

## ENTER & VIEW VISIT REPORT

### Ashlee Care Home

23 October 2015

#### 1. Visit Details

**Premises Visited:** Ashlee Care Home, 89 Nottingham Road, Long Eaton, Nottinghamshire, NG10 2BU

**Service Provider:** A.S.H.A. Incorporated Ltd.

**Purpose of the Service:** Ashlee Care Home is a 21 bedded home for older people located in Long Eaton. They provide specialised residential care for people with Dementia.

**Date and Time of Visit:** 23<sup>rd</sup> October 2015: 11.30am - 4.00pm.

**Authorised Representatives:** David Mines and Sharon Mellors.

**Contact Details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

#### 2. Acknowledgements

Healthwatch Derbyshire would like to thank the Service Provider, Care Home Manager, service users, visitors and staff for their contributions to this Enter and View visit.

#### 3. Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.

#### 4. What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

## **5. Purpose of the Visit**

To ensure that residents in the home have the opportunity to talk to Healthwatch Derbyshire regarding their experiences of care, and to enable our representatives to see for themselves how the service is being provided. This will include:

Observing interactions between staff and service users.

Observing the environment in which the service operates.

Observing the quality of care provided.

Talking to service users, visitors and staff about their thoughts and feelings regarding the service provided.

Identifying any areas that are felt to be in need of improvement, and also any areas of good practice within the home.

## **6. Strategic Drivers**

This visit was conducted in response to concerns raised, which is a trigger for Enter and View visits stated in our Enter and View Strategy. This visit is in response to comments made regarding Ashlee Care Home following a visit by the Care Quality Commission (CQC) on 15<sup>th</sup> August 2014.

## **7. Methodology**

The initial meeting with the Manager and Deputy Manager(s) was followed by an introductory tour of the premises. A new manager has been appointed to manage the home. Although she has been a reliable employee for a number of years, this is her first management appointment. In order to equip her for her new role, she is being mentored by an experienced manager seconded from another home in the group.

The rest of the time was spent between interviews with, and observations of, residents, staff and relatives. Most residents were in the communal areas, some undertaking activities when we arrived and then attending lunch in the dining rooms.

Nine residents, two relatives/visitors and five staff were interviewed. However, all of the residents were suffering from different degrees of dementia and some of the details elicited from the residents required verification with the staff. At the end of the visit, a brief overview of the findings was discussed with the provider organisation.

## **6. Findings**

### **Accessibility & Parking**

The care home is on a very busy road which gives some associated noise. This is noticeable to some degree inside the care home. Where there is double glazing in place the noise is minimised significantly.

There is a large sign which is easily visible from the road. It is not clear where visitors' parking is located.

### **The Environment and Facilities**

The building is primarily Victorian/Edwardian, this is two storeys high and there is also a one storey annex to the rear of the main building and away from the road. This is a more modern building. There are still some original windows in the building which are wooden and there are also wooden windows in the modern annex extension. It appears that some of the wooden windows would benefit from some refurbishment or repainting.

The garden at the front of the building did look like it needed some basic tidying and maintenance though this is hard to comment on reliably due to the autumn conditions.

Most visitors appeared to go and see residents in either of the lounges, the dining room or the residents own room.

The corridor leading from the green lounge to the dining area has information on dementia, falls and nutrition etc. This information would be better placed in staff areas as it is the main access route from the lounges to the dining area and the resident rooms in the annex. It is not really appropriate for this area. This very useful information should also be made available to relatives or carers if needed/wanted.

The hall leading to the dining area is quite dark despite it being painted a light colour, and adequate artificial lighting is provided. The dining area is a pleasant and light room which is nicely decorated. This includes motifs on the wall. The care home comes across as a 'homely' setting.

In some areas of the home (near to toilets/bathroom) there were odours but staff were seen going into the bathroom to clean/freshen up. There were also some minor issues around cleanliness in the bathrooms, for example around the edge of taps and grouting and sealant etc. In general it was felt that the shared bathrooms were in need of refurbishment and updating. The upstairs shower room was observed to be quite small and it would be difficult for someone to shower with ease if a member of staff needed to help them.

In all four public bathrooms, it was observed that the soiled items bin lids did not appear to always be fully closed/locked.

The windows were kept open in the bathrooms, as required, and it was visible from exterior of the building that residents' rooms had open windows to keep ventilated and fresh. This was also observed whilst walking down the corridor of the annex where some residents had the doors open and could see that windows were open.

Antibacterial hand gel was available inside each toilet area and in several locations around the home both upstairs and downstairs.

There was a clean pleasant laundry smell in the annex corridor whilst the washing was being aired and put away, and during the build-up for lunch pleasant smells of food were noticed.

The corridors are wide enough for wheelchairs and walkers but only for one person at a time. The corridor in the annex is wider than in the main (older) part of the building. The narrowest and darkest corridor is between the green lounge into the dining area. This cannot be changed due to

the nature of the building. There were handrails along the corridors to aid residents whilst walking around the building.

There are two shared bathrooms downstairs plus a shared shower room and additional toilet and sink room upstairs. All the toilets had raises on them to make it easier to sit down for residents.

There were no steps between rooms on the ground floor. They were all flush, for example into the dining rooms lounges or residents rooms. There were stairs and a lift up to the first floor.

External doors are kept locked to prevent wandering by residents as the home is on a busy road. These door are alarmed (fire exit) or need a code to get out (front door). There was no clutter on the corridor floors to impede people.

There are pictures and prints on the corridor walls.

In the corridor areas downstairs there was a brown wood effect linoleum. It had a matt finish. The dining room has a pale linoleum surface, there were some shiny elements to this but it was hard to determine how much this affects residents.

The bathroom also had pale linoleum surface for ease of cleaning.

There were plain carpets in both lounges and there was carpet up the stairs and on the first floor hallway.

All floor surfaces were clean and well maintained with the exception of the conservatory, although the Authorised Representatives understand this will have faded due to the sun.

During the visit the conservatory was having a clean, presumably in preparation for winter as the Authorised Representatives were informed that the conservatory is not used during the winter as there is not sufficient heating. The chairs in the conservatory were also in need of repair or replacement.

The light switches were not in contrast to the walls and appeared as those found in a conventional house. The toilet seats, flush handles and rails were not contrasted with the toilet and walls and floors in any of the public toilets.

Doors and rooms for use by the staff only were labelled (e.g. laundry) and had standard door handles and locks which are easily visible to residents and visitors. This may cause confusion to residents who have dementia where this may cause additional distress.

The toilet doors are not in a single distinct colour though there are signs on them clearly identifying the use of the room. There is a picture as well as a word.

On the corridors along the annex there are paintings that belong to the residents and their relatives in the home. This is to make the home more homely. We would recommend moving the pictures lower down the wall so that residents are able to see them more clearly as at the moment they are quite high on the wall and not possible for all to see clearly whilst walking along the corridor.

Outside the dining room there are photographs of people attached to the design of a tree. It is called a memory tree. This appeared useful as it could remind people of people who lived in the home or loved ones of people in the home. On questioning a staff member did say that the photos

were of people who used to live in the home but were no longer alive. One resident did say about this 'one day it suddenly appeared. It looks nice but I don't know what it is.'

Also in this area was a display of photos of film and music stars from the past and pictures of musical instruments. This was a good display and similar things are widely used to aide memory and improve surroundings. Further round this corner there is another memory aid wall. This does appear to be quite high up the wall for residents to easily see.

## **Signage**

There are signs with pictures on to indicate bathrooms downstairs. The toilet signs can be seen from all areas used by the residents.

The fire evacuation procedure poster was located in several sites in the building. The text font size, although adequate may give difficulty for people with prominent eyesight deficiencies. This could be made clearer and simpler, whilst also not causing confusion or distress to residents.

The function of the dining room is recognisable from the furniture. There are dining tables with clean table cloths in warm colours, and chairs, some with additional rails on the bottom for extra stability and also have arm rests for additional stability and comfort. Some of the chairs (two seen) had some spills on the arms and legs and so would benefit from regular wiping after each mealtime to remove food or drink spills.

There are four dining tables in three small groups to allow residents to eat in smaller groups. The dining room is decorated with pleasant motifs on the wall and there are table decorations to improve the atmosphere. On the windowsill there are inflatable flowers and unbreakable ornaments with a touch of colour but are not a potential for harm. There is a menu board on the wall of the dining room but again this is quite high on the wall and not best positioned for the best interest of the residents.

There are two lounges at Ashlee. One is smaller and there is a TV and DVD player. There are also books available. The larger or 'green lounge' has more seats and it also has a TV and DVD player. There are books and games available in this room including jigsaws.

Both lounges are decorated in traditional manner as someone would have in their own home with a feature fire and a TV and bookshelves and storage around. The lounges do not look institutional but like an older person's home. Appropriate seating is provided for residents to ensure they can sit safely and in comfort and additionally for people who need to have their legs raised there are these seats available also. Some chairs and some of the coffee tables in the lounge are well worn but are still functional though some may be coming to the end of their useful life and will need replacing in the near future.

The manager mentioned that having two lounges was advantageous when it came to segregating residents who, for example, did not wish to participate in a particular group activity, or wished quiet. It was also useful for dealing with the occasional personality clash or conflict.

## **Meals**

There was a choice for lunch of hot meals and there was also an alternative offered for those who did not want the options available. As it was Friday there were two different sorts of fish. Additionally a choice of vegetables was offered including boiled potatoes or chips. The food

looked and smelled very appetising and it was all served hot. There was also a choice of dessert. Several items were tasted and found satisfactory. The residents appeared well satisfied. Omelette or jacket potato and vegetarian options were shown on a poster as alternatives. Authorised Representatives observed residents being assisted with pureed food and staff were encouraging a resident to swallow who was having difficulty. This was all done sensitively.

Residents were able to change their minds on what they wanted for their lunch even if they had chosen earlier in the day. Choices were also given round accompaniments and sides dishes and whether to have sauces with the main or cream with the dessert.

During the afternoon snack it was observed that staff knew which residents preferred certain items, though this was never assumed. It was checked, for example, 'Would you like some cake today with your afternoon snack, though I know you normally don't have any and you don't like cakes do you, you are very good being healthy.'

Cold drinks were readily available throughout the duration of the visit, but hot drinks were available on request.

Authorised Representatives noticed some residents had special cutlery and drinking utensils to help them eat and drink without help from staff so that they maintained their independence.

Plates were cleared by most residents. Of the two residents spoken to, they both said they enjoyed the food very much and the choices that were given. It appeared quite calm and relaxing during lunch. Residents were not rushed to eat their food and could take their time. Residents were asked if they wanted help to eat rather than just going straight in without asking permission. Some people were also laughing and talking and the staff were supporting residents.

Also when residents were being taken to lunch by staff this was done in a caring manner and not rushing so that residents did not get stressed or anxious. Also residents were not rushed to finish lunch and leave the dining room. People could eat at their own pace and leave when it was convenient for them.

During the afternoon snack fruit was offered and when it became apparent that one resident was having difficulties opening a banana a member of staff asked if they needed any help and just started it off for them so the resident could complete the task for themselves. Also each person was asked individually what snack they would like rather than just putting something on a plate without asking.

Two people always had lunch in the lounge as they preferred this. Another resident had lunch in the other lounge as they needed more physical support to eat and could potentially be challenging so was in a calmer environment in the lounge. It was also observed that some people chose to eat in their rooms, this was seen walking by up and down the annex corridor as some residents had the door open.

Several times residents were encouraged to eat and drink during lunch and the snack time. This did not appear to be in a rushed way or intrusive by the staff, just considerate. Representatives could hear staff asking people who were eating in their rooms about their food and encouraged to eat more or if they wanted something else.

Later in the afternoon it was heard that a resident was going to have soup and a sandwich as they had probably not eaten at lunchtime. This was not seen as a problem by the staff and choices were given on type of soup. This would be after the kitchen had done the lunchtime meal.

Cold drinks did seem readily available in the morning and during lunch. A large sign in the dining room bears the information that “Tea and coffee are available at any time on request.” After lunch there were several requests made by various residents for hot drinks before they were provided. They were provided in a group along with a wide choice of afternoon snacks. The cold drink appeared to be two choices of cordial. Hot drinks offered were tea or coffee.

## **Residents**

In the afternoon of the visit circa ten residents took part in the bingo activity. Some wanted to just watch and listen in the lounge or take an afternoon nap.

There was some chatting between residents observed, though most chatting appeared to be between the staff and residents as many residents were not very vocal.

All people were fully dressed and clothes looked clean on. People’s hair looked clean and recently washed and it was clear that some ladies still had pride in their appearance with nicely combed and cut hair. People’s nails and hands were clean and tidy.

An Authorised Representative observed one gentleman who had longish nails but he appeared to have some behavioural issues and so this may be harder to manage safely for the staff and resident.

All clothes looked like they fitted them and were their own rather than wearing other people’s clothes. Most residents had shoes and socks etc and a couple of residents were seen in slippers though one of these was in a wheelchair and she said she did not wear shoes, she did not like shoes any more either. The other residents were in orthopaedic slippers to help mobility.

All residents smelt fresh and clean.

## **Staff**

All the staff on duty were dressed in smart protective uniforms according to their function/position. They were friendly, cheerfully encouraging and professional in their demeanour. They all appeared well trained and handled the residents competently including proper use of the mobility aids available to them.

We only heard staff talking very politely to residents, either calling them by their name or ‘sir’ so it was clear that staff had asked what the residents wanted to be called/addressed as. All residents responded positively with staff and there was good inter-relationships where people had a laugh together.

The care staff appeared very caring and friendly as well as cheerful. The entertainment/activity leader was very popular and had excellent interpersonal skills with the residents. Always attentive and respectful. The new Manager showed and displayed obvious care and empathy towards residents. The only male member of care staff observed was also very caring and considerate and proactive in his care. He was also very friendly and could have banter with residents.

Staff were observed being tactful and giving dignity and respect to people using the toilet. Staff escorted them in and were heard asking if they needed help. If the resident said ‘no’ the member of staff waited outside and then knocked when the resident had finished to ask if they could go in. Staff were observed never entering the toilet unless they had knocked on the door first.

Another resident was also helped into their dining chair and the member of staff was very patient and caring giving lots of time and encouragement until the resident was safely settled in their seat.

During the visit, there was a very calm atmosphere among the residents. Staff worked hard to ensure residents did not get unnecessarily stressed. Residents did not seem tense and they appeared relaxed whilst in the lounge for the activity. Due to the nature of the resident's mental capacity little detail could be gathered from verbal communication. It was clear that residents did not fear any of the staff and many of them liked touching or being touched in a friendly and caring way by the staff. Staff were observed holding resident's hands whilst they were sitting in the lounge and it was clear residents found this comforting and reassuring.

## **Facilities**

There is no form of Residents' Committee or forum - the advanced dementia of many of the residents precludes this.

There was access to the garden, via the conservatory, which was being cleaned ready for the winter shut down. Outside there was a patio area with chairs which looked they had been used for residents whilst it was warmer. The owner did say residents did use the conservatory and go outside when it was warm weather. The noise from the road was very noticeable in the conservatory.

There was a TV and DVDs available along with books and jigsaws. Newspapers were also available in the dining room. One resident did make a point of saying there were no magazines available to look at.

A telephone was available for private use, this was a mobile phone.

Some resident's room doors were left open during our visit and some residents who were in their room wanted to have the door open. The rooms observed were well maintained. They were clean and tidy and all rooms had at least one seat to sit on. We observed wardrobes and chests of drawers in resident's rooms.

The rooms were personalised with pictures photos and ornaments and it looked like people had their own choice of decoration in the room as there were different types of wall paper etc. There was also personal bedding in evidence. One bedroom contained a large grandfather clock. Many of the rooms had commodes in situ.

The residents' rooms had dementia approved signage and some had pictures of the residents. This was where the resident still recognised themselves and was happy to have a photo on the sign for their room. Others had things of interest to them. One resident remembered which their room was as it had a Leeds United motif on the door.

The rooms looked spacious enough, though some rooms were larger than others as this is identified from the floor plan provided by the Manager. Also some rooms have en-suite or basin facility in their room which also contributes towards ensuring dignity and respect.

Authorised Representatives observed a game of bingo in the afternoon and saw that other activities are planned throughout the week. These were on a board outside the dining room. Other choices included quiz, colouring, craft session etc. There were examples of people's colouring on the walls close to the dining room. There was also a poster advertising a Halloween party the following week.

There is also a sign for a 'pat dog' to come in on the notice board but did not see this on the activity board. One resident did speak of knitting and embroidery but said the light was not good enough.

The Activity Organiser was very caring and inclusive giving all residents opportunity to take part and providing encouragement. She was attentive so that as many residents as possible were able to take part engage in and enjoy. She provided reassurance and praise for people where they were able to mark off the correct number (bingo). She had a very good tone and the right manner for an activity organiser.

There was no evidence of domestic activities i.e. helping to set or clear tables, laundry or maintaining a garden. Due to the residents' dementia there would clearly be health and safety issues.

## **7. Summary of Findings**

Being an old building and not therefore, custom built as a care home, it is not ideal for the purpose. In parts the building would benefit from some refurbishment and upgrading.

During the course of the visit 3 residents and one relative/visitor were interviewed. All expressed themselves very happy with the standard of care provided.

## **8. Recommendations**

- Improved signage to visitors parking at rear of building.
- Windows painted/replaced where necessary.
- Gardens maintained, as far as possible, for the season.
- Revisit leaflets/displays to ensure complete, up to date, useful and appropriate and adjust height when necessary.
- Consider repositioning resident's pictures, and memory aid wall to be more visible.
- Put on the visitor's notice board that, 'If you want to see a member of staff or manager you can arrange to do this in the office.'
- Bathrooms refreshed/refurbished, where necessary, consider use of contrasting colours.
- Ensure that soiled items bins are closed/locked whenever practical.
- All 'staff only' rooms to be made less accessible to wandering residents through use of obscure handles.
- Residents are familiarised with the memory tree.
- Check sizing of fire evacuation signs.
- Consider introducing a choice of magazines.
- Lighting reviewed to encourage/support activities.

## 9. Service Provider Response

### Healthwatch Enter and View Visit Report - Service Provider Response

I must begin by thanking both the inspectors, who visited the Home on 23rd October 2015, for conducting themselves in a very professional manner and did their best to ensure that their visit did not impinge upon the day to day running of the Home and the lives of the clients who reside there.

I would also like to take this opportunity to thank Helen Hart and Jasbir Dosanjh for all their support throughout this process.

For the most part the draft report is a fair reflection of how the Home operates especially in respect of the actual care that is delivered by the current care team. Ashlee has undergone significant change over the last 18 months and a lot of time and effort has been spent creating a more robust and effective recruitment procedure with the result being the engagement of a highly skilled, motivated staff team, all of whom have a genuine empathy towards the client group. This was clearly evidenced by the inspectors and is reflected as part of the inspectors' findings on pages 6, 7 and 8 of the report. In addition both the CQC and the local authority have acknowledged similar findings during their recent visits to the Home.

There are, however, a few points made by the Enter and View inspectors, predominantly in relation to the Home's environment, which, I feel require a response from the Provider.

In paragraph 1, under the subheading "The Environment and Facilities", the final sentence reads: "It appears that some of the wooden windows would benefit from some refurbishment or repainting."

We acknowledge that the Home is not purpose built and is a very old Manor House which was converted into a Care Home many years ago and so it will always be in need of some repairs and refurbishment. Despite being restricted by very low income, the provider endeavours to ensure that the environment is safe and comfortable for the residents who call Ashlee their Home. Over the years a significant amount of money has been spent on keeping the Home fit for purpose including £6000 being spent on new double glazing to all the windows on the second floor. It is of course part of the Provider's plans to continue to refurbish various parts of the building including the windows on the ground floor.

Paragraph 7 under the heading "The Environment and Facilities" reads:

"In all four public bathrooms it was observed that the soiled items bin lids did not appear to always be fully closed/locked."

All the soiled item bins throughout the Home are fit for purpose and can be closed as and when required. During the inspection numerous residents were using the toilet facilities with the assistance of Staff members which will have resulted in the bins being occasionally left open. Staff members have been instructed to ensure that the bins are to be closed when bathrooms are being cleaned and not in use.

The first two sentences in paragraph 2 under the heading Signage on page 5 of the report reads: "The fire evacuation procedure poster was located in several sites in the building. The text font size, although adequate, may give difficulty for people with prominent eyesight deficiencies".

I take on board the Inspectors' remarks in relation to this issue and as such posters with larger text have now been created to assist those with more prominent eyesight deficiencies.

The last sentence in paragraph 3 under the heading Facilities, on page 8 of the report reads: “One resident did make a point of saying there were no magazines available to look at”.

As stated by the inspector at various points throughout the report, many of the residents at Ashlee Care Home do suffer with varying degrees of dementia and this should be taken into context when referring to statements made by said residents. The reality, in respect of magazines, is that the Home has a large supply of various magazines that are regularly updated by the Home’s activities coordinator. These magazines are laid out in the conservatory, the dining room and both lounges and are regularly offered to the clients on a daily basis, some residents even have specialist magazines delivered to them on a regular basis. One client in particular has a Golf magazine delivered to him every month.

With regards to the Recommendations, section 8, on the final page of the report, I hereby submit the following responses:

**“Improved signage to visitors parking at the rear of the building”**

The front exterior does not currently lend itself to allow effective parking signage to be displayed. Plans are afoot to redevelop the site over the course of the next 24 months and external signage is an issue that will be addressed by the provider following the completion of said redevelopment works.

**“Windows painted/replaced where necessary”**

As mentioned above the site will be undergoing significant redevelopment over the next 24 months and this will include replacing all wooden framed windows on the ground floor.

**Gardens maintained, as far as possible, for the season.**

The Gardens are always maintained subject to the Weather. The Enter and View took place at the end of October, the beginning of the winter months, as such there was little that the Home’s groundsman could do to further maintain the gardens at that time. Nonetheless at the time of the visit the Gardens were tidy and the grass had been cut. The only issue was some foliage from nearby bushes and trees that had fallen onto the lawns earlier that very morning.

**Revisit leaflets/displays to ensure complete, up to date, useful and appropriate and adjust height when necessary.**

All of the leaflets and displays at Ashlee Care Home are in date and are reviewed regularly by the management team. As part of the previously mentioned refurbishment plan, the internal renovations will allow for the Home to review how and where posters, pictures and signage will be displayed in the Home, with the focus being on the positioning, efficacy and aesthetics.

**Consider repositioning resident’s pictures, and memory aid wall to be more visible.**

Please see comments above regarding internal renovations.

**Put on the visitor’s notice board that, ‘If you want to see a member of staff or manager you can arrange to do this in the office.’**

All the Homes in the ASHA Group have an open door policy in respect of meeting and talking to the Manager, there is a written policy in place which states this fact, a copy of which is on display in the corridor between the two lounges.

**Bathrooms refreshed/refurbished, where necessary, consider use of contrasting colours.**

As previously mentioned, the Home is to undergo significant structural and decorative change over the course of the next 24 months.

**“Ensure that soiled items bins are closed/locked whenever practical”**

All Staff members have been reminded and retrained to ensure that the bins in question are to be closed when bathrooms are being cleaned and not in use.

**All ‘staff only’ rooms to be made less accessible to wandering residents through use of obscure handles.**

All Staff only rooms are kept locked when not in use, most of which are only accessible via electronic or mechanical keypads. There is therefore no need for any of the door handles to be changed.

**Residents are familiarised with the memory tree.**

Residents are regularly familiarised with the memory tree during activities with the activities coordinator, however, given the mental health issues that the vast majority of our clients have to live with, it is inevitable that they can quickly forget recent activities and incidents that they have been a part of.

**Check sizing of fire evacuation signs.**

All fire evacuation signs meet the national fire safety standard

**“Consider introducing a choice of magazines.”**

As previously mentioned, the Home does have a large supply of magazines for residents and visitors enjoyment and some residents have magazines delivered to the Home on a regular basis.

**Lighting reviewed to encourage/support activities.**

There are currently no concerns with the lighting at Ashlee. Every room, communal and private is adequately illuminated with artificial light, when required, so as to ensure that the health, safety and welfare of the client group is never compromised.