Trafford Council

Ascot House

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

The inspection took place on 7 and 8 January 2019 and was announced. We announced the inspection as we inspected the Ascot House Care at Home service as part of the same inspection. This was to allow us to see how the service supports people with rehabilitation and follow up care received from the care at home service. We also needed to ensure there was someone available to facilitate the inspection.

Ascot House is an intermediate care service provided by Trafford Council and Pennine Care. It provides therapy led rehabilitation for adults. Intermediate care is a service which helps people to recover from illness or an accident, to regain independence and to remain in their own homes. Ascot House is registered to provide accommodation for persons who require nursing or personal care, for up to 45 people. There are 45 single rooms across five individual units. Nine of the rooms are used as step-down beds for people waiting for residential care or additional care and support packages at home. There are lounge and kitchen facilities within each unit and areas for rehabilitation and exercise to be undertaken. The service aims to provide a 21-day turnaround for rehabilitation to enable people to return to their own home. At the time of inspection, the service was supporting 26 people for rehabilitation and nine people in the step-down beds.

At out last inspection, we rated the service overall requires improvement, as medication was not always safely managed and there was a lack of supervision for staff. At this inspection, we found there had been improvements made and the service is now rated as good in all of our key questions.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe being supported at the service. Staff had received training in safeguarding vulnerable people from abuse and were confident any concerns they raised would be listened to and acted up on. People felt comfortable to raise any concerns they had with the staff team.

Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to support vulnerable people.

People had the risks they presented assessed and reviewed, when there were changes. People were supported with equipment to help them reduce levels of risk and as their mobility improved.

The safety of the premises was monitored both internally and externally. Regular checks were in place for fire safety, gas, electric, the passenger lift, equipment and legionella.

People were assessed to ensure they were suitable to receive rehabilitation at the service. Assessments ensured people were fit for discharge from the hospital and could understand what would be required from

them in terms of regular exercise plans with the therapy team. Staff were able to read information about people before they arrived at Ascot House and could arrange equipment to be ready for their arrival.

Health needs were still met when people stayed at Ascot House. People were registered with a local GP service to monitor their health and make referrals to other services if necessary. Weekly multi-disciplinary meetings were held to discuss people's progress and plan for returning home. District nurses worked in the service to complete nursing roles, such as to administer insulin or attend to dressings.

Staff received training appropriate to their job role. Staff enjoyed the training and were able to complete additional qualifications to enhance their knowledge. Staff received an induction into the service which accompanied the training. Many of the staff had work for the organisation for many years.

People had their nutritional needs catered for and monitored while staying at the service. Meals were healthy and nutritious and there was plenty of choice on the menu. If people did not like what was on the menu, an alternative meal would be offered. Meal times were relaxed and a social event.

The building was accessible for people with mobility concerns. There was adequate space for rehabilitation exercises to taken place in and for people to be mobile in. Sensors could be fitted to chairs and beds to alert staff when people might be at risk of falling.

People felt cared for and we observed caring interactions between staff and people who used the service. Staff told us they were happy knowing they had assisted people to improve their mobility and independence to enable them to return back to their home.

We saw examples of dignity and respect as staff knocked and people's doors and gained permission to enter. Staff explained to people what they were doing, such as personal care.

Personal information relating to people was kept securely locked away. Confidential conversations were held in private.

Care plans captured people's needs and identified the support needed to improve people's mobility. Care plans gave goals for people to work towards. Goals were agreed with people on admission and reviewed as progress was made.

Discharge planning ensured people's properties were safe for them to return home to. Referrals were made where people required support in their own home and follow up calls were made to ensure people had settled in, once they had returned home. The Ascot House – Care at Home service could be requested to follow up people for a short period once they had left Ascot House.

People told us they knew who to complain to if they had any concerns. Complaints were responded to in a timely manner and outcomes shared.

Staff felt supported by the registered manager. The registered manager was supported by the head of service and had responsibility for managing the manager of the care at home service as well as the Ascot House staff team.

Staff from other services that supported Ascot House felt the teams worked well together.

There were audits in place to monitor and improve the service. Improvements has been made to the

auditing of medicines to ensure they were safely managed.

People and staff felt that Ascot House provided a valued service which enabled people to return to their own home.

Feedback from people who used the service stated that people were likely or very likely to recommend the service to others.

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.

Medicines were managed safely. Trained staff administered medicines to people. Medicines were audited to check stock levels balanced and people received their medicines as prescribed.

People had risks they presented assessed to minimise themselves from coming to harm. Risks were continually reviewed as people progressed with improving their mobility.

People felt safe while being supported at Ascot House. Staff felt they could take any concerns they had to the management team and they would be fully addressed and reported appropriately.

Is the service effective?

Good

The service was effective.

People received an effective assessment to ensure they were suitable to receive rehabilitation. The assessment looked at the person's baseline mobility before they came to Ascot House and set goals for the person to return to that baseline.

People continued to have their health care needs met while being supported by the service. A host of health and social care professionals reviewed people to ensure their health remained at the optimum levels. Referrals were also made for when people returned home to ensure there was continuity to manage health conditions.

Staff received appropriate training to enable them to carry out their role. Staff enjoyed learning and had been enabled to completed further qualifications in health and social care.

Is the service caring?

Good

The service was caring.

We observed kind and caring interactions throughout our inspection. People felt cared for and told us the staff were polite

and helpful.

Staff ensured people received dignified care and support and knocked on doors and requested permission to enter. Staff told us, and we saw they always explained to people why and how they were supporting them.

Information about people was stored confidentially. Any conversations about people's care and support needs were held in a private area.

Is the service responsive?

Good

The service was responsive.

Care plans clearly identified people's support needs and set goals for people's mobility to improve.

Discharges from the service were clearly planned to avoid readmission to hospital. Multi-disciplinary meetings were held to identify where people may need additional support with a discharge and provide equipment and home safety checks to ensure people were able to return home safely.

Complaints were responded to in a timely manner. Staff told us any concerns people had were addressed immediately to prevent them from escalating into a complaint.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to audits of the service to ensure any concerns were identified and rectified in a timely manner.

There was a good team structure and everyone we spoke with felt well supported. Regular staff meetings enabled the team to share ideas and raise any concerns they had.

It was clear throughout our inspection, by speaking to people and the staff team that the service was valued as it enabled people to return to their own homes after a period of rehabilitation. Every person we spoke with was highly complementary of the staff team and what they did to ensure rehabilitation was successful.

Ascot House

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.

The inspection took place on 7 and 8 January 2019. The inspection team consisted of an adult social care inspector and an assistant inspector on both days. An expert by experience attended the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service, including notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board and infection control service. They did not raise any concerns about Ascot House prior to the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection we spoke with seven people currently receiving care and support at Ascot House and two relatives. We spoke with the registered manager, a physiotherapist, six care staff, a social care support worker, and the cook. We looked at four staff recruitment records and four people's care files. We observed people in the communal areas and at lunch time. We viewed information relating to the health and safety of the premises, records of staff supervision and meetings, policies and procedures, compliments and complaints and quality assurance systems.

Good

Is the service safe?

Our findings

At our previous inspection in November 2017, we found there was one breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, as the provider did not ensure medicines were safely managed. At this inspection, we found there had been improvements made and the service was no longer in breach of this regulation.

Medicines were safely managed. People were assessed on coming into Ascot House to ensure they could safely administer their own medicines. Where people were not deemed safe, trained staff administered prescribed medicines. Deputy managers and senior staff received annual training and competency checks to ensure they were competent to safely administer medicines.

Medicines were stored safely in a dedicated medicines room. Since our last inspection, the room had been refurbished and was now air conditioned. This meant medicines were being stored at suitable temperatures. There was separate fridge storage for medicines which required refrigeration and suitable storage for controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation. Medicines that were self-administered were locked securely in a locked cabinet in people's rooms.

Medication administration records (MAR) were kept for people to ensure prescribed medicines were given when required. Medicines were checked alongside the hospital discharge summary or from the person's GP records to ensure they were correct. MAR charts were fully completed and were all signed when medicines had been administered.

We checked the boxed medicines for four people and found stocks levels were correct, with the balance of stock recorded on the MAR. We also checked stocks of controlled drugs for two people and found the remaining balances to be correct.

Where people required support to apply topical creams, this was clearly recorded on a body chart, to show the location and directions for use. Creams were signed for after administration.

Medicines were regularly audited and there were actions promptly taken if any concerns were identified.

A pharmacy technician had been appointed to assist the service in managing medicines. Their role was to ensure admission and discharge medicines were correct and to review medicines to ensure they were given at the correct time. This had allowed the senior staff and deputy managers to be more involved in people's care and support.

People and relatives, we spoke with said they felt safe while staying at Ascot House. One person told us, "I feel safe, they (staff) have given me my confidence back."

Staff had received training in safeguarding vulnerable people from abuse. All staff we spoke with were

confident the management team would listen to any concerns they had. One member of staff told us they were happy to work at the service and had not seen anything of a safeguarding concern.

Staff were recruited safely. We reviewed four staff recruitment files and found Disclosure and Barring Service (DBS) checks and references had been sought prior to the staff member commencing employment. A DBS check assists employers to make suitable recruitment decisions.

Our observations were that there were enough staff on duty throughout the inspection. Daily, there were two deputy managers or seniors on duty, 10 care staff and two social care support workers. Additional support was available from therapy staff, social care assessors, the GP, district nurses. Administration staff were available Monday to Friday. People told us there were enough staff to respond to them. One person told us, "The carers are always milling around the lounges and if I press my buzzer, they come very quickly." Staff told us there were generally enough staff but if people needed the assistance of two staff to support them, they needed to ensure there was a senior or a deputy manager around to monitor the unit. At night, there was one care staff supporting each unit, with additional support from senior staff.

Coloured tags were placed on peoples walking frames to assist staff in identifying what support people needed. The tags were red, amber and green and as people's mobility improved, they moved up a tag with the goal being to reach green. A silver tag was also used to make staff aware of those who had hip problems. People eagerly told us that it became a competition to see who could reach green first, with one person saying, "I have only been here a week and I am on green for go," Another person said, "The carers keep me safe. When I was on the red strap, they would stop me moving around when I hadn't used my buzzer for their help. They have my best interest at heart"

There were white boards in each person's room which contained information on the person's mobility, transfers and what assistance was required to support them. This was used to quickly remind staff of people's needs and abilities.

Where people were at risk of falls, risk assessments were in place to assist in mitigating the risk. Post falls check lists were in place to review falls and look for patterns and trends. Where a pattern was noted, we saw equipment such as low beds or movement sensors were installed to alert staff to people who were mobile or who had fallen.

Moving and handling assessments gave clear details for staff to follow to move and handle people safely and to support people to gain confidence in increasing their levels of mobility. We saw staff follow exercise plans and observed therapy staff carrying out physiotherapy with people with encouragement.

Pressure relieving equipment was used to prevent pressure sores occurring. Peoples skin integrity was assessed and regularly monitored. We saw any concerns with skin integrity were raised with the district nurses immediately.

Personal Emergency Evacuation Plans (PEEP) were in place. A PEEP gives guidance to staff about what support people would require to leave the building, in the event of an emergency. For example, assistance of two staff or use of a wheelchair.

Accidents and incidents were reviewed to look for themes and patterns. Any accidents and incidents were assigned to the registered manager to investigate and report on findings and any actions implemented to minimise future occurrences. All accidents and incidents were clearly recorded.

All equipment in the service had been serviced according to the manufacturer's instructions. There were internal and external checks of firefighting equipment, emergency lighting, gas and electrics, the passenger lift, hoists and other lifting equipment and nurse calls and movement sensors.

A fire risk assessment was in place and regular fire drills took place for all staff. A legionella risk assessment was in place and water temperatures were monitored and any toilets and taps not in regular use were flushed to remove bacteria. Legionella causes a potentially fatal form of pneumonia and everyone is susceptible to infection.

There were monthly audits in place to monitor infection control. Personal Protective Equipment (PPE) was available throughout the building. An Oxy'Pharm machine was used to disinfect rooms to ensure they ready for the next person to move in. An Oxy'Pharm is a disinfection machine that sprays a room to ensure it is free from virus and bugs.

We found the service was clean throughout.

Good

Is the service effective?

Our findings

At our previous inspection we found that the service required improvement in this area. At this inspection the servicehad improved to good.

People admitted to Ascot House were assessed while at the hospital to ensure they were suitable to received therapy led rehabilitation. The sole purpose was to support people to achieve their physical goal after a period of hospitalisation or reduced mobility. The rehabilitation programme was aimed at a 21-day period, however, this could be lengthened or shortened depending on the level of support needed. To be able to access the rehabilitation programme, people were assessed to ensure they could understand the exercise and rehabilitation programme and were fit for discharge from hospital.

Assessments considered people's baseline mobility, cognitive functions, health and goals. The assessments fed into care plans and risk assessments which were used to support people while staying at Ascot House. Assessments took into consideration the baseline mobility of people before their accident or illness, any temporary or permanent restrictions and their goals.

People could be admitted to the step-down part of the service if it was felt rehabilitation was not working or no longer suitable and they needed to be safely supported until a more permanent care solution could be sought. The step-down beds were not a long-term solution but gave people a consistent staff team to support them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff received training in DoLS and the MCA. The service did not make referrals for DoLS assessments as the people who received intensive rehabilitation at Ascot House were required to follow exercise plans and be able to consent to support. Staff told us if they did have concerns with people consenting, the would report to the manager or the visiting GP, as people could be confused due to an infection or being unwell. As part of the screening process, prior to coming to the service, where capacity could not be ascertained, a decision was made in the person's best interests to ensure rehabilitation was suitable.

People staying at Ascot House continued to have their health needs met, as they were registered with a

temporary GP who visited daily during the week. The GP met with the patient within 24 hours of being admitted and reviewed their medicines and health and made any referrals for other support, such as a dietician. People were allocated an Occupational Therapist and Physiotherapist to closely support them to meet their goals to support their independence at home once discharged from the service. Out of hours, the service had direct access to the out of hours GP service. This was to assist in earlier diagnosis and treatment and to prevent hospital admissions. There was also an assistant practitioner who worked seven-days a week who completed observations on people such as blood pressure checks.

People's weights and nutritional intake were monitored weekly. We saw any concerns with weight loss was discussed with the GP and guidance taken and recorded in people's care files.

People who required support from district nurses with wound care, diabetes or skin integrity continued to be supported while staying at Ascot House. The district nurse was based at the service Monday to Friday and the service was supported by community district nurses at weekends.

Social care support workers worked alongside the therapists to ensure exercises were carried out, care plans were reviewed and to support the discharge of people back to their own homes. A social work assessor worked within the service to assist people who were unable to return to their own home or needed additional support at home.

After discharge from Ascot House, people could be supported by the Ascot House Care at Home Service. This gives short term intervention to assist people with the transfer back to their home and to build confidence around mobility. Care at Home staff were able to work alongside staff at Ascot House to get to know people's needs.

People told us, and we saw they received healthy and nutritious meals while living at Ascot House. Everyone we spoke with said they were happy with the choices of food and if they didn't like what was on the menu, the chef would make them something else.
We observed lunch time at the service and found it to be a relaxed atmosphere where people could eat with others or in their rooms. People complimented the food and general conversation was had around the table. Condiments were available, and people could have additional portions if they required.

Ascot House had a large kitchen where meals were cooked. Dietary preferences were discussed with the cook and recorded in people's care files. The cook told us they were updated daily for any allergies and likes and dislikes of people. If a person who was coming into the service required a specific diet such as Halal, the cook told us they could order the correct food in.

The kitchen had recently received a five-star food hygiene rating from the food standards agency. We found the kitchen to be clean and any records relating to the management of food were fully completed.

Staff received regular supervision and told us they enjoyed having group supervision where they could share ideas. Supervisions were recorded in staff personnel files. Staff also received an annual appraisal and were able to work towards goals in their career development, such as further qualifications or a more senior role.

Staff received training appropriate to their job role. Staff told us they found the training interesting and particularly enjoyed the training on equipment and exercises provided by the therapist. Training was recorded on a training matrix and was a mixture of e-learning, face to face training and distance learning through workbooks. People told us they thought staff were trained to meet their needs. Training was incorporated into the induction for new staff. Inductions were recorded, and staff were able to shadow more

experienced staff members. Many of the staff members had worked for the organisation for many years.

The building was fully accessible for people with mobility difficulties. A passenger lift and stairwells enabled access to the first floors. Corridors were wide and light and gave scope for people to use, for walking up and down as part of their rehabilitation. Bathrooms and corridors were fitted with grab rails and equipment was widely available to assist in rehabilitation. A private room was used to enable people to exercise in with therapy support. Bed and chair sensors were used to monitor people who may be at risk of falls. The sensors alerted the staff team when people were mobile.

Good

Is the service caring?

Our findings

At our previous inspection we found that the service was good in this area. At this inspection the service remains good.

People told us they felt cared for while staying at Ascot House. One person told us, "The staff here are very good, you're well looked after." Another person told us, "I appreciate their kindness (staff) and I am grateful that they are always polite."

We observed kind and caring interactions between staff and people being supported by the service. Staff were very encouraging to people undertaking exercise and spoke positively when people achieved a new goal with improving their mobility.

Visiting times were restricted to certain times of the day to ensure people engaged in their exercise plans.However, if families could only visit at restricted times, private arrangements were made with the registered manager.

Staff engaged people in game exercises such as large connect four or play your cards right. Staff spent time reading newspapers and laughing and joking with people or talking about a television programme or their families. We observed staff and people at ease with each other and conversation continually flowed.

People told us that they found all the staff to be respectful. We saw staff knock on doors and gain permission to enter. We observed staff explaining any interventions such as delivering personal care or aiding in a friendly manner and people responded to the staff supporting them. One person told us, "The staff always knock on my door and ask if they can come in, that's respect."

Staff referred to people by their first name or by Mr or Mrs [surname]. Information about people was discussed privately and care files and information were stored confidentially.

Staff were aware of people's needs and were consistently allocated to each unit to ensure consistency of support.

Staff told us they ensured people did as much as they could for themselves in order not to take away their independence. One staff member said, "It doesn't matter how long it takes, we are ensuring people's safely while they complete their personal care tasks. I only assist if they are really struggling and will offer to help first."

Daily notes were recorded for each person receiving care and support. Entries made were detailed and reflective of the support people had received. Care files and other information was stored securely in a locked cupboard or office.

There was lots of information available for people while staying in the home. Literature was available in

various prints on care and support services, how to make complaints, benefits and how to access support with illnesses, such as cancer or diabetes.

Good

Is the service responsive?

Our findings

At our previous inspection we found that the service was good in this area. At this inspection the service remains good.

Care files contained information for staff to be able to support people effectively. We reviewed four care files and each file had information related to people's needs and why they needed rehabilitation at Ascot House. The main aim of the service is to successfully rehabilitate people's mobility and give them confidence to be able to return to their own home. Care plans and assessments contained goals that people had agreed to work towards, these were small but steady steps to enable mobility to improve and included information on regular exercises, as well as listing the equipment suitable for people to use.

Staff we spoke with said they were given information about people before they came into the service. This was usually the screening assessment, which gave staff a clear understanding of people's needs before they arrived. This also enabled the service to arrange any equipment needed to support people.

Care files contained information about what the person could do for themselves. This enabled staff to continue to promote independence. The file also contained a list of people's likes and dislikes, preferences and if there was any concern with communication. Staff also had the opportunity to sit with people on admission to ensure all the information was correct.

Upon discharge, a multi-disciplinary meeting was held to ensure a smooth discharge home. This included visits by the social care support workers, with permission to the persons home to review accessibility and if any further equipment such as grab rails or toilet seat raisers would be required. Any referrals were made for follow up health concerns, such as community district nurse input. Social care assessors planned the discharge. If the discharge was complex, a physio and occupational therapist visited the person's home to help identify the assistance needed for the person to safely return.

A welfare check was made by therapy staff, 24-hours after discharge. The service organised a safe and well check by the fire brigade and could organise deep cleans of properties and arrange for further care and support to be implemented.

Activities at the service focussed on rehabilitation and would involve playing games and completing sit to stand movements. A local community group had provided gifts to people staying in Ascot House over the festive period and other groups such as schools had visited to sing Christmas carols and provide entertainment for people. Other activities consisted of daily exercise, quizzes, table top games, reading newspapers and watching television. There was free WIFI throughout the building for people to use with their tablet or phone. A hair dresser visited the service weekly.

Every other week a person from the multi-faith church visited to offer prayer and religious sermons to those who wanted it. Representatives from people's own churches were also welcome to visit the service.

People coming into the service often arrived from hospital with a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) agreement in place. A DNACPR is a form where people, their family if legally able to do so, and a doctor have agreed that resuscitation would not be in the person's best interests. While the service did not provide care and support for people who were at the end of life, we saw there had been some instances where people's health had quickly deteriorated, and the service had responded appropriately and supported the person and their family. DNACPR's were reviewed with the person and the GP on admittance to ensure they remained a valid decision.

Complaints were responded to in a timely manner. A complaints policy was in place and staff told us if they were made aware of a complaint, they would discuss it with the senior, deputy manager or registered manager immediately. The staff told us some complaints were minor and they managed to assist people with their worries in the first instance which prevented a complaint being escalated. Any complaints made were recorded, investigated and outcomes shared with the complainant and staff team if appropriate for any learning. People we spoke with said they would have no hesitation in making a complaint and would speak to one of the staff members. No one raised any concerns with us throughout our inspection.

Good

Is the service well-led?

Our findings

At our previous inspection we found that the service required improvement in this area. At this inspection the service has now improved to good.

Staff told us they felt supported by the registered manager and other members of the management team. Regular staff meetings were held to share ideas, give information and to team build. Meeting were recorded and attendance at the meetings was good. One staff member told us, "'I think [registered manager] is brilliant, everybody is, I come to work and do my job to the best of my ability."

There were audits in place to monitor and improve the service. There had been improvements in the audits and oversight of medicines since the last inspection. Further audits of accidents and incidents, falls, care files and safeguarding's had been carried out.

The registered manager was supported by the Head of Service from the local authority. The registered manager had management responsibility for the Ascot House – Care at Home manager and the deputy managers and staff team at Ascot House. We saw there were regular meetings held with Pennine Care who provided the therapy care and support at Ascot House and both staff teams were complimentary of the relationship between the two establishments.

A health care professional who worked for Pennine Care told us they had a good relationship with the staff team at Ascot House. They said, "We have a good working relationship, we encourage them to ask questions and we are reliant on them and they are good at conveying information."

The registered manager had given staff members roles, such a safeguarding and infection control champion. This gave the staff additional responsibility for ensuring new learning was shared and they took a lead in ensuring staff were aware of their responsibilities in such areas.

Staff were clearly driven to provide support to enable people to return home. One staff member told us, "For us, its seeing those steps taken to help people regain their independence. I feel proud to have supported people to return to their home instead of going into a care home, it's a very good feeling."

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.

The service had sought feedback on what it offered through patient experience forms. In the five months before our inspection, 97 people or their representatives said it would it would be likely or extremely likely that they would recommend Ascot House to others. One respondent said unlikely.

We saw many compliments had been received by the service for the kind and good care people received while staying at Ascot House. One person told us it would be hard for them to leave as the staff had been so

supportive.

The service worked in partnership with other organisations such as Pennine Care, the local authority, MacMillan Cancer Support and the NHS to ensure people received person centred outcomes.