

## Ashleigh Manor Residential Care Home

# Ashleigh Manor Residential Care Home

### Inspection report

1 Vicarage Road  
Plympton  
Plymouth  
Devon  
PL7 4JU

Tel: 01752346662

Website: [www.ashleighmanor.co.uk](http://www.ashleighmanor.co.uk)

Date of inspection visit:

27 September 2017

28 September 2017

Date of publication:

31 October 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Ashleigh Manor Residential Care Home provides accommodation with personal care for up to 65 older people who may be living with dementia and/or have a physical disability. The service is divided into two adjoining units. One for people with more complex needs called The Manor (with 37 beds) and another for people with lower care needs called The Lodge (with 28 beds). On the day of the inspection there were 61 people living at the service, 27 people at The Lodge and 34 people at The Manor.

We carried out this unannounced inspection of Ashleigh Manor Residential Care Home on 27 and 28 September 2017. At this comprehensive inspection we checked to see if the service had made the required improvements identified at the inspection in November 2016.

There was not a registered manager in post as the previous registered manager had left working for the service in August 2017. Another manager was appointed soon after who was responsible for the day-to-day running of the service. This manager told us they intended to apply to become the new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In November 2016 we found aspects of the service provided to people that were not safe. People's medicines were not managed safely. Risks were not being assessed for people in relation to the risk of choking, the risk of smoking and how to manage risks associated with specific health conditions. Staff were carrying out some care and treatment without the qualifications and competence to do so. Equipment used for staff to carry out health checks and first aid were not properly maintained or used correctly. There was a lack of robust procedures in relation to the prevention and control of the spread of infection.

At this inspection we found improvements had been made. Risk assessments had been updated and individual assessments were in place which identified any risks relevant to the person and gave instructions for staff to help manage the risks. Equipment used for staff to carry out health checks and first aid had been serviced and there was a system in place for regular servicing. Team leaders had been trained to carry out some routine health checks and the service had ceased carrying out some other checks. Revised infection control procedures had been implemented and a head of infection control and housekeeping had been appointed. The service was visibly clean throughout and there were suitable levels of PPE (Personal Protective Equipment).

A review of medicines procedures and an update of staff training meant people were receiving their medicines in a mostly safe way. There were gaps in records for when staff applied creams. Some people were prescribed to have medicines administered by an external health professional every three months. There were no records made to show when the next administrations were due and we found that one person was overdue their medicine.

In November 2016 while we found there were sufficient staff on duty, based on the provider's dependency assessment, staff were not always deployed effectively. There were gaps in the information communicated to staff when they started a shift and staff were not always clear about their responsibilities. This meant staff were not being used effectively and flexibly to meet people's needs. At this inspection we found improvements had been made to the structure of how staff were deployed. Roles and responsibilities had been defined and communicated to staff. Handovers had improved and staff told us they felt more confident about carrying out their roles. However, the number of staff on duty regularly fell below the level assessed by the provider as being needed to meet people's needs. This impacted on the time staff had available to talk with people, other than when they were completing tasks for them. We found the provider had not sufficiently monitored the impact that lower staffing levels had had on the quality of the service provided for people.

At the last inspection we found people's mental capacity was not being assessed in line with the Mental Capacity Act 2005. Decisions were being made, in people's best interests, without ensuring there was a mental capacity assessment in place. At this inspection we found the service was working within the Mental Capacity Act (2005) as mental capacity assessments had been completed for each person. These assessments covered a range of day-to-day decisions as well as more significant decisions that might need to be made in the person's best interest.

At the previous inspection we found there were gaps in daily records, records of people's health appointments and food and fluid monitoring charts. There was a lack of care plans for people who were at the service for a short stay. People did not have their end of life wishes and needs assessed. In addition because staff were not clear about their roles and responsibilities communication between staff was inconsistent. Information and advice from healthcare professionals, about how to care for people, was not always being acted on. At this inspection we found improvements had been made. Daily records, records of healthcare professional visits and food and fluid monitoring charts had been consistently completed. The staffing and management structure had been reviewed and provided staff with a better understanding of their roles and who to report to. There was evidence of healthcare professional involvement. Appropriate referrals had been made and staff had acted on guidance and instructions given by external professionals.

While overall the recording of the care provided for people had improved we found some people's care plans lacked important detail. Where people could display behaviour that might challenge others, their care plan did not give guidance for staff about how to respond to that behaviour or what might trigger it. It was clear from speaking with staff that they understood people's behaviour and possible triggers. However, there was a risk that, without a record of how staff should respond new staff may not be able to meet people's needs.

At the time of the last inspection we had not been notified of all incidents as required by people registered with us. Services are required to notify CQC of various events and incidents to allow us to monitor the service. At this inspection the manager had ensured that notifications of such events had been submitted to CQC appropriately.

Before this inspection we received concerns about people being left for long periods in continence pads, incorrect manual handling practices, low staffing levels and the overuse of medicines to calm people's behaviour. Apart from our concerns about staffing levels, detailed above, we did not find any evidence to substantiate the issues raised.

People and their relatives told us they thought the service was safe. Comments included, "I feel safe here", "It's nice here", "It's alright here" and "No complaints at all." The atmosphere at the service was pleasant and

relaxed. We saw staff interacted with people in a caring and compassionate manner. People and their relatives told us the staff were kind. Comments included, "Staff are brilliant. I have always found they do their utmost to see people are happy", "They look after her well", "Staff are good. They are very fond of him" and "Staff couldn't have done more when he first moved in."

Staff had been safely recruited, and had undergone checks to help ensure they were suitable to work with people who were vulnerable. Staff knew how to recognise and report any signs of suspected abuse or mistreatment.

People were supported by staff who had undergone training to help ensure they could meet their needs effectively. Specialist dementia training had been arranged and advice sort about making adaptations to the environment to help people with dementia orientate around the premises. We have made a recommendation about appropriate signage for people with dementia.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People told us they enjoyed their meals. Comments were, "Breakfast was nice", "I am happy with the food" and "Mum has to have pureed food, but they make it look appetising."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

There was an activities programme that included group activities, facilitated by the activities coordinator, external entertainers and regular trips out in the service's mini bus. However, we saw little evidence of personalised activities taking place, especially for people living with dementia. We have made a recommendation about this.

People and their families were given information about how to complain. People and relatives all described the management of the home as open and approachable. There were regular meetings for people and their families, which meant they could share their views about the running of the service. Relatives commented, "They don't gloss over anything, very open to feedback and they listen" and "The recent meeting was very good. They were honest about the things that need to be improved and I am confident the improvements will be made."

Staff were positive about the new management of the service and recent changes to the staffing structure meant staff understood their roles and responsibilities. Comments from staff included, "The new manager is doing really well", "It seems more organised" and "The atmosphere has changed and there are new systems in place" and "The manager's door is always open, you can talk to them at any time."

There were quality assurance systems and audits in place. Areas for improvement had been identified and there was an action plan in place to address these issues. At the time of this inspection not all of these improvements had been fully implemented, such as improvements to care plans, medicines and more personalised care for people with dementia.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not entirely safe. The number of staff on duty was not always in line with the number of staff the service had assessed as being needed to meet people's needs.

People were supported with their medicines in a mostly safe way by staff who had been appropriately trained. There were gaps in records for when staff applied creams and in records for when people were due to have medicines administered by an external health professional.

Risks in relation to people's care and support were identified and appropriately managed.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

### Is the service effective?

**Good** ●

The service was effective. People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People saw healthcare professionals when they needed to so their health needs were met.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Staff received appropriate training so they had the skills and knowledge to provide effective care to people. Specialist dementia training had been arranged and advice had been sort about making adaptations to the environment to help people with dementia orientate around the premises. We have made a recommendation about appropriate signage for people with dementia.

### Is the service caring?

**Good** ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

### **Is the service responsive?**

The service was not entirely responsive. People received personalised care and support which was responsive to their changing needs. However, care records did not always reflect the care that staff provided for people.

People had access to activities, but these were not personalised. We have made a recommendation about this.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not entirely well-led. A registered manager was not in post. However, the recently appointed manager, who was in charge of the day-to-day running of the service, planned to submit an application to CQC.

Some areas for improvement had been identified. Improvements to care plans, medicines and more personalised care for people with dementia were in progress. The provider had not sufficiently monitored the impact that lower staffing levels had had on the quality of the service provided for people.

Staff were positive about the new management of the service and recent changes to the staffing structure meant staff understood their roles and responsibilities.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

**Requires Improvement** ●

# Ashleigh Manor Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 and 28 September 2017 and was carried out on the first day by three adult social care inspectors. On the second day the inspection was carried out by one adult social care inspector and a pharmacy inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 23 people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on both days of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the course of the two days we spoke with the service manager, the care manager, the provider, the HR administrator and 11 care staff. We also spoke with nine relatives and two visiting healthcare professionals. We looked at six records relating to the care of individuals, the medicines records for 30 people, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with two other healthcare professionals.

# Is the service safe?

## Our findings

At the last inspection in November 2016 while we found there were sufficient staff on duty, based on the provider's dependency assessment, staff were not always deployed effectively. There were gaps in the information communicated to staff when they started a shift and staff were not always clear about their responsibilities. This meant staff were not being used effectively and flexibly to meet people's needs. We made a recommendation about staffing levels in relation to how staffing numbers were determined and the deployment of staff. Before this inspection we received concerns that there were not enough staff on duty to meet people's needs.

At this inspection we found improvements had been made to how staff were deployed. Roles and responsibilities had been defined and communicated to staff. Handovers had improved and staff told us they felt more confident about carrying out their roles.

Staffing numbers were determined by using a dependency tool, which took into consideration the number of people living at the service and their level of needs. The dependency tool was regularly updated and a recent review had identified that during late afternoon and the evening some people could become disorientated and anxious. A 'twilight shift' had recently been introduced and this meant an extra member of staff was on duty between 4pm and 10pm to provide additional support for people.

Several staff had recently left the service and this had resulted in eight care staff vacancies. New staff had been recruited to fill these vacancies and were due to start work shortly. In addition the manager told us they had been experiencing higher levels of staff sickness recently. In the morning and afternoon of both days of the inspection the numbers of staff on duty were one lower in each unit than the level assessed by the provider as being needed to meet people's needs. This was due to staff sickness and one member of staff having transport problems. We looked at the rotas for the previous two weeks and found there were three days in The Manor and four days in the Lodge where staff numbers were one below the assessed level.

The lower number of staff impacted on the time staff were available to have meaningful interaction with people, other than when they were completing tasks with them. For example, in The Manor at lunchtime we found there were not enough staff to meet people's needs. One member of staff was working in the main dining room, where 16 people were having lunch. While 15 people did not need any assistance to eat their meal, some of those 15 people did need encouragement to eat, to be served a drink or helped to go to the toilet. One person was unable to eat without full assistance from staff so the sole member of staff was allocated to support them. During the lunchtime period the member of staff left the person three times to assist other people. The member of staff was unable to devote their attention exclusively to the individual as they were watching all the time to see if other people needed help. This resulted in minimal conversation between staff, the person they were supporting, and generally with other people during lunch.

In the unit where people with lower needs lived (The Lodge) we observed that there were long periods of the day when people sat in the lounge without any interaction with staff. While staff responded to help people when they needed it, there was little conversation initiated other than when staff were carrying out tasks for



people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In November 2016 we found people's medicines were not managed safely. At this inspection we found medicines were administered in a timely and considerate manner by staff who had received training and been assessed as competent to carry out the tasks asked of them. Before the inspection we received a concern that the service overused medicines to calm people's behaviour, but we did not find any evidence to support this concern.

Arrangements were in place for the monitoring of medicines that required temperature controlled storage. Appropriate action was taken when the temperatures were found to be outside of the required range.

There were suitable arrangements in place for the use of homely remedies (medicines that can be bought over the counter). These medicines had been reviewed and had been checked with an appropriate healthcare professional to establish that they were suitable to use for people in the service.

The records for the administration of regular oral medicines were complete. However, there were a number of gaps in the records to show that topical creams had been applied as prescribed. We saw that the service had identified this in their recent audit. Training for staff, who administered creams, had been arranged and a review of the systems for recording the application of some of the creams, prescribed to protect areas of skin, was in progress.

We saw that there were some people prescribed to have medicines administered by an external health professional every three months but there were no records made to show when the next administrations were due and we found that one person was overdue their medicine. Arrangements were made during the inspection for a health professional to come and administer the medicine.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found risks were not being assessed for people in relation to the risk of choking, the risk of smoking and how to manage risks associated with specific health conditions. At this inspection we found Improvements had been made. Risk assessments had been updated and individual assessments were in place which identified any risks relevant to the person and gave instructions for staff to help manage the risks. For example, for one person there was a risk assessment identifying the risks when they had an epileptic seizure. There were clear instructions for staff to follow, including what action staff might need to take such as when to call for medical assistance.

Before this inspection we received concerns about staff using incorrect manual handling practices. We found staff had been suitably trained in safe moving and handling procedures. During the inspection we observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

At the last inspection staff were testing blood and urine samples without training or under the supervision of a district nurse. Blood sugar monitors were not being charged or serviced and a defibrillator had gone past its service due date. At this inspection we found improvements had been made. Equipment used for staff to carry out health checks and first aid had been serviced and there was a system in place for regular servicing.

Team leaders had been trained to use blood sugar monitoring machines and other untrained staff were not carrying out these procedures. Urine samples were no longer being tested in the service, but sent to the GP surgery.

At the last inspection there was a lack of robust procedures in relation to the prevention and control of the spread of infection. At this inspection we found improvements had been made. Revised infection control procedures had been implemented and a head of infection control and housekeeping had been appointed. The service was visibly clean throughout and there were suitable levels of PPE (Personal Protective Equipment). The head of infection control and housekeeping carried out weekly and monthly audits of the premises. Through their audits they had identified that staff needed to have access to paper towels, rather than sharing a cloth towel, when washing their hands in people's rooms. We saw an order had been placed to purchase paper towel dispensers for every room.

We received positive feedback about the service. People and their relatives told us they thought the service was safe. Comments included, "I feel safe here", "It's nice here", "It's alright here" and "No complaints at all."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. For example, if people had more than three falls the service made a referral to the occupational therapy (OT) team. We met an OT during the inspection who had come to assess three people for new equipment to help prevent them from sustaining further falls.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The premises and equipment were well maintained. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises. Some shared areas had been decorated and there were plans in place to decorate all shared areas and replace windows in the property. All necessary safety checks and tests had been completed by appropriately skilled contractors. Gas appliances and electrical equipment complied with statutory requirements and were safe for use. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

# Is the service effective?

## Our findings

At the last inspection in November 2016 we found people's mental capacity was not being assessed in line with the Mental Capacity Act 2005. Decisions were being made, in what was seen as people's best interests, without ensuring there was a mental capacity assessment in place. At this inspection we found the service was working within the Mental Capacity Act (2005) as mental capacity assessments had been completed for each person. These assessments covered a range of day-to-day decisions as well as more significant decisions that might need to be made in the person's best interest.

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. The application 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. Applications for DoLS authorisations had been made to the local authority appropriately.

At the last inspection there were gaps in records relating to people's health needs, such as noting when people had health appointments, which had resulted in some appointments being missed. In addition a lack of clear structure for staff about their roles meant communication between staff was inconsistent. Messages were not always passed to the appropriate person, including external healthcare professionals. Information and advice from healthcare professionals, about how to care for people, was not always being acted on.

At this inspection we found people's health conditions were well managed and staff supported people to access healthcare services. Care records showed evidence of healthcare professional involvement such as GPs, dieticians, diabetes nurse specialists, dementia nurse specialists, chiropodists and occupational therapists. Appropriate referrals had been made and staff had acted on guidance and instructions given by external professionals. Health professionals told us they had no concerns regarding the care provided by the service. One healthcare professional said, "Staff make referrals appropriately to us if they notice any red areas on people's skin."

Before the inspection we received concerns about people being left for long periods in wet continence pads and this put people at risk of skin damage. Since the last inspection a system had been put in place for staff to record that people were checked every two hours. These records had been completed and staff told us they regularly checked people who needed to wear continence pads. We concluded that people were being protected from the risk of skin damage, and at the time of the inspection there was no one living at the service who had a pressure sore.

We found improvements had also been made to the completion of charts to monitor people's nutritional needs. At the last inspection records to show people's food and fluid intake were monitored were not consistently completed. The introduction of the role of 'dietary carer' had meant on each shift a member of staff was responsible for ensuring people had sufficient food and drink as well as maintaining appropriate records.

The design, layout and decoration of the building partially met people's individual needs. The lower needs unit (the Lodge) was light and airy with easy access to an enclosed garden. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. The higher needs unit (the Manor) was in the older, original part of the premises and bedrooms were in three areas with corridors linking into the communal areas. There were shared lounges and dining rooms, a conservatory, activity room and a small lounge that had been decorated to resemble a pub. There was plenty of space for people to move around and choose which shared areas to spend time in.

Bedrooms doors in The Manor did not have any signage to help people with dementia recognise their room. Some doors had a number but others did not have any signage at all. The corridors where bedrooms were sited had no identifying features and bedrooms doors could not be differentiated from other doors, such as cupboard doors. The service had sought advice about making adaptations to the environment to help people with dementia orientate around the premises. At the last relative's meeting held on 12 September 2017 relatives had raised that they would like to see signs on people's bedroom doors. However, at the time of the inspection no decision had been made about what adaptations would be made or a timescale for any work.

We recommend that the provider puts appropriate signage in place for people with dementia, especially signage on bedroom doors.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People had a choice of meals and care staff were aware of people's likes and dislikes. Kitchen staff knew about some people's specific needs such as soft diets and any food intolerances or allergies. People told us they enjoyed their meals. Comments were, "Breakfast was nice", "I am happy with the food" and "Mum has to have pureed food, but they make it look appetising."

Care files contained consent forms for people, or their legal advocates, to agree to areas such as care, photographs and the sharing of information with other professionals. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. This programme has fallen behind as some training had been booked in August 2017 and was then cancelled due to staff annual leave. All these courses had been re-booked for October and November 2017. The service provided training specific to meet the needs of people living at the service such as dementia awareness. A specialist dementia training programme had been sourced and the first of monthly sessions had taken place in September 2017. The management encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

## Is the service caring?

### Our findings

At the inspection in November 2016 we had concerns about how the service cared for people when they were at the end of their life. Where people had been identified as being at the end of their life their care plan and risk assessments had not been updated to reflect their needs and wishes. At this inspection no one living at the service had been identified as being at the end of their life. However, people's end of life wishes had been discussed with them and details of those wishes were recorded in people's care plans.

People and their relatives told us they thought the service was caring. We saw staff interacted with people in a caring and compassionate manner. People and their relatives told us staff were kind. Comments included, "Staff are brilliant. I have always found they do their utmost to see people are happy", "They look after her well", "Staff are good. They are very fond of him", "Staff don't know when I am coming as I visit at all different times and the care is always the same" and "Staff couldn't have done more when he first moved in."

During the inspection the atmosphere at the service was pleasant and relaxed. People, who were able to verbally communicate, engaged in friendly and respectful conversations with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

Staff spoke about the people they supported with fondness and affection. Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff told us, "I love it here", "My favourite part of the job is talking with people" and "I always try and make time to talk with people."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, one person became upset and disorientated and was asking staff what they should be doing. A member of staff quickly went to talk with the person. They spoke with the person at their pace and calmed and reassured them, staying with them until their anxiety subsided.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in a shared lounge or their own rooms. Staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff told us they tried to promote people's independence wherever possible. Some people helped staff to prepare snacks or clear away the dishes after meals. One person watered the flowers in the garden and told us they enjoyed this task and proudly told us it was 'their job'. Staff respected people's wishes to complete these activities independently. Although this meant that more time was needed for people to complete tasks staff did not make people feel they were being rushed.

Some people living at Ashleigh Manor had a diagnosis of dementia or memory difficulties. The service had worked with relatives to develop life histories or a 'map of life' to understand about people's past lives and interests. Information about people's life histories were documented in most people's care plans. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

Staff respected people's privacy. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff members were seen to knock on people's bedroom doors and wait to be invited to enter before going in. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People's relatives were made welcome at the service and there were no restrictions on visiting times. We observed staff taking time to speak with relatives and to keep them updated about what people had been doing. One relative told us, "Staff always let me know if he is unwell or if he has been anxious and upset".

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

## Is the service responsive?

### Our findings

At the last inspection in November 2016 there was a lack of care plans for people who were at the service for a short stay. Daily records were variable in their content and not very detailed. Care records had not been updated and staff relied on their memory rather than care plans and daily records to know about people's needs.

At this inspection improvements had been made to daily records. Staff wrote records each day detailing the care and support provided for individuals and how they had spent their time. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

Since the last inspection a programme for updating care plans and keeping them under regular review had been implemented. Care plans had been reviewed and most contained personalised information about the individual person's needs and wishes. However, some people's care plans lacked important detail about their care and support needs. For example, one person could sometimes display behaviour that might be challenging for staff to deal with. The person's care plan did not give guidance for staff about how to respond to that behaviour or what might trigger it. When we spoke with staff about how they would respond to the person, if their behaviour was challenging, they all gave consistent answers about how they would respond. It was clear staff understood the person's behaviour and possible triggers. We observed staff responding appropriately to the person in a calming and reassuring manner. However, there was a risk that, without a record of how staff should respond new staff might not be able to meet people's needs.

We also found examples of care plans that had been reviewed but some information had not been updated. For example, one person had a note on the wall in their room giving guidance for staff about how to care for them if their skin condition flared up. While the instructions were helpful for staff, and the person's relative confirmed the information was accurate, there was no mention in their care plan of the skin condition.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.the regulations.

The service employed an activities coordinator and we were informed that a second post had been advertised. There was an activities programme that included group activities, facilitated by the activities coordinator, external entertainers and regular trips out in the service's mini bus. The coordinator produced a monthly leaflet of forthcoming events and pictures of trips and events that had taken place in the previous month. Many people told us they enjoyed the activities and outings on offer. Comments included, "There is a trip more or less every week", "I go out on the trips with mum because she doesn't like to go on her own. She enjoys them" and "I like going to bingo."

While this programme was positive there were people living at the service who would not necessarily be able



to take part in these activities. We saw little evidence of personalised activities taking place, especially for people living with dementia.

We recommend that the provider researches personalised and dementia friendly activities and consider how these might be provided to people living at Ashleigh Manor.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. We saw that any concerns raised had been investigated promptly and used to raise standards and drive improvements. Relatives told us when they had raised a concern this had been dealt with appropriately.

## Is the service well-led?

### Our findings

There was not a registered manager in post as the previous registered manager had left working for the service in August 2017. Another manager was appointed soon after, who was responsible for the day-to-day running of the service. This manager told us they intended to apply to become the new registered manager.

At the inspection in November 2016 we found a lack of clear leadership and monitoring systems had not identified areas of the service that needed improvement. Staff were unclear of their roles and responsibilities and this meant the staff team did not always work effectively.

At this inspection we found improvements had been made. The staffing and management structure had been reviewed and provided staff with a better understanding of their roles and who to report to. There were quality assurance systems and audits in place. Areas for improvement had been identified and there was an action plan in place to address these issues. At the time of this inspection not all of these improvements had been fully implemented, such as improvements to care plans, medicines and more personalised care for people with dementia.

The service used a dependency tool to assess the numbers of staff needed to meet people's needs. At the time of our inspection this tool was under review. We discussed with the management that it was not clear how the tool assessed the time staff needed to meet people's emotional needs. The service had been experiencing unusually high levels of sickness and this had impacted on the numbers of staff on duty. The provider told us staff vacancies had meant it was not always possible to find replacements when staff were sick. However, we found the provider had not sufficiently monitored the impact that lower staffing levels had had on the quality of the service provided for people. The provider had not checked if their assessment tool, to decide staffing levels, was robust enough to determine the correct numbers of staff to meet people's needs.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the last inspection we had not been notified of all incidents as required by people registered with us. Services are required to notify CQC of various events and incidents to allow us to monitor the service. At this inspection the manager had ensured that notifications of such events had been submitted to CQC appropriately.

People and relatives all described the management of the service as open and approachable. There were regular meetings for people and their families, which meant they could share their views about the running of the service. Relatives commented, "They don't gloss over anything, very open to feedback and they listen" and "The recent meeting was very good. They were honest about the things that needed to be improved and I am confident the improvements will be made."

Healthcare professionals were also positive about the running of the service. Comments included, "The

management and staff are very pro-active about discussing ways the service can be improved "and "I have seen the service improve in recent months and they are going in the right direction."

Staff were positive about the new management of the service and recent changes to the staffing structure meant staff understood their roles and responsibilities. Comments from staff included, "The new manager is doing really well", "It seems more organised" and "The atmosphere has changed and there are new systems in place" and "The manager's door is always open, you can talk to them at any time."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality of the service had not identified some areas for improvement. Records of the care and treatment provided to people were not always complete or accurate. Regulation 17 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient numbers of suitably qualified staff on duty to meet people's needs. Regulation 18 (1)