

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

### **Ashton House Nursing Home**

**Bolnore Road  
Haywards Heath  
West Sussex  
RH16 4BX**

*Lead Inspector*  
Beth Tye

*Key Unannounced Inspection*  
22nd May 2009 09:30

05/09

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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# SERVICE INFORMATION

|   |  |
|---|--|
| <b>Name of service</b>  | Ashton House Nursing Home  |
| <b>Address</b>  | Bolnore Road<br>Haywards Heath<br>West Sussex<br>RH16 4BX  |
| <b>Telephone number</b>                                       | 01444 459586   |
| <b>Fax number</b>   | 01903 750194   |
| <b>Email address</b>  | awbashtonhouse@btconnect.com   |
| <b>Provider Web address</b>                                   |  |
| <b>Name of registered provider(s)/company (if applicable)</b> | Ashton Healthcare Ltd  |
| <b>Name of registered manager (if applicable)</b>             | Miss Irene Chong<br>Miss Phaik Guat Khoo   |
| <b>Type of registration</b>                                   | Care Home  |
| <b>No. of places registered (if applicable)</b>               | 91   |
| <b>Category(ies) of registration, with number of places</b>   | Dementia (0), Mental disorder, excluding learning disability or dementia (0), Old age, not falling within any other category (0) |

# SERVICE INFORMATION

## Conditions of registration:

1. The registered provider may provide the following category of service only:  
Care home with nursing - (N) to service users of the following gender:  
  
Either  
  
Whose primary care needs on admission to the home are within the following categories:  
  
Dementia - DE  
  
Old age, not falling within any other category - OP  
  
Mental disorder, excluding learning disability or dementia - MD.
2. The maximum number of service users who can be accommodated is:  
91

**Date of last inspection**      3rd April 2007

## Brief Description of the Service:

Ashton House Nursing Home is now registered for 91 residents as it has recently been successful in a variation process having increased its capacity with the building of an extension. It is a detached property, which has two wings, one catering for dementia nursing the other for elderly frail nursing. Accommodation is provided over three floors  
It is situated on a quiet lane on the outskirts of Haywards Heath and local amenities are easily accessible. There are well maintained grounds and ample parking.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This service has been rated as three stars, which is an Excellent quality rating.

The site visit as part of the inspection process took place on 22<sup>nd</sup> May 2009 between 09.30 and 16:00

One of the registered managers facilitated the inspection. She deals mostly with aspects of care and the other aspects of administration and training. The Responsible Individual was also available to discuss her role and aspect of improvement in the home since the last inspection. An Annual Audit Questionnaire Assessment had been forwarded to the commission prior to the visit and any documents required on the day were made available.

16 comment cards were received from residents, many filled out with the aid of relatives who added their own comments. Four were received from professionals. These comments were all positive. Comments from professionals elicited by the homes own quality assurance systems were seen in the home and these were also very positive.

We looked at six residents care plans, daily recording, health charts and medicine administration charts.

We spoke to three relatives and some residents, all spoke very highly of the home and the care offered, which they said was delivered in a respectful manner. They also stated that the activities were appropriate.

The atmosphere in the home was very relaxed and sociable. Many of the residents were sitting in the lounge socialising. Others were seen in their rooms listening to music, reading, watching television or with visitors.

This report is compiled using information as described above and also information held on file at the Commission.

All of the standards assessed were mostly judged as good or excellent.

## **What the service does well:**

The residents are cared for in a very dedicated and respectful manner in well-maintained and comfortable surroundings.

Residents were relaxed and all spoken to stated that they are treated with care and respect. Activities provided in the home are varied and suit the individual

needs of the residents. The residents stated that they enjoy these activities and have choice on whether to join in.

Staff are well supported and specialist training provides a knowledge base to meet residents needs appropriately.

The quality of the documentation in the home is of a very high standard was up to date and readily available.

All comment cards received from residents stated that they enjoy the meals, which are produced to a good standard.

## **What has improved since the last inspection?**

Since the last inspection, several aspects of the home have been improved upon;

Gold Standard Framework training for staff ensures they have knowledge to positively manage 'end of life' care in the home.

Three activity workers are employed by the home to provide a programme of activities alongside 'tailor made' activities for residents, based on individual assessments.

The staff have received specialist training in respect of residents needs as well as up to date training in legislation such as the Deprivation of liberty and Mental capacity acts.

The home has a qualified social worker employed on a part time basis. Part of her role is to oversee any issues relating to adult safeguarding and protection.

The Responsible individual carries out monthly Regulation 26 audits through the year and implements changes where necessary to improve services. The regulation 26 reports seen during the visit were very comprehensive covering all areas of the Care Standards in addition to assessment of the quality of care provision, liaising with outside agencies and highlighting new initiatives.

Some areas of the home have been re-furbished and a new carpet laid.

## **What they could do better:**

The home needs to continue to develop on identified areas of improvement, outlined in the Regulation 26 reports and AQAA. There were no recommendations or requirements made following this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents had been assessed before moving into the home. The staff at the home are meeting identified needs

### EVIDENCE:

Ashton House provides prospective residents with detailed information regarding the home prior to admission. This enables people to make an informed choice about moving into the home. Information is provided in a comprehensive Service User Guide and a Statement of Purpose. The manager stated in the AQAA (Annual Quality assurance Assessment), that both documents are updated regularly.

Residents spoken with said they had made a choice to live at the home and had received information regarding the facilities and services available

Six pre-admission assessments were looked at during the visit. Including two recent admissions. They were clear, detailed and specific to the individuals.

The assessments seen focus on the outcomes for individuals in health, personal care, social interests and diversity. An emphasis is made on individual choice, with details such as preferred bed times and times of meals.

It was noted from the care plans seen during the visit that prospective residents are given the opportunity to visit the home prior to admission if they chose to. Families and residents are encouraged to visit the home and discuss any issues or concerns with the managers. A relative and two residents confirmed they had visited the home prior to admission. Two others confirmed they received written information.

Ashton house offers respite care but not intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **Good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have appropriate training and information to ensure they are able to meet residents' health needs.

Medication is dispensed in line with the homes policies and procedures. Current care practices ensure residents feel they are treated with respect and their right to privacy has been upheld.

### **EVIDENCE:**

Six care plans were examined to see how care was being delivered. Each care plan contains relevant details relating to the residents health needs and social well-being. Since the last inspection the managers have improved on existing care plans to ensure information is comprehensive and more 'person centred'. The care plans seen detailed all aspects of health, personal and social care and the actions staff needed to take to meet these needs.

Information seen on care files was up to date and easily accessible. There was evidence to demonstrate that staff undertake regular care reviews and up dates the care plans as changes occur.

All aspects of care planning are agreed prior to admission and again during regular reviews, where possible signatures are obtained for changes, demonstrating those residents and their families are encouraged to participate in decision making.

Individual risk assessments are in place, for example: risk of falls, pressure area damage and nutrition is recorded, alongside action taken to minimize risk. This gives staff a better understanding of need and responses in addition to supporting residents to maintain independence safely where possible.

Records showed that residents have access to other community based health professionals as required. Services available in house, include a psychiatrist, physiotherapists, district nurses, dentist, optician, dietician and chiropodist. A GP visits the home on a weekly basis and undertakes regular medication reviews. Residents spoken with confirmed that they can request to see a GP at any time.

Outcomes and action required by staff following medical appointments are recorded on individual care plans. This provides staff with up to date knowledge about appropriate care practice.

Staff complete a full induction and mandatory training programme. Training is also provided in respect of specialist health needs such as dementia, mental capacity act, deprivation of liberty, end of life, nutrition and continence training. In addition, any training the managers complete is cascaded down to the nurses on the team. This training provides staff with the skills and knowledge base to respond appropriately to resident's specialist health care needs identified in their care plans.

Reviews of care records, observation, feedback and discussion with the residents and their relatives confirmed good practice is maintained in the home and residents are treated with dignity and respect. Comments from residents include; 'the care staff are very good and always treat residents with respect'. And 'staff take the time to communicate and explain things'.

The medication administration procedures were discussed and policies and procedures are in place to ensure safe medication administration.

A random selection of medication was checked and found to be in order. Medication administration charts are completed correctly, which indicated that residents are receiving their medication as prescribed. Photographs of residents are displayed in the home as an extra safeguard towards safe administration.

Records seen were in good order and up to date, demonstrating staff follow appropriate procedures.

Each care plan includes information in line with the Gold Standards 'end of life' framework. This provides residents and their families an opportunity to discuss and plan interventions for residents in respect of palliative care. Training for staff ensures they have the opportunity for reflective practice and extensive reviews around end of life care.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social and recreational interests and needs. Residents maintain contact with family and friends  
Residents receive a wholesome appealing balanced diet in pleasing surroundings.

### EVIDENCE:

There are three activity workers employed by the home. They organise and provide an on-going programme of activities on a daily basis, offering stimulation to those residents who are less able to explore interests outside the home independently.

All comment cards received stated that the activities are appropriate. Although some residents state that do not always want to join in. Activities are prominently displayed on notice boards and include outings, in house activities and external entertainers.

Each resident and (where possible) their families, are encouraged to complete a 'life history'. This provides staff with an understanding of 'the individual' and their life stories prior to admission. One to one time with staff is used to focus on areas of interest. This promotes 'a sense of self worth', individual choice and assists in understanding the residents needs.

Residents spoken with confirmed that they can choose what they want to do as far as social events, routines and also what times they go to bed and get up in the morning. Flexibility enables individuals to have choice and express a preference in their daily routines. Staff escort residents to community events and appointments as required.

Residents and relatives confirmed that the visiting arrangements for the home are open and visitors can come and go as they please and are made welcome by the staff.

One relative is a trained nurse and had negotiated with the manager, specific areas where she could continue to provide some daily care and support the needs of her relative. She commented that this was 'comforting and beneficial' to them both.

Resident's and relatives meetings are held on a regular basis. These meetings give the residents and their families the opportunity to comment on how they view the home and contribute to decision-making.

The menu offered at Ashton House offers a wide range of balanced, home cooked food. The cooks are experienced and qualified to fulfil their role. The menu offered takes in to account the preferences of residents and specialist dietary needs. This promotes choice for the residents and provides an opportunity for them to eat what they prefer.

An alternative meal is on offer at lunchtime and teatimes. Staff were observed checking with residents prior to the meal if they would prefer an alternative. Residents spoken with said they 'really enjoyed the food' and there was 'plenty to eat'.

During the visit the lunch sitting was observed. One man had a glass of wine with his meal; another had a pint of beer. These preferences were later seen recorded on care plans and nutritional monitoring charts. Staff were seen assisting residents and offering gentle prompts as required. The dignity of residents was promoted by staff enabling residents independence where possible and supporting those, respectfully, who were less able. The atmosphere was relaxed, staff and residents chatted amiably.



# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents and their relatives know that their complaints will be listened to, taken seriously and acted upon.

The home has ensured that residents are protected from abuse through procedures and training.

**EVIDENCE:**

The home has a complaint procedure, which is outlined in the statement of purpose and displayed throughout the home. Complaints are recorded and investigated with feedback to complainant within 28 days with the actions taken in line with the homes policy and procedure.

All residents and visitors spoken to said they knew who to complain to and that they would not hesitate to do so if they thought it appropriate. One relative said 'the management are always quick to respond if I raise any issues with them'

Staff induction and training records indicated that all staff have received training in safeguarding vulnerable adults. All training is up dated on an annual basis in line with best practice and legislation.

The staff are trained in the Deprivation of liberty and Mental capacity act. This ensures they are clear about residents rights and their responsibilities in respect of these.

Records relating to the homes recruitment procedure were examined. These demonstrated that all staff under-go appropriate checks prior to employment and the recruitment procedures for the home are in place.

The home has a qualified social worker employed on a part time basis. Part of her role is to oversee any issues relating to adult safeguarding and protection.

The registered individual undertakes detailed monthly inspections of the home. The reports seen during the visit demonstrated the emphasis on best practice and ensuring the care provided, at the home, is consistent and in line with residents assessed needs. Through monthly supervision with senior staff the registered individual has the opportunity to address any issues identified and areas of improvement. This monitoring system promotes the well being and safety of residents in the home.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents live in a safe and comfortable home.

The home is clean and hygienic

### **EVIDENCE:**

All parts of the home inspected were neat, clean and free from offensive odour. All areas are decorated and furnished to a high quality. Rooms were personalised with resident's own belongings, which promotes a sense of ownership

Since the last inspection some areas of the home have been re-furnished and new carpets laid.

The sitting areas, dining and outdoors space are attractive and comfortably and tastefully furnished. Residents confirmed that they are satisfied with the comfort and furnishings in the home.

There are three passenger lifts allowing access to all parts of the home. All equipment such as wheelchairs, hoists, pressure relieving equipment assisted baths are in place to meet residents needs.

There are adequate bathing, shower and toilet facilities throughout with most of the rooms having en-suite facilities. There is a dedicated fitted hairdressing room.

All sinks have temperature control valves and temperatures are recorded monthly. Radiators are covered or have low temperature surfaces.

Documentation seen during the visit evidenced that fire; utility and equipment checks and maintenance have been carried out and that all day and night staff have completed regular fire training and drills.

The home has environmental risk assessments in place and an on site maintenance man who completes any work required on a daily basis. This ensures the home is kept safe and free from hazards.

Various moving and handling equipment is available in the home. Staff had received training in the safe use of this equipment. All beds could be adjusted in height. Hand-rails, raised toilet seats and frames are available through out the home.

Staff had received training in the control of infection. They were observed complying with correct hygiene procedures and wear protective clothing.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff numbers and skill mix are appropriate to meet the needs of the resident's accommodated. Staff receive mandatory and specialist training and a high proportion of them had completed NVQ training.

**EVIDENCE:**

Staff rotas reflected that there are enough skilled staff on duty at all times in the home. This was confirmed by staff and residents spoken to during the visit. One resident said 'Everything here is very good. The staff have high standards and really look after me'.

The home has dedicated catering and house keeping staff which enables care staff to focus on their roles and responsibilities providing care for residents.

Comments made about the staff by the residents included 'they are kind and patient', 'compassionate', 'my dignity and privacy is very much respected,' and 'all the staff are very helpful'

Training records and four staff files were looked at during the visit. They showed that staff receive induction training, which includes all aspects of care and health and safety in the home.

The mandatory training for staff covers fire safety, food hygiene, manual handling, health and safety, adult protection and infection control. Additional specialist training, beyond the basic requirements include; the mental capacity act, the deprivation of liberty act, pressure area management, physical intervention, managing incontinence, diet and nutrition, dementia and End of life. One of the managers is currently training for a further specialist 'dementia mapping' course. This knowledge will be cascaded down to the staff team in the coming months. This promotes a better understanding and skills base for staff to respond to residents specialist needs'.

One staff member spoken to stated 'the training here is excellent. We are fully supported in every way. I have never worked anywhere that is so organised and professional'

Records show that the home has reached the target of standard 28.2 by ensuring more than 50% of staff are trained to National Vocational Training level 2 or above.

The home facilitates an Overseas Nurses Programme, which nurses from abroad complete in order to register in this country. This is supervised and supported by the City University, London. The home also takes Pre Registration Nursing students for short placements from the University of Surrey. One of the registered managers is responsible for training and supports these students with the aid of mentors.

Nurses from overseas are required to complete written and oral English competency exams, as part of their training. This ensures all the staff within the home, are able to record written information and communicate appropriately, in line with their roles and responsibilities.

Recruitment procedures were found to be robust and in line with the homes recruitment policies. All staff files seen were found to contain the necessary documentation required by Schedule 2 of the Care Regulations.

Records seen confirmed staff attend two monthly staff meetings to discuss issues relating to the home. This forum enables staff to have input into the way the home is managed.

Two members of staff were spoken with during the visit. They confirmed that they attend regular supervision and staff meetings. All staff received an annual appraisal.



# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents and staff benefit from the home being run by two experienced and qualified managers. Various quality audits and action plans are carried out in the home throughout the year. The home has excellent systems in place to protect the health and safety of the residents.

### **EVIDENCE:**

The two registered managers have worked in the home for twelve and fourteen years. The division of management responsibilities has achieved good outcomes for residents. One concentrates on the care management of residents and the other on training, quality review and other administrative

functions of the post. A General Practitioner, commented that the overall standard of care "is excellent" in the home.

There is a clear management structure in the home that is very well organised. Staff spoken with are fully aware of their roles, responsibilities and lines of accountability.

Records demonstrated that all staff receive supervision every two months and there is an 'open door policy' for staff to seek informal support from management as required.

Staff spoke very highly of the managers, they confirmed they are trained and feel 'very supported'. Staff informed the inspector that handovers occur following each shift, supervision and staff meetings are held regularly. Records and meeting minutes confirmed this. Feedback from staff demonstrated a commitment to meeting resident's individual needs and preferences on a daily basis.

Quality assurance at Ashton House is undertaken on an annual basis. The home sends out annual questionnaires to involved parties, the results of which are published and an action plan is drawn up from the findings. Regular meetings for residents, enable them to input about how the home can be improved upon and involves them in decision-making processes relating to changes.

The Responsible individual carries out monthly Regulation 26 audits through the year and implements changes where necessary to improve services. As well as written assessments she has recently begun using SOFI (an observational assessment tool) to measure best practice in the home. The regulation 26 reports seen during the visit were very comprehensive covering all areas of the Care Standards in addition to assessment of the quality of care provision, liaising with outside agencies and highlighting new initiatives.

The management team meet on a regular basis to discuss issues and implement action plans for improvement in the home.

The managers and responsible individual also talk informally to residents and visitors, gaining their views on the facilities and services at the home. The inspector found there is a strong emphasis on residents' choice and preference at Ashton House and the systems are in place support this.

The home has clear policies and procedures in respect of residents' finances. All monies are handled by the residents or their relatives. Power of Attorney forms are agreed and signed where appropriate.

The AQAA completed by the management prior to the visit contained comprehensive information that we were able to evidence during the visit.

Clear details were given regarding how the home had improved since the last inspection, areas that it needs to improve, and the ways in which they are planning to do this.

The health and safety aspects of the premises have been improved since the last inspection. Risk assessments are completed and reviewed. All relevant health and safety checks and audits are undertaken on a regular basis to ensure the safety and welfare of residents and staff is maintained.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| <b>CHOICE OF HOME</b> |              |
|-----------------------|--------------|
| <b>Standard No</b>    | <b>Score</b> |
| <b>1</b>              | 3            |
| <b>2</b>              | 3            |
| <b>3</b>              | 3            |
| <b>4</b>              | 3            |
| <b>5</b>              | 3            |
| <b>6</b>              | 3            |

| <b>HEALTH AND PERSONAL CARE</b> |              |
|---------------------------------|--------------|
| <b>Standard No</b>              | <b>Score</b> |
| <b>7</b>                        | 3            |
| <b>8</b>                        | 3            |
| <b>9</b>                        | 3            |
| <b>10</b>                       | 3            |
| <b>11</b>                       | 4            |

| <b>DAILY LIFE AND SOCIAL ACTIVITIES</b> |              |
|---|--------------|
| <b>Standard No</b>                      | <b>Score</b> |
| <b>12</b>                               | 4            |
| <b>13</b>                               | 3            |
| <b>14</b>                               | 4            |
| <b>15</b>                               | 3            |

| <b>COMPLAINTS AND PROTECTION</b> |              |
|----------------------------------|--------------|
| <b>Standard No</b>               | <b>Score</b> |
| <b>16</b>                        | 3            |
| <b>17</b>                        | 3            |
| <b>18</b>                        | 3            |

| <b>ENVIRONMENT</b> |              |
|--------------------|--------------|
| <b>Standard No</b> | <b>Score</b> |
| <b>19</b>          | 3            |
| <b>20</b>          | 4            |
| <b>21</b>          | 3            |
| <b>22</b>          | 3            |
| <b>23</b>          | 3            |
| <b>24</b>          | 3            |
| <b>25</b>          | 3            |
| <b>26</b>          | 3            |

| <b>STAFFING</b>    |              |
|--------------------|--------------|
| <b>Standard No</b> | <b>Score</b> |
| <b>27</b>          | 3            |
| <b>28</b>          | 4            |
| <b>29</b>          | 3            |
| <b>30</b>          | 4            |

| <b>MANAGEMENT AND ADMINISTRATION</b> |              |
|--------------------------------------|--------------|
| <b>Standard No</b>                   | <b>Score</b> |
| <b>31</b>                            | 4            |
| <b>32</b>                            | 3            |
| <b>33</b>                            | 4            |
| <b>34</b>                            | X            |
| <b>35</b>                            | X            |
| <b>36</b>                            | 3            |
| <b>37</b>                            | 4            |
| <b>38</b>                            | 4            |

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |
|     |          |            |             |                      |

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|-------------------------------|
|     |                   |                               |



## **Care Quality Commission**

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