals involved with Ashton Lane if they thought the support workers were well trained. Relatives told us, "Yes, the staff are well trained. There's always someone I can talk to and staff can always answer your questions", "The staff they know what they're doing." A healthcare professional said, "The quality of the training makes the service good."

Staff told us they received regular training. Records showed that staff had attended various courses, including safeguarding, disengagement techniques and conflict management, health and safety, food hygiene, manual handling and infection control. The registered manager had completed a training assessment for each member of staff for 2016 to identify which courses they needed to attend in the coming year. This meant that the service provided support staff with regular training relevant to their roles and relevant to people's needs.

The service was signed up to the Care Certificate for employees joining the service who were new to adult social care. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

We discussed the induction process with the operations manager. They told us that the induction process lasted three months and consisted of an initial ten day period working across all the homes run by the provider, followed by a week of shadowing existing staff at Ashton Lane plus the completion of mandatory training. We checked the records of a support worker employed six months earlier and found documentation which concurred with this description of the induction process.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called Deprivation of Liberty Safeguards (DoLS).

We saw that all the correct mental capacity assessments were in place for each of the people and DoLS applications had been submitted to the local authority.

Under the MCA, people who lack capacity should be supported to make their own decisions whenever possible; if they cannot provide their consent, healthcare professionals can make decisions for people in their best interests. Support workers we spoke with could describe how the MCA and DoLS impacted on the people living at Ashton Lane and gave examples of how they obtained people's consent prior to supporting

them. One healthcare professional involved with the service that we spoke with told us, "The service is involved and interested in capacity and best interests. That's a strength. They are very aware of the Mental Capacity Act." This meant that support workers had a good working understanding of MCA and supported people to make their own decisions, when possible.

By observing the care during the inspection we saw that support staff gained consent from people before providing any support. For example, before people were assisted to move with manual handling equipment and before assisting people with food and drink. This showed us that support workers made sure people were in agreement before support was provided.

Support workers told us that they received regular supervision and an annual appraisal. They also said that they felt supported by the operations manager and registered manager. We looked at appraisal and supervision documents for three members of support staff.

Some people using the service received food through a percutaneous endoscopic gastrostomy or PEG tube. We saw in their support plans that each person had been prescribed the amount and type of food they received and records of administration via the PEG had been kept properly. The other people who used the service ate food prepared by the support staff. On the days we visited we saw the fridge was well stocked with fruit and vegetables and support staff made food from fresh ingredients and prepared it to people's specific needs.

In the kitchen we saw that there was a book where staff had added their own recipes and stuck in those cut from magazines. There was also guidance on healthy eating in a food file and a log of all of the meals people had eaten plus an evaluation of how much they had enjoyed it. We saw from the log that most meals consisted of healthy food options, such as vegetables, fish, rice and fruit, but there were also less healthy meals, such as takeaways and burger and chips. One of the managers said, "People here like takeaways just like everyone else." Support staff also used the food evaluations to plan meals, to ensure that people did not receive foods they did not like; one support worker said, "We get the people involved and look back to see what they've had and enjoyed." The food file also contained detailed information on each person's food likes, dislikes and preferences. This meant that staff at the home knew the foods people liked and disliked and there was a system in place to evaluate meals to ensure they were provided with foods that they would enjoy.

We asked people's relatives about the food at Ashton Lane. One relative said, "They have takeaways", and another said, "They're very careful with food and diets", and then added, "[Name] enjoys the food."

We observed people's dining experience and ate one meal with the people using the service. Support workers first assisted the people to eat their meals and then some people chose to stay at the table while the support workers ate their meals. The registered manager said that people were asked if they would like to eat in the dining room or if they would prefer to be supported to eat in a different room. During our inspection we observed that at one meal all of the people ate together, and at another, one person ate separately as they wished. This meant that people were supported to eat in the way that they preferred.

We saw from observation and from support plans that the people who used the service had complex health needs which required input from a range of healthcare professionals. In the two support plans we looked at we noted individuals had been seen by a range of health care professionals including GPs, opticians, dentists, a physiotherapist, chiropodists and other specialist healthcare professionals. Visits were recorded in the daily records for each person and upcoming appointments were recorded in their care files.

One relative told us, "[Name] sees a GP if [they are] poorly. [They] also see a chiropodist and dentist", a second relative said, "If [name] has any problems they refer [them] to [their] GP."

Good

Is the service caring?

Our findings

We asked people's relatives if they thought the support workers at Ashton Lane were caring. One relative told us, "Yes, they love [my relative] to bits", a second relative said, "Yeah, they're nice people, they're all there for the right reasons", and a third replied, "Yes, it's the general approach. I don't know how they do it." Other comments people's relative made included, "It's quite welcoming. I get a greeting and offered a cup of tea."

We observed the care and support provided during our inspection and saw that staff were warm and friendly and interacted using humour when it was appropriate. We asked support staff for examples of how they respected people's privacy and dignity. One member of staff said "Closing bedroom doors to keep them private", another support worker said that they knocked on people's bedroom doors and announced who they were before entering the room. A relative we spoke with agreed, saying, "They always knock on people's doors. If I'm there to see [my relative] they knock"; during the inspection we also observed that this was the case. A second relative we asked if the staff promoted privacy and dignity answered, "I know they do." Another support worker we spoke with described how they would close windows when supporting people with their personal care, they said, "Just because I'm warm doesn't mean they are", they then added, "I have respect for these people and treat them as individuals."

We also saw a section in people's care files called 'what dignity means to me', which listed the actions support workers could take to promote the person's dignity. These included a regular haircut, support to shave and brush teeth and being prompted with continence care. The home was also accredited under the Dignity in Care scheme by Trafford Council; Dignity in Care awards recognise care providers willing to go the extra mile to make sure people are treated in a dignified and respectful way. This showed us that the service promoted people's privacy and dignity.

All around the home we saw many photographs showing the people enjoying activities or on holidays. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings and that each had been decorated according to the person's taste. Rooms were clean and tidy which demonstrated staff respected people's belongings.

We asked the support workers to describe the people living at Ashton Lane. We found that they knew people's likes and dislikes, their preferences, their personal histories and important family members. People's relatives told us that the support staff knew their family members very well and other healthcare professionals involved with the service agreed. One healthcare professional told us, "They know the service users very well. Some staff have been there for some time. That's always beneficial." This showed us that support workers formed good relationships with the people they supported and knew their individual likes, dislikes and preferences.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and their hair had been brushed or combed. A support worker told us that people went to shop for their own clothes and other personal items with staff.

As part of the inspection we asked support staff how they promoted people's independence. All of the support staff we spoke with described how they provided people with choices, for example, what to wear, what activities to take part in and what to eat and drink. We observed this during the inspection and one healthcare professional who visited the service said that they had also observed staff providing people with options and choices. One support worker told us, "It's about seeing people as people, with the same rights as everyone else." This staff member went on to say, "It's important to make sure staff don't slip into doing things for people because it's quicker", and gave the example of encouraging a person to put their arms through jumper sleeves and asking them to help hold and guide a spoon when being assisted to eat. This showed that support workers tried to maintain and promote people's independence.

The six people living at Ashton Lane each had family members involved in their care who would advocate on their behalf when necessary. The registered manager explained that the care each person received had been reviewed in the last few months by the funding bodies involved and that part of this review was whether people needed to access advocacy services. She also said that support workers advocated for people, for example, when accompanying them to healthcare appointments by asking questions on their behalf and by supporting people to feedback on the quality of the care and support they received.

Good

Is the service responsive?

Our findings

We looked at the care files of two people who used the service. They contained detailed life histories, lists of the person's likes and dislikes, and information about their goals and aspirations. We saw that this information was used to personalise people's support plans. We asked healthcare professionals involved with the service what they thought about people's support plans. One healthcare professional told us, "The care plans are person-centred and up to date. You can see that they are updated as people's needs changed", another said, "I thought the care plans were very thorough." A third commented, "They're delivering a good service to the people and meeting their needs."

People's care files were comprehensive and gave an excellent description of what daily life was like for each person and the support they required. They contained communication passports, a disability distress tool, a circle of support and a hospital support plan. The disability distress tool is a way of assessing people who do not communicate verbally to try and understand what might cause them distress so that the appropriate type of support can be offered. The communication passports we saw at Ashton Lane were detailed and very much person-centred, containing information on how people chose to communicate, descriptions of body language, facial expressions and specific noises or gestures they might make and what they meant. There were also descriptions of people's personalities which were written at all times in a positive manner, for example, 'People like me because I have a mischievous sense of humour', 'I am strong-willed and free-spirited' and 'I know my own mind.' We asked support workers to describe the ways that people communicated and found that staff could do this for each person they supported. This showed that the service understood people exceptionally well and promoted their wellbeing, individual strengths and personalities so that staff could support them fully in the most appropriate way.

People's support plans were evaluated by staff in the daily records they kept for each person. We saw that during each shift a support worker would compile information about various aspects, such as foods and fluids taken, whether the person had been assisted to shower or bathe and other support that had been provided or activities undertaken. We read the daily records of two people and found that they were detailed and evidenced that people were receiving the person-centred support described in their support plans. We noted that the language used by staff to describe the people was always warm and positive, even if people had not had a good day or had displayed behaviours that may challenge others.

People's support plans described their preferred daily routines, and included individualised plans that detailed what a good and bad day looked like for them. Preferred daily routines contained information on what support people needed and what order they liked to receive it. The good and bad day support plans gave details of people's behaviours and body language and suggested ideas for improving people's mood if they appeared to be having a bad day. We observed this on the first morning of our inspection when a support worker noted that one person seemed out of sorts. The person was assisted to put on warm clothing and went out with staff for a walk to the park; when the person returned they appeared much happier and settled. We saw in the person's support plan that going out for a walk was an activity that could improve this person's mood. This meant that people's support plans contained information which staff used in order to be responsive to their needs.

Our observations showed that people's care files, including their support plans and individual assessments, were living documents that were used by support workers daily to provide people with flexible, individualised and person-centred care. During the two days of inspection we saw that people were receiving the care and support that was detailed in their plans, for example, support workers communicated with people according to the preferred methods detailed in their communication passports, people got up at their preferred times, ate their preferred meals and took part in imaginative and creative activities that they enjoyed. We also saw that care files were up to date and on some support plans there were notes where new information or observations had been added. The operations manager explained that each person had at least two keyworkers amongst the support staff. Keyworkers were responsible for making sure their named person's care file was up to date; the care file was taken to the staff member's supervision sessions with the operations manager, who used this as an opportunity to check and update each file and ensure that they were delivering person centred care. As each person had at least two keyworkers, this meant that the operations manager was monitoring each care file at least twice every three months to make sure it was up to date and that the service to the individual was appropriate and working towards delivering their aspirations and goals .

The service had a novel and innovative process for reviewing and personalising people's support plans with them and their relatives. The registered manager explained that each year they held a 'celebration event' for each person, a meeting to which their relatives were invited. At this meeting, they would celebrate the person's successes and achievements, review their support plans and make plans for the following year, involving the person and their relatives as much as possible. The relatives we spoke with said that they attended these meetings and were happy with their involvement in the care planning process. One relative asked about care planning told us, "We go to meetings and talk about [our relative's] care plans", and a second told us, "I go to [my relative's] assessment meetings and they keep me informed of [their] plans."

People were encouraged and supported to take part in the running of the home and in decision making, which included participating in activities such as domestic tasks, shopping and the recruitment of staff. This meant that people using the service were in control and that Ashton Lane would feel like their own home. The operations manager said that one member of support staff would accompany the person to their room when supporting them to clean it, shut the door and put music on to make the task an enjoyable activity for the person. People were also encouraged to assist in the kitchen when meals and drinks were prepared; one person liked to take their plate to the kitchen after meals and also enjoyed accompanying the maintenance worker when they came to do odd jobs at the home. All of the people went individually with support staff to the shops to buy food and items of their choice for the home. This meant that the service tried to make people feel that Ashton Lane was their home, rather than a care home.

Each person at Ashton Lane had an individualised positive community access support plan. The operations manager told us that each time a person tried a new activity their experience would be evaluated to decide if they had enjoyed it and would like to try it again and we saw this in their care files. We looked at the activities log of two people using the service. In January 2016 one person was recorded as having read books, been to the park, gone to a church service each Sunday, used the gym once a week, gone food shopping, been to an arts and crafts session, watched football on TV and been to the pub for a pint. Another person had been out for walks, eaten take-away, watched films, been to a shopping centre, visited a beauty spot near Rochdale, been to an animal and bird park and to an all abilities cycling club, all in January 2016. During our inspection, other people at the home went out for walks, played instruments with staff, played singing and clapping games, had a sensory evening (which included relaxing lights and music) and attended a regular trampolining club. The home had an atmosphere which was relaxed and happy with lots of good humoured banter and noise at times.

Support workers were passionate about providing opportunities to people which suited their personalities and tastes. The registered manager gave the example of one person who enjoyed going out for walks in inclement weather. She told us, "[Name] wants to go out in the rain and wind so we need to make sure [they] can. [Name] is a free spirit." Their relative told us, "They go out in all types of weather with [name]. I feel for the staff." Another relative told us, "Their attitude is refreshing. They take them out in the rain." The same person also enjoyed live music and busy social events, and we saw that in 2015 they had been supported to attend a music festival and regularly went to nightclubs and other social occasions.

People were supported to go on holiday each year. The operations manager said that support staff would give the people options and show them pictures on the computer to try and explain what each choice might be like. We saw that in 2015, some people had been on a barge holiday and one person was supported by staff to visit their family in another country. Parties and events were organised regularly at the home and at the provider's other locations to which the people and their relatives were invited. In 2015 these had included the annual summer ball, a Christmas party, a 1920s tea party where the staff dressed in costumes and a monthly meal at Ashton Lane which celebrated the cuisine of another country. This meant that the home provided the people with opportunities to socialise with their families.

We asked people's relatives and other healthcare professionals involved with the service about the activities people took part in. One relative told us, "[Name] does more activities than I do!" and provided a list of regular activities that their relative took part in, including weekly music classes, swimming sessions, trips to the local pub and visits to local shops. Another relative said, "[Name] has always got things to do. They take [them] on trips and on holiday. [Name] enjoyed the barge holiday." Another relative described how their relative at the home had been supported to holiday with them; they told us, "We had a fantastic time", and then added, "[The operations manager] went out of [their] way to make it happen." A third relative told us, "[Name] went on holiday, on a canal barge. They also take [name] on the tram, to concerts and to pubs." Healthcare professionals involved with the service that we spoke with also said that people were provided with activities. One told us, "They go out into the community, do one-to-one activities and in-house activities too", another healthcare professional said, "They try to engage people and take them out. I see them out and about in the community. They make sure it's person-centred", and a third told us, "They arrange activities for people and they try to arrange for people to try new things."

By looking at people's care files and records and by speaking with relatives, support staff and other healthcare professionals involved with the service and making our own observations, we saw that people were provided with excellent opportunities to engage in varied activities, which were designed to be person-centred. In addition, the provider and support staff actively supported people to be involved in family life and with their local community.

No complaints had been made since our last inspection of Ashton Lane in September 2014. The registered manager said that she welcomed feedback on the service; she told us, "We're transparent. We're not perfect but we learn from experience and grow." A relative and a healthcare professional involved with the service gave us examples of feedback they had given to the service. Both said that improvements had been made after they had raised concerns and both were now happy that the situations they fed back about were resolved. This meant that the registered manager acted upon feedback to improve the service.

Good

Is the service well-led?

Our findings

We asked relatives and other healthcare professionals involved with the service if they thought it was well managed. One relative replied, "Yes. It's dead easy to talk to the managers. I can talk to any of the staff." Another relative said, "Yes, I do yes. It's managed by people who are quite organised." Healthcare professionals told us, "The management was quite helpful", and, "I think it is (well managed). They are willing to do the extra."

The service had an innovative system of quality monitoring which involved staff members at all levels of the organisation and ensured positive outcomes for the people using the service. Each month, information relating to various aspects of the home, including the care and support of the people and health and safety, was collated by support workers and the operations manager. The home was then inspected by the registered manager, chief executive officer (CEO) and chairperson of the board of trustees of the provider. The report and inspection findings were then discussed at a monthly monitoring meeting and a report compiled by the CEO was presented to the board of trustees. For example, we saw that in December 2015 the operations manager reported a finding that not all activities the people engaged in were captured by staff as the documentation used was not fit for purpose. The issue was discussed at the monthly monitoring meeting and an action was made to amend the documentation used to record activities. We saw that in the January 2016 the issue was recorded as actioned, and by looking at the people's activities records we found that the documentation had been amended to add an extra column so that information on activities could be better captured.

People's care and well-being was monitored in much the same way as each month, support workers compiled information on people's health and reported this to the operations manager. The operations manager then reviewed each person's care file and collated their findings into a report that was discussed at a monthly care committee meeting chaired by a board trustee. Any actions from this meeting were collated into an action plan which was monitored and reported on by the registered manager. Using this approach to quality monitoring meant that staff at all levels within the organisation were accountable and responsible for people's health, safety and well-being.

Incidents and accidents recorded by the staff were also monitored at different levels in the organisation. Incident and accident forms completed by support workers were first checked by the operations manager, who added their comments. The form then went to the registered manager who reviewed and evaluated it. Forms then went for discussion at the monthly monitoring meeting attended by the CEO. Incidents and accidents trend analysis was discussed quarterly and annually at meetings of the board of trustees. We saw the annual incident and accident analysis report for 2015; the causes for any increases in incidents were explained with actions included to mitigate them, and previous interventions were evaluated for effectiveness. This meant that the provider took responsibility for investigating incidents and accidents; patterns or trends were analysed and any risks identified were minimised to prevent future occurrences.

People, their families, support staff and other healthcare professionals involved with the people had opportunities to feedback about their experience of the service. People, relatives, staff and healthcare

professionals were sent questionnaires annually and their responses were collated and included as part of the annual review and quality assurance report. Relatives and healthcare professionals we spoke with said that they had received questionnaires. One relative told us, "Yes, I get a questionnaire annually and I always feedback", and then added, "If I had a problem or complaint I would go round and speak to [the assistant manager] or [the operations manager]. Or I'd speak to the CEO, I know [them] well." Another relative said, "I'd phone [the registered manager] if I had any concerns. She's very nice and has done a lot for us." A third relative told us, "If I saw something that wasn't good I would definitely say something. I would have no hesitation contacting the CEO or [the registered manager] if I had a problem." Healthcare professionals also commented on relatives' and their own relationships with staff at the home. One told us, "There's a good rapport between managers and relatives." Another healthcare professional said, "We have quite a good relationship with them (the home), especially with [the registered manager]", and then added, "They always communicate with us well", a third confirmed they had received a questionnaire and a fourth commented, "The managers are quite knowledgeable and involved." This meant that the service had an open culture in that people, their relatives and other healthcare professionals were given opportunities to feedback on the service. Relatives felt comfortable approaching management with any issues and healthcare professionals visiting the service were happy with the way the home communicated with them.

The people had other opportunities to feedback about their experience of the service and took part in decision making about the management and running of their home. The home held monthly residents' meetings; items for discussion in January 2016 had included new furniture that was needed and the re-decoration of people's rooms. Other residents' meetings in 2015 had focused on the activities and events people wanted to attend, and plans for holidays. The provider also ran a consultation group which was attended by representatives of each of their services, including Ashton Lane. One person from the home attended a quarterly meeting supported by staff to meet with other people and service managers to discuss any issues. This meant that people had opportunities to feedback on their experience of the service.

We asked how support workers were communicated the aims and values of the service so that it would underpin the support they provided to the people. The operations manager explained that their regular team meetings focused on the people and their support needs. We looked at the minutes of recent team meetings; we saw that in January 2016 the meeting had focused on safeguarding, promoting people's dignity, offering choices and encouraging the people to get more involved in meal preparation. The December 2015 team meeting had considered record keeping and the role of keyworkers. Representatives from the support workers at Ashton Lane also attended a monthly 'focus group' meeting with the CEO, where they were free to raise any issues and share good practice with staff from other services run by the provider. For example, at the November 2015 focus group, recent changes to food hygiene legislation had been discussed; we saw that the changes affecting food hygiene practice at the home were cascaded to other staff by the operations manager during support workers' supervision sessions. The operations manager told us, "We have an Ashton Team Resolution and every team member gets a copy. We speak with integrity, don't take it personally, don't make assumptions and always do our best." One support worker said, "Our vision and values are to support people and make their lives as good as they can be." This showed us that staff received regular communication on the aims and values of the service and had opportunities to suggest improvements and share good practice.

In addition to the individual goals agreed during support workers' appraisals, the staff team had agreed common goals to work on together throughout the year for the benefit of the people. The team of support staff at Ashton Lane worked to develop pathways which focused on improving specific areas of support. Pathways developed in 2015 had included holidays, the house environment and people's nutrition. Each pathway considered the current situation, what would make it better and how improvements could be achieved; they also included possible future goals and aspirations. The staff team also had an annual team

plan. The 2016/17 plan included actions to update people's person-centred support plans and health action plans with them, to improve community access, better team-working and the creation of a dignity in care action plan for each person. This meant that support workers had shared goals and worked together to make improvements to the service for the people.

Ashton Lane had developed excellent partnerships with other organisations and businesses in the local community with the purpose of improving people's access to activities and locations. People from the home regularly used a facility run by a local housing trust. The registered manager explained that the provider had paid for toilets at the facility to be upgraded so that it was more accessible to the people living at Ashton Lane. The home had also been involved in developing a sensory garden and vegetable plot with a local church organisation and at the time of inspection was working with a local leisure centre to make adaptations there which would make the building more accessible to people at the home. The home also worked in partnership with other learning disabilities charities and trusts in the area so that the people at Ashton Lane could use their services. People at the home also accessed local cafes, pubs and restaurants where regular customers and staff knew them by name. This meant that the service worked with other organisations and built up relationships in the local community in order to improve people's access to events and activities.

The provider organisation of Ashton Lane had achieved an 'Investors in People' accreditation. This is an internationally recognised award which defines standards on the leadership, management and support for sustainable workforces; it demonstrates that an organisation is committed to the good management, development and support of its staff. The service had also achieved the Dignity in Care award from Trafford Council. This meant that the service went the extra mile to support the people and its staff.

We saw that the service had a collaborative approach to updating its policies and procedures. Each month a 'focus' policy was discussed at the monthly monitoring meeting. Policies and procedures which had been updated were added to the policies and procedures file at the home and notification was added to the communication book to alert staff that they needed to read the revised policy. This was accompanied by a 'read and sign' form, so that management could keep track of the staff who had yet to familiarise themselves with the changes. This meant that that the service took a systematic approach to updating its policies and procedures and had an effective system in place to ensure staff were informed about any changes.