

Ashwell Home Care Services Limited

# Ashwell Home Care Services Limited

## 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

### About the service

Ashwell home care services is an independent family owned and run domiciliary care agency that provides personal care and support to people in their own homes. The service is registered to provide support to younger adults and older people, living with dementia, physical disabilities and sensory impairments. At the time of our inspection 42 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were cared and supported for by a passionate and enthusiastic staff team led by an exceptionally well-led motivated management team.

There was a strong person-centred culture that was embedded within the service. People were supported by staff that were exceptionally caring, compassionate and kind. Staff knew people well and had established positive relationships with them. Staff encouraged people to live as full a life as possible and supported them to achieve the best possible outcomes. People received person-centred care that was tailored to meet their individual needs.

The management team had developed a positive culture and ethos throughout the service. Staff were inspired by the management teams' values to consistently deliver high quality care, which resulted in positive outcomes for people. Staff and managers spoke passionately about their roles and understood their responsibilities. They engaged with people, their relatives and professionals in all aspects of their care and support.

Without exception feedback was highly complementary about the staff and management team of their care and support. Feedback was valued and used to further improve people's experience of using the service.

People and relatives had positive relationships with staff. Staff treated people with kindness, compassion and respect. People felt safe and trusted staff. Systems were in place to protect people from harm.

The provider, registered manager and the staff team ensured people were at the heart of the service and received high quality person centred-care. Staff were dedicated and committed, to constantly provide high quality care.

People received safe care and support from consistent dedicated staff that knew them well and understood their individual needs. Staff were able to identify and communicate any changes to a person's needs to ensure appropriate support was sought.

Staff were recruited safely. The provider had robust recruitment procedures in place which included undertaking background checks on potential new staff before they started working for the service.

The provider ensured staff were trained and supported with ongoing development to ensure their skills and knowledge remained up to date and in line with any legislation. Staff told us they felt supported. One staff member said, "The training is second to none." Another staff member said, "We [staff] are asked if we have any further developmental needs or if there is anything need to know more about [specialist training or interest]."

People and their relatives knew how to complain and were confident they would be listened to if any concerns were made.

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

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

Rating at last inspection

This service was registered with us on 13 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ashwell Home Care Services Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 June 2021 and ended on 21 June 2021. We visited the office location on 11 June 2021.

#### What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, the care quality manager and the provider, who is also the nominated individual.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service. These included accidents and incidents, policies and procedures, safeguarding records and other documentation relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies and procedures. We spoke with three people who use the service, five relatives about their experience of the care provided, and seven staff over the telephone. Additionally, we received feedback from a further three relatives via email.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to protect people from the risk of abuse. All people and relatives we spoke with told us the care service provided was safe and staff were kind and approachable. One relative said, "I wouldn't have any hesitation to leave my house and [family member] with carer [staff member]. I don't feel [the] need to put anything away or lock anything up, I can walk away and don't have to worry about [family member] or our home." Another relative said, "My [family member] feels completely safe with the carers [staff] that come into their home."
- Staff were trained and understood how to recognise signs of abuse.
- Staff knew how to report any suspected abuse. A staff member said, "I would have no issues raising any concerns. I know they would be acted on."

Assessing risk, safety monitoring and management

- People's needs were assessed before receiving a service. Risks were assessed, this included risks around health, mobility, skin integrity, medicines and people's home environment.
- People and relatives told us they were involved in the assessment process and reviews. One relative said, "Prior to Ashwell taking on the care package for [family member], we both sat down with [registered manager] to detail all the tasks that were going to be required. This led to the development of the care plan." Another relative told us, "There was an assessment to learn everything about [family member], just prior to commencing and then again, a year later. This was carried out each time with [family member] and myself present."
- Staff told us they were provided with enough detailed information and guidance to minimise risks. A staff member said, "Systems we [staff] use on the phones is brilliant, not just a tick box, more of an aide memoire, they are easy to use and provides instant up to date information."
- Following concerns raised by staff about working in poorly lit and isolated areas the provider promptly supplied staff with fluorescent jackets to ensure their safety. This also assisted people to identify the visiting care staff.

Staffing and recruitment

- There was enough staff to ensure people always received their care visits. People had regular and consistent staff supporting them. One relative said, "We get on well with all the carers [staff]. We usually have the same two [staff] which is ideal. So, we are very happy." Another relative said, "[Family member] has mainly two carers [staff] each day, except on their days off. All the staff are fantastic. [Family member] thinks of them [staff] as friends and looks forward to their visits."
- Staff told us they had sufficient times for visits. If staff were to be delayed, for example, due to traffic, people and relatives were notified. Staff said they were able to cover one another such as, when staff were

on leave. The management team also covered calls when required.

- People and relatives told us staff were on time and stayed for the duration. Staff were monitored through an online system to ensure they arrived on time. Staff were required to log in when they arrived at people's homes using the phones they were provided with. We looked at care records and there had been no cancelled calls.
- The provider had robust recruitment processes in place which included Disclosure and Barring Service (DBS) checks and at least two satisfactory references. The registered manager told us they recruited staff that had the right values about caring for people.

#### Using medicines safely

- Not all people using the service required support with their medicines. For people who required support staff were trained to administer medicines safely. Relatives confirmed their family members got their medicines as prescribed.
- Regular audits were carried out by senior management to identify and address any issues.

#### Preventing and controlling infection

- The provider had procedures in place to minimise the spread of infections such as COVID-19. For example, the provider ensured people received care from a consistent staff team.
- Staff told us they had plenty of personal protective equipment (PPE) and had access to regular testing. Relatives confirmed staff always wear appropriate PPE.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff knew how to report any accidents and incidents. They told us the management team would act promptly.
- Accidents and incident records were reviewed by the management team and any learning from these were shared with the staff team.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before they started receiving care. These assessments recorded information about people's health and care needs and preferences. The registered manager told us this helped to determine if they were able to support people and meet their needs before providing care to them.
- The assessments included people's physical, emotional, communication and health needs.

Staff support: induction, training, skills and experience

- People and relatives described staff as highly competent and well trained. One relative said, "They [provider] have a really effective shadowing programme to ensure the clients feel safe and supported." Another said, "Every carer [staff] that has assisted [family member] has been for a 'learning' visit with a carer [staff member] known to [family member], prior to attending solo, in order to understand [family members] needs."
- Staff told us they felt supported. They were provided with a comprehensive induction which entailed shadowing more experienced staff, training and regular supervision to support them in their role. A staff member told us, "I know what I'm doing, where I'm going and what is expected of me."

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

- Where required, people were supported to maintain their nutrition and hydration needs. This was reflected in people's care plans.
- Care records gave detailed information and guidance such as likes, and dislikes and staff assistance required for people. For example, whether people required staff to prepare meals or support them with meal preparation.

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

- The service had good relationships with other agencies to ensure positive outcomes for people such as, district nurses, GPs and social workers.
- Staff supported people and their relatives to access appropriate healthcare services when required. For example, working with occupational therapists and the falls team to put measures in place to reduce the risks of falls for a person.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. People that lacked capacity were supported to make decisions in their best interests by family members or representatives. The manager was aware of their legal responsibilities under the Act.
- People and relatives confirmed staff always sought their family members consent before they provided personal care. A relative said, "I have noticed they [staff] always ask [family member] before carrying out any activity, which is fabulous, as [family member] feels empowered and that [family member] is making decisions for themselves."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager had a strong commitment to ensuring there was a focus on providing considerate and sensitive person centred care. This culture was underpinned by empowering staff to work with people, their relatives and the management team to find ways to enhance people's lives. People and relatives described how staff showed an exceptionally kind and compassionate, can-do attitude. For example, a relative described an exceptional commitment shown by a staff member towards their family member when they were discharged from hospital. The staff member proactively spoke with the person and their relatives and offered to stay overnight with the person, so they and their relatives could be assured the person would enjoy the best return possible to their own home, with their changing needs fully met. The registered manager fully supported this process.
- People and their relatives were exceptionally positive about caring attitude of the staff and the support people received. One relative told us, "There is no question that they [staff] are handpicked for reliability, trustworthiness, pride in their job and compassion." Another relative said, "The team truly are angels - we honestly do not know what we would do without them all. They have always gone above and beyond to support [family member]." A further relative said, "Ashwell Care are absolutely fantastic - nothing is ever too much for them and they make [family member] life incredible."
- Staff supported people to feel valued and useful. For example, staff supported a person's wishes to be able to get into their shower. Through time, patience and determination the person is now able to independently walk with the aid of their frame to get into their shower.
- The provider and registered manager had a proactive approach to promote diversity. They [provider and registered manager] worked with an external professional to develop their LGBTQ and dementia care policy and provided staff with a comprehensive equality and diversity training. This training particularly supported staff to focus on the needs of the LGBTQ community to support an inclusive service for all. There [Provider and registered manager's] equality statement said, "We aim to offer LGBTQ friendly care and support, we pride ourselves in being open and honest and we want to create an environment where you can be celebrated and feel you can be your beautiful, authentic selves with us."
- Staff showed a good understanding of equality and diversity and respected people's differences. For example, staff worked with people and other professionals in order to secure appropriate information technology equipment and platforms, so people's sensory and wellbeing needs would be met.
- Staff said the provider's caring approach was also towards the team. Staff gave examples where the provider showed care and acted with flexibility to support the staff with any issues around their personal or family circumstances.

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

- People and their relatives were actively supported to express their views and were fully involved with their care planning from the initial assessment stage, during reviews and when any changes occurred. One relative said, "We discussed what [family member] needed help with and they [provider] made several suggestions about how this could be achieved."
- A relative we spoke with empathised the caring relationship their family member had built with staff meant their family member was confident and encouraged to let staff know their decisions and to ask for any additional support they wanted. The relative told us, "[Family member] absolutely loves [the staff]. [Family member] always tells me how amazing [the staff] are and how they can have a laugh with [staff]. Nothing is too much that [family member] asks [staff] to assist with."
- Another relative gave us an example showing how their family members and their decisions were listened to, which had a positive impact on their family member and their whole family. Staff had been asked to provide additional support so the family member could attend an important family celebration. The relative had told us this had enriched their family members and their relatives lives and said, "[It was] a truly special moment and really showcases how much they [staff] truly care about their clients [people who used the service] as individuals and truly epitomise a family ethos. We would not be without them [staff] and I wouldn't hesitate to recommend them in a heartbeat."
- The registered manager demonstrated empathy with people. They described how when they went to the first assessment meeting, they did not always know what care and support they required. The registered manager told us they always took time to explain what care services could be offered to meet people's individual needs. A relative told us, "They [staff] are always talking and very much aware of [family member] as a person, and not a job. They [staff] are very mindful to treat [family member] with respect and care. They [staff] take the time to actually know [family member], not just carry out the work."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and respect was at the heart of the provider and registered manager culture and values, and staff were motivated to deliver a high level of respectful support and care.
- Relatives we spoke with said staff were extremely respectful to people and were exceptional at putting the person first. Comments included, "They [staff] will ask if it's alright with you (before carrying out any tasks) and will encourage [family member] to do as much as they can for themselves." Another relative told us, "Whenever we have collectively noticed changes in [family members] ability to do certain things the [staff] team have always been extremely diligent and professional. They [staff] go above and beyond to arrange extra meetings with us about what little tweaks we can make - allaying any concerns we may have about [family member]. This enables [family member] to continue to live independently, with their [staff] support for as long as possible."
- Staff respected people's privacy and dignity. Relatives told us, "They [staff] are very mindful to treat [family members] with respect and care." Staff told us, "We do not want to take away any of the clients [people who used the service] independence, we ask them what and how they want us [staff] to support them."
- Staff were constantly looking at ideas on how best to support a people. For example, a relative described how a staff member supported their family member to follow their passion for cooking. They told us, "This was a favourite pastime for [family member] as they had previously worked as a trained chef. [Family member] really missed cooking and making healthy meals, so this time together is absolutely amazing for [family members] sense of personal achievement and cooking healthy meals that they really enjoy."

# Is the service responsive?

## Our findings

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

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

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

- People's care and support was personalised to meet their individual needs and preferences.

It was evident throughout the staff and management team there was a fully embedded person-centred approach. A staff member told us, "Company has the best values, they really do. Person centred [is] not just words they [provider and registered manager] mean it. The person is asked what they want and how they want it done. This is also part of our training. We don't just do it our way."

- A relative told us, "Carers [staff] have plenty of time and patience it's important that they don't take over from [family member] they [staff] make [family member] believe they are still doing it. For example, they sit with [family member] to make a shopping list, great attention to detail."
- We noted the provider took time to personally visit people and get to know them. A relative said, "[Provider name] came to meet [family member] and chatted with them which they appreciated."

Meeting people's communication needs

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

- The provider followed the principles of the AIS. Information was provided to people in their preferred format. For example, where people had vision difficulties a weekly rota was sent out in large print on a yellow background.
- Without exception, people and relatives told us the whole staff team communicated effectively.
- People's communication needs were identified and documented within care plans.

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

- People were supported to maintain family and social relationships.
- Care records gave details of what is important to people such as hobbies and interests.

Improving care quality in response to complaints or concerns

- People and relatives were aware of the provider's complaints procedure but without exception everyone we spoke with told us they had no reason to use it. A relative told us, "In the unlikely event that we needed to [complain], we would know how to approach it."
- The management team addressed and investigated any complaints appropriately and any actions were identified to improve the care people received. At the time of our inspection there were no formal

complaints received.

End of life care and support

- The provider was not currently supporting any end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were the focus and at the heart of everything and this was reflected in everything the registered manager and provider did. They knew the needs of people they supported and were passionate about achieving good outcomes for them. Staff were highly motivated and passionate to deliver outstanding care. A staff member told us, "[Provider and registered manager] don't want to deliver mediocre care they want to provide the best." Another staff member spoke passionately about the culture within the service and said, "My motto is everybody I see [people who used the service] has to feel better when I leave than they did when I arrived, the [people who used the service are] the only ones that matter when I go to a call."
- People and relatives found the registered manager to be extremely supportive and found the care services to be exceptionally well-led. Comments included, "If I could bottle them up [staff] for when I am in need in later life, I would do it without hesitation. They [staff] are fabulous." Another relative told us, "It's the personal touch, they [registered manager and provider] leave themselves accessible to any queries/wishes we have." A further relative said, "[I] wish everyone was as lucky with agencies as we are with this agency."
- Throughout the report we have detailed how this personalised support impacted on people and relatives, often hearing inspirational stories from people who made significant progress and were able to live more independent lives. For example, supporting a person to follow their passion in life, cooking and the impact it had on them, as reported in the caring domain of this report.
- The attitude of management and staff to think about ways to achieve, broke down barriers and supported people to live in their own homes as they wished. The registered manager and provider went the extra mile to support staff and were sensitive to individual staff needs. For example, supporting a staff member through a life changing process.
- The registered manager showed how they adhered to company policy and analysed incidents to reduce the risk of any further incidents happening.

Continuous learning and improving care

- There was a strong emphasis on involving people in the continuous improvement of the service.
- The provider was recently awarded in June 2021, 'Top 20 Top Rated Home Care Provider 2021'. The provider was awarded this based on published reviews from people who used the service, and people's family and friends for the support they gave to people, relatives and staff.
- Questionnaires were sent to people and their relatives for them to provide their feedback about the care services. The last questionnaire was sent out in February 2021. Responses were highly positive. Comments included, "I am very happy with the service I am getting. They [staff] help me very much more than they

realise," "Carers [staff] will do anything I ask above and beyond if possible" and "Best care company I have had."

- A relative told us, "When [family member] started having problems getting in and out of bed, [registered manager] was on a mission, they actually drove up the (motorway) to collect a piece of equipment from the occupational therapist because they were taking too long to deliver it. [Registered manager] was a driving force behind getting [family member] the support they needed."
- The care service was an important part of the community and the team were extremely passionate about supporting people in the community had access to the services they needed to stay living at home for longer. The provider, registered manager and staff were committed in educating members of the public about certain conditions people lived with such as, dementia. For example, the registered manager and provider organised an educational event in conjunction with the local church which was attended by 20 people. Additionally, the registered manager also wrote an article for the parish magazine.
- The provider is committed to keep up to date on best practice so people received the best care possible. They [provider and registered manager] were active members of the West Midlands Care Association and Herefordshire and Worcester Chamber of Commerce.

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

- The registered manager was extremely passionate and exceptionally motivated about the work they do. People, relatives and staff provided examples which reflected the culture of person-centred care, kindness, fun and care which exceeded their expectations.
- Staff were proud of the service and all shared the same values and commitment. All staff we spoke with agreed the registered manager was very approachable and always gave time to them and made them feel appreciated in their day to day working lives. Comments included, "Best job I've ever had," "So nice to be part of the company," "The best care company you will ever find" and "They [registered manager and provider] care for everyone."
- If people using the service gave their consent, their relatives were able to log in and access a portal. This enabled relatives to review how their family member was doing, and to see what care had been provided. It also supported relatives to add information including any suggested changes or to notify the registered manager and provider of any information. For example, if any additional care was required.
- There were effective quality assurance systems. These included daily, weekly and monthly audits of people's plans of care, medicine records and incidents. Records showed where concerns had been identified, required action had been taken appropriately and promptly to drive through improvements in people's care.
- The registered manager was supported by the care quality manager to help manage the service. They supported and supervised staff. They carried out regular spot checks and observations on staff performance and practice to ensure they continued to provide safe, high quality and compassionate care in line with the company's values.
- Staff were complimentary about the support they received to understand their roles. One staff member said, "The support is amazing, you are given everything you need." Another staff member said, "We [staff] have enough information which we access on our phone. If we [staff] don't understand anything we [staff] can call through to the office and they [registered manager, care quality manager, provider] will explain."

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

- People and relatives were complimentary about the ease and openness of communication. One relative said, "Communication is great, we [family members] are always kept involved and updated of any changes." People and relatives were confident staff would be honest and open in the event of anything going wrong



with the care provided.

- Notifications about specific events were sent to the Care Quality Commission [CQC] and other agencies in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candour.

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

- There was a strong emphasis on involving people in the continuous improvement of the service.
- People and relatives told us they were able to feedback their views during reviews, spot checks and contacting the office. A relative said, "We talk so frequently that I feel that [registered manager and provider] are an integral part of my life too." Another relative told us their views were sought and said, "I believe that Ashwell are a credit to the care profession and represent what good quality care should be like. Without any question Ashwell provide the best care that my [family member] has ever received."
- Staff were empowered and supported and told us they found the management team approachable and responsive. Staff told us the registered manager and provider listened to them and made them feel their opinions and suggestions mattered. A staff member told us, "Staff are as important to them [registered manager and provider] as the clients [people who used the service] are. They [registered manager and provider] will do whatever they can to help staff so they can help the clients [people who used the service]." Another staff member said, "They [registered manager and provider] make us [staff] feel special, appreciated and valued."
- During the first COVID-19 lockdown the registered manager and provider assisted to lift people's moods by putting together homemade hampers and delivered plants donated by the local garden centre.

Working in partnership with others

- The registered manager worked closely with local health and social care professionals. For example, requesting district nurse visits to assess people's skin integrity. Also, they requested equipment through the occupational therapists to promote people's independence and autonomy.