

Scofil Limited

Ashley Arnewood Manor

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

Ashley Arnewood Manor is a residential care home that supports up to 20 older people, some of whom live with dementia. When we visited 17 people were living there.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Management responsibilities were being shared by two managers who had been jointly promoted from deputy managers last year. The managers

had both submitted an application to be registered as the new registered managers on a job share basis and were awaiting further information about when their interviews would take place with the commission.

This inspection took place on 24, 25 and 31 March 2015 and was unannounced.

At our previous inspection on 26 June 2014 the provider was in breach of seven regulations relating to: supporting staff; consent; care and welfare; cleanliness and infection control; safety and suitability of premises; assessing and monitoring quality and records.

Summary of findings

The provider sent us an action plan which stated what they would do to meet the requirements.

At this inspection the provider had made some improvements but was in breach of nine regulations.

There were omissions in the recording of people's medicines. Staff could not be assured that people received their medicines appropriately. Information about people's allergies were not recorded consistently so there was a risk that people may receive medicines that were not safe.

People's care plans and risk assessments were not always updated to reflect the most recent circumstances and staff did not always have up to date information and guidance to support people with their care. People were not always protected from avoidable harm, risks were not always managed safely and incidents were not always reported and investigated.

There were not always sufficient staff to provide the care, support and emotional and social activities people required. People were not adequately supported to participate in meaningful activities. People told us they were bored and some people were left for long periods of time without interaction or stimulation.

The managers spent much of their time on non-management tasks, or supporting the staff team to provide care to people. Not all staff received relevant training and supervision that supported them in their roles to deliver effective and safe care.

Quality assurance systems were not always effective. Some areas of improvement had been addressed, but other concerns had not been identified or actioned. The provider had not given adequate time, mentoring and support to the new managers to ensure they developed the skills and knowledge required for the role.

The provider had made some of the required improvements from our last inspection, however at this inspection we identified nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was also in breach of one regulation of the Care Quality Commission (Registration) Regulations 2009. You can see the action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People's medicines were not always managed safely.

People were not always protected from avoidable harm, risks were not managed safely and incidents were not always reported and investigated appropriately.

There were poor standards of cleanliness and infection control in some areas of the home.

Inadequate



Is the service effective?

The service was not always effective.

Not all staff were trained, supervised and monitored to provide effective care and did not all understand the Mental Capacity Act (2005) or the Deprivation of Liberty Safeguards.

People were helped to maintain their health and wellbeing and they saw doctors and other health professionals when necessary and were involved in planning their care.

People were supported to have enough to eat and drink.

Requires Improvement



Is the service caring?

The service was not always caring.

Staff did not always respect people's confidentiality or right to privacy of information.

Staff had a good rapport with people and were compassionate, friendly and supportive.

People were complementary about the caring attitude of staff.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People's care and activities were not always planned to meet their individual preferences and needs.

Care plans were reviewed regularly but were not always updated when people's needs changed.

Concerns and complaints were taken seriously and any issues addressed.

Requires Improvement



Is the service well-led?

The service was not well led.

Inadequate



Summary of findings

Systems had been put in place to monitor the quality of the service and implement improvements but these were not always effective. The provider had not given adequate time, support and mentoring to the new managers in order to ensure they developed the skills and knowledge required for the role.

Some areas for improvement had been addressed but the managers lacked the skills and knowledge necessary to implement robust actions.

Staff were involved in developing the service and morale had improved through more consistent and supportive leadership.

Ashley Arnewood Manor

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 inspection took place on 24, 25 and 31 March 2015 and was unannounced.

The inspection team included an inspector, an expert by experience and a specialist advisor in nursing. 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 expert by experience on this inspection had personal experience of caring for an older person. The specialist advisor had clinical experience and knowledge of nursing older people.

Before the inspection we reviewed the information we held about the home, including previous inspection reports and notifications. These are any events the provider was

required to notify us of. The provider had also completed a Provider Information Return (PIR). This is a document that asks the provider to assess what the service does well and any improvements planned. It also asks for key information about the service, relating to quality, staffing and management. This helped us plan our inspection.

During our inspection we observed how staff interacted with people. We also spoke with nine people and three relatives to obtain their views on the quality of care. In addition, we spoke with the two managers, four members of care staff and the cook. We reviewed three people's care records which included their daily records, care plans and medicine administration records (MARs). We looked at recruitment files for eight staff. We also looked at records relating to the management of the home. These included maintenance reports, audits, staff training and minutes of meetings. Before the inspection we spoke with a healthcare professional to obtain their views on the quality of care. Following the inspection, and due to concerns identified, we spoke with two healthcare professionals, Hampshire Fire and Rescue Service and Hampshire County Council Health and Safety Officer.

Is the service safe?

Our findings

People told us they felt safe living at Ashley Arnewood Manor. People told us “I feel safe and relaxed, there is no hassle here” and “I feel safe here. I sleep with my door open at night”. Another person said “Everything is safe, excluding the lighting”. They went on to tell us they thought the corridors were a little dark.

When we asked a visitor if they thought their relative was safe they responded “Oh yes. I could go away for a couple of months and know [my relative] would be well looked after”. People told us staff responded to their call bells promptly most of the time. However, one person told us “I’m not sure there enough staff. They cope after supper but need more staff to help get residents to bed and use the stair lift”.

However, through our observations we found the provider did not always ensure the care provided to people was safe.

Medicines management was not safe. Medicines audits did not include the checking of medicine administration record (MAR) charts. There were a number of gaps on people’s MAR charts where staff had not signed to say they had administered people’s medicines so staff could not be assured that people always received their medicines appropriately. For example, one person had been prescribed a particular type of medicine. Records showed they had not received the drug on one occasion during the week commencing 9/3, in week commencing 16/3 there were two gaps and on the day of the inspection the morning dose had not been signed for. This was highlighted to the member of staff administering medication. They stated that they thought the drug had finished as there were no more drugs available, but was unclear about this.

Another person had not received their medicine or it had not been signed for during the week commencing 24/2/15. This had been prescribed by a doctor to be given four times per day but was not signed for or administered on five occasions. It was apparent that other gaps had been recognised as there was a post-it-note on one person’s MAR chart stating the person ‘is on antibiotics at 8:30 pm, please give as doses have been missed’.

There was a discrepancy between the front sheet in one person’s medicines folder which highlighted they had no

allergies and their MAR chart which stated that the resident was allergic to penicillin. This gave conflicting information to staff and could have put the person at risk. This was highlighted urgently to a manager who confirmed that the person was indeed allergic to penicillin.

Staff could not be assured that medicines were stored appropriately at the correct temperature as the ambient office temperature where the medicines were stored was not recorded at all. In January 2015 it was noted that there were three medicine fridge temperature recordings missing.

The home had a policy and procedure for medicines, a CD policy, a policy and procedure for errors and drug administration but these were not dated so staff could not be assured they had been reviewed and that they were using the latest guidance. Policies did not include references, guidance for PRN medication or covert medicines so there was insufficient guidance for staff in relation to administration of these medicines. Following the inspection, the provider told us policies were reviewed and dated on a front index sheet. However, it is good practice to date policy documents as it reduces the risk of staff using out of date guidance.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010, the management of medicines, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At our previous inspection we had identified a breach in the regulation relating to care and welfare. In this inspection we found on-going breaches of this regulation.

People were not kept from the risk of harm because risks had not always been identified and managed. The provider had taken steps to improve fire safety within the home. They had replaced bedroom doors with fire doors and put door closures on to prevent them from being left open. However, the doors were now too heavy for some people to open by themselves and were dependent on staff to do this for them. Staff had cello taped notices on the inside and outside of bedroom doors informing people to call for staff if they needed help to go in or out of their bedroom. Some people did not want to do this, or did not remember to do this so they attempted to use the doors by themselves.

People’s emergency evacuation plans had not been updated to reflect the changed circumstance with the fire

Is the service safe?

doors. Some people's plans still identified they were able to independently mobilise but this failed to take account of them not being able to get out of their rooms without help from staff in the event of an emergency. The Fire Officer visited the home again following our feedback, and whilst they were satisfied with staff training in fire evacuation, the fire risk assessment and the new fire alarm system, they re-iterated to the provider that they were responsible for ensuring they had enough staff on duty to manage in the event of a fire. They required the provider to do an urgent risk assessment to identify people most at risk and replace the closures for a more suitable type, and then to carry out a review of all fire doors and replace the closures as necessary.

One person had been knocked over by their door closing on them when trying to hold it open and walk through it and had sustained a broken shoulder. Managers had arranged for the door closure to be adjusted but had not reviewed the person's risk assessment or care plan, which still said they were at low risk of falls because they used a walking aid. However, they were unable to use their walking aid at the time, as their shoulder was broken and their arm was in a sling. Staff did not have up to date and appropriate guidance to support the person to keep them safe during their period of recovery. When we asked the managers why the risk assessment and care plan had not been reviewed following the person's fall, they told us these were due for the monthly review and update, which they had put off the day before due to our visit. They had not identified the need to review this urgently in response to the change in the person's physical capacity and care needs when they returned from hospital.

Accidents and incidents were not always effectively analysed and learnt from. Before breaking their shoulder, this person had also recently had a fall and was left lying on the floor on an upstairs landing until someone found them. The managers told us the person was independently minded and wanted to move around the home, even though they had been asked to call for staff to help them. Staff did, however, check on the person regularly. They said the person had a call bell in their room but did not want to use it. Following the fall, they had not reviewed the risks to the person or thought about providing them with a personal alarm so that they could summon help if they got into difficulty outside of their bedroom. They did this, however, after we had brought it to their attention.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Care and welfare of service user, which corresponds to Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not protected by the prevention and control of infection. At our inspection in 2014 we had identified a breach in the regulation relating to the cleanliness and infection control. In this inspection we found there were on-going breaches of this regulation.

The provider had implemented an infection control audit and we noted the last audit was carried out in February 2015. This audit stated that bathrooms were in good decorative order and floor edges were free from grit and dust and toilet seats were "clean and ready for use (Check underneath)". It also confirmed that commodes were clean and in a good state of repair. However, we observed a number of issues which did not support the audit findings and which continued to put people at risk of infection and cross contamination. For example, there was peeling paint and grime on the skirting board next to the toilet in the downstairs bathroom. There was staining on the floor, the wooden toilet seat was split and heavily stained, the over toilet seat was stained and one arm of the frame was wrapped in sticky tape. The commode in one bedroom was dirty, stained, had a torn seat cover and the frame in front of the pan was taped with sticky tape. The commode in the upstairs bathroom was stained, the over toilet seat was stained and dirty and there was peeling paint on the walls. Flooring in bathrooms and toilets was old and was not sealed around the skirting boards leaving gaps which could harbour bacteria. There was no liquid soap or paper towels in some of the bathrooms and toilets.

Wheelchairs and walking frames were dusty and stained, and one had sticky tape on the arm to secure it. The fabric on two easy chairs in the reception area was torn. These were all infection and cross contamination risks and were brought to the attention of the managers. They acted immediately to start to replace the toilet seats, order new commodes, mend the wheelchair and told us they had previously spoken to the provider about the state of the bathroom.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations

Is the service safe?

2010, Cleanliness and infection control, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Staffing at the home was not consistent. Staff told us there were usually enough staff but not always and that managers helped out much of the time, which they valued. However, the managers' own work had been compromised because of this. One staff member said "Sometimes there are a lot of staff, at other times not. There are normally three in the morning and three in the afternoon, but sometimes only two, and one in the kitchen. It's quite hard to do everything. The managers help". When asked if people's needs were being met they told us "Yes, needs are being met. They would ask if they wanted something". We checked staffing rotas which confirmed that on two days within a two week period in March there had only been two care staff on duty; on one day from 8am until 8pm and on another day between 2pm and 8pm. We spoke to the managers about how they assessed their staffing levels. They did not use a system or dependency tool, so were not able to tell us how they had arrived at their staffing levels.

We recommend that the provider follows good practice guidance to review staffing levels in the home.

We observed the lunchtime medication round and were reassured on this occasion that the medication round was performed appropriately and safely. The staff member administering the medicines took time with each person, encouraging them to take their medication. The medicine trolley was clean and tidy, locked and stored securely when not in use. Appropriate CD checks were completed, although no-one was currently on CDs. There was a good relationship with the local pharmacy, who provided a medicines disposal service. A record was kept of medicines for disposal which were kept in a medicines disposal bin.

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff

explained how they would identify and report suspected abuse. They told us they had access to both managers and were confident they would act if concerns were raised. The home had a safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Staff also knew who they could report concerns to outside of the home if they needed to such as the Care Quality Commission or the local authority. There was information about whistle blowing on the noticeboard in the hall way to guide staff in what they could do if they had a concern, although there were no contact details for who staff should call.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff suitability, skills and experience. Each member of staff had been through an application and interview process and had accounted for any gaps in their employment history. The provider had sought references from previous employers to check people's work history. In addition, checks on whether people had criminal records were completed.

Fire safety had been improved since our last inspection. The provider had recently replaced and upgraded the fire alarm system and panel, which now showed the exact location if a fire was detected and would assist staff to evacuate the home more safely if required. There were systems in place to regularly check and maintain equipment such as hoists, fire equipment and emergency lighting. There was an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function. The plan included roles and responsibilities of key staff during an emergency, and contact details of utilities companies such as gas and water suppliers.

Is the service effective?

Our findings

People told us they felt well cared for by staff. One person told us “I’m happy and well looked after.” A relative told us staff were “Amazing” and said “They’ll call the Doctor if the meds aren’t right or if [my relative] has a UTI. They [the staff] are on top of it all the time and deal with it.” People were complimentary about the food served at the home. One person told us “The food is lovely.” Another person told us “I get plenty to drink. There is a choice of food, there is enough and the quality is nice.”

Not all staff had received appropriate training to support them in their roles. At our previous inspection we had identified a breach in the regulation relating to supporting workers. In this inspection we found there were on-going breaches of this regulation. The managers told us they had identified some training that was still required, such as manual handling, but had not yet booked it for staff who required it. They had booked staff on first aid training.

Staff who had been working for the provider since July 2014 and onwards, were still described by the managers as ‘new’ and we were told this was why they had not received all of their training, including training in safeguarding people from abuse. They also told us that training in safeguarding people from abuse was not necessary for all staff, such as the supper assistants. Safeguarding people is everyone’s responsibility and it is important that all staff working with people have the knowledge to be able to identify abuse, or suspected abuse, and know how to report it. Following our discussion, the managers booked safeguarding training for all staff.

People were supported by care staff who received supervision and appraisals to help them provide effective care. However, the managers had not received supervision between October 2014 and March 2015. As both managers were new to a management role they required guidance and monitoring from a line manager in order to support them, to oversee the work and to assess their suitability for their roles of registered managers. The registered manager role carries legal responsibility for all aspects of the management of the home, and care and welfare of people living at the home, and as such, requires competent and knowledgeable people in the role.

We asked the managers if they had received opportunities to review their performance during their probation period

and how their suitability for the role had been assessed. They told us they did not remember having an appraisal or a formal review of their probation period. However, the provider sent us details of their appraisals following the inspection, and said they kept the managers paperwork at their home for confidentiality purposes.

The gaps in training and supervision were a continuing breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Supporting workers, which corresponds to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Staffing.

Staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. The managers and other staff had received training in the MCA but when we spoke to them, they were unclear about how the Act was applied. When asked, the managers told us everyone in the home was able to make day to day decisions. We asked the managers what they would do if a person needed to make an important decision, such as go in to hospital for an operation, but their capacity to make this informed decision was in doubt. Their response was confused and they were not clear about the process. It was only after some discussion one manager said they would “Contact the GP, maybe would need a capacity assessment and a best interest decision.” They said they would ask the GP to do the mental capacity assessment. However, this should be a routine task of a home manager.

Part of the MCA relates to the safeguards that protect people’s freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people’s freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes.

The managers had made a DoLS application for one person who did not want to live at the home. A DoLS application states that all criteria must be met before submitting the application, including confirmation of the lack of capacity. However, the application did not confirm the person lacked capacity to make the decision to live at Ashley Arnewood Manor.

Is the service effective?

The managers first told us the person had capacity but had a DoLS in place because it was not physically safe for them to stay at their own home. However, if the person had capacity to make the decision but was not safe to stay at home when they wanted to do so, this should be addressed through a different decision making process. They had not been aware of this. When we asked why they had made an application without confirming the person lacked capacity to make the decision, they then told us they thought a GP had assessed them. There was no paperwork to confirm the outcome, although they told us they had chased the GP for this information. Although the DoLS had been authorised, it had later expired for a month before an application to continue the DoLS had been made so the person had been unlawfully deprived of their liberty. We were concerned that the managers and registered provider had not questioned the circumstances surrounding this DoLS.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 Safeguarding, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Safeguarding service users from abuse and improper treatment.

Staff were able to undertake additional training. The managers had started a level 5 qualification in health and social care. However, they told us they had taken a break from this as they had prioritised the improvement work within the home. They were about to re-start the qualification. Some staff also completed additional specialist training, such as diabetes, to help them support people with this condition more effectively. The managers were trying to improve how they tracked staff training needs and immediately updated their records following our discussion about training.

Staff sought consent from people before providing any day to day care or support. There were signed consent forms in people's records. For example, giving permission to receive care or to be weighed. Staff told us they would always ask and give choices, such as what a person might want to wear or what they wanted to eat.

People were supported with their specific health needs. Staff managed people's health effectively and were knowledgeable about their needs although had not always been informed of new risks. Health professionals were called promptly if there were concerns about people's health and referrals were made when necessary to assist with people's care, such as to the mental health team or chiropodist. There were effective shift-changes to hand over information about people's health and welfare. Staff talked knowledgeably about individuals and shared any recent observations or changes in people's wellbeing.

People were supported to eat and drink sufficiently and they were complimentary about the quality of the food. A daily menu was on display in the lounge, although this was several days out of date when we arrived. People were offered choices at each meal times, such as omelettes, salads or sweet and sour chicken with vegetables. Staff were available in the dining room at mealtimes to assist with serving the meals, and could offer other foods if requested. People were also offered mid-morning, mid-afternoon and evening drinks and snacks such as fruit.

Staff understood people's particular dietary needs, their known likes and dislikes and made provision for fortified food and drinks for those at risk of losing weight. For example, a staff member sat and talked to a person they were assisting and used gentle encouragement to eat some food.

Is the service caring?

Our findings

People told us they thought the staff at Ashley Arnewood Manor were helpful and kind. People said “The staff are good. They pass the mum’s test” and “I get up and go to bed whenever I like and take a bath and wash myself when I want.” Another person told us they could make choices about what they did and when. For example “I get up when I want, that’s what I like” and “I prefer a bath to a shower.” A relative told us staff were “Superb. I can’t praise them enough.”

Staff seemed to know people well and discussed their care and support needs within the staff team. However, we observed a lack of confidentiality and respect for people’s right to privacy when a number of staff sat chatting around a dining room table during their break. They talked about individual people by name and discussed concerns they had regarding their care and health needs in front of other people who were sitting in the area.

There had been some attempts to make the environment more dementia friendly but not all rooms had visual cues needed by people with dementia. A typed paper notice was cello taped to doors to indicate the “Lounge” rather than also including a pictorial cue. This looked unsightly, was not appropriate to use in someone’s home and would not mean anything to people living with dementia. The provider later told us the managers had tried to find a picture of a lounge but had been unable to do so.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Respecting and involving service users, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect.

Staff were polite and showed understanding when interacting with people. Staff were consistently kind and friendly and showed compassion and reassurance to a person who felt unwell. Staff took time to support people

without rushing them and communicated clearly and effectively with people, and recognised when people needed assistance. For example, when a person required some assistance during lunch, this was offered appropriately and with compassion. Staff engaged with people in an unhurried manner. They knew people well and had good natured encounters with them. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way. Staff were able to tell us in detail about people, such as their preferences, life histories and what they liked to do.

Staff treated people with dignity and respect by using people’s preferred names and checking for permission before providing any care and support. When people required personal care the staff were discrete and this ensured people’s privacy and dignity were respected. We saw staff knocking on people’s doors and calling out to them before they entered their bedrooms. Staff described how they recognised and respected people’s individual choices, such as when to go to bed or get up. Staff asked one person which television channel they would like to listen to and adjusted it to the person’s preference.

There was a homely atmosphere and people seemed relaxed and happy. People were well dressed and their nail polish and make up had been applied where appropriate. Relatives were able to visit at any time and told us they were made to feel welcome by staff. Information about advocacy services was displayed on the noticeboard in the hallway and staff were aware of how to access advocates for people if required.

The home had quiet rooms available if people wanted to spend time privately with people, outside their individual rooms. This enabled people to have private time with friends and family if they wished. For example, a person had experienced a bereavement and was given time and space to talk about it with a staff member and look at photographs to help them remember the person. The staff provided sensitive and compassionate support and reassurance to the person.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received at Ashley Arnewood Manor but gave mixed responses when asked if they knew how to make a complaint if they were unhappy about an aspect of their care. One person told us “I never complain.” Another person said “I have never made a complaint because I tell them anyway.” This was in reference to if they had any issues to raise with staff.

A relative said “If you say something to them it’s done.” They told us they had asked for staff photos to be displayed so they could put names to faces and this had been put up in the hallway following their request. However, another person explained “I do not know who to complain to because I can’t really see who’s in charge. I feel it’s bad that no single person is in charge.” Following the inspection the provider told us that staff had name badges and managers had different coloured uniforms to other staff, and their name badges say “Manager”.

People told us they were bored and there was not much to do at the home. One person said “There is nothing to do. My son takes me out once a week.” Another resident said “There is nothing to do. People come in once a week to do things like dancing, like yesterday. People are asleep until they join in with activities.” Following the inspection the provider told us “Activities are available every day, some in house and some by outside providers. Some residents never join in any activities and even object to music being played.”

The home did not employ dedicated staff to provide activities for people and regular care staff did not have much time to provide meaningful activity for people as well as carry out their care duties. We observed staff walking through the lounges en-route to provide care but did not stop to sit with people for a chat or to ask how they were.

People had mixed experiences of involvement in care planning. A relative told us “The assessment was thorough. They spoke to me and my [relative].” They told us they felt very involved and were kept informed of their relative’s care needs. However, overall, people told us they were not aware if they had been involved with planning or reviewing their care. One relative told us they had not received any information upon arrival at the home and had not seen

their relative’s care plan. The only information they were aware of was the information taped on their relative’s wardrobe which they felt contained little helpful information.

Staff could not be assured they had the most up to date guidance in how to support people as care plans and risk assessments were not always updated when people’s needs changed. Most care plans included guidance from health professionals, as well as information about people’s preferences. For example, for personal care, diet and nutrition and communication, although one person’s care plan had not been updated with a recommendation from a district nurse that the person should no longer have any sugar in their diet. Information in people’s care records was not consistent. Some care plans included people’s life histories which is often helpful for staff to get know people better. However, other care plans lacked this information.

Care plans had not been signed by people or their relatives so the provider could not evidence that people were involved in planning and reviewing their care. We spoke to the managers about this. They told us they did try to involve people and families but had not documented where this had happened. During the inspection, they amended the care plan review form to include a place for people or families to sign in future to say they agreed with the reviews.

People’s concerns were not always resolved in a timely way. One person told us they didn’t know what the time was and showed us the hands on their watch had stopped. They told us they didn’t like not knowing what the time was. We mentioned this to the managers and asked if they could re-assure the person they would get a new battery. We visited the home a week later to complete our inspection and the person told us and showed us they had still not had their watch battery replaced. We spoke to the managers who said they had informed the person’s relative, but were still waiting for them to address this. We were concerned that the managers had not addressed this themselves and asked them to follow this up as a matter of urgency.

A staff member facilitated a “famous faces” quiz with people in the afternoon, but not everyone wanted to, or could join in. Some people were given colouring to do or did jigsaw puzzles, but we observed a number of people who remained asleep for much of the day. The managers gave us a copy of the planned activities for April. Every

Is the service responsive?

Wednesday showed the activity as “Hairdresser” but there were no other activities planned for Wednesdays throughout April. Three out of four Tuesdays throughout April had “Hand and nail massage” as the activity and every Sunday showed “Holy Communion” as the activity. There were no other planned activities on these days for people who did not want to attend, or for whom it was not appropriate to attend, the scheduled activities. There were no activities recorded in people’s daily notes.

The above evidence shows there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Care and welfare, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person centred care.

People’s care plans were personalised and provided a clear summary of people’s medical history and personal details. Records of visits by health professional showed that referrals were made when people required specialist advice, such as for their mental health needs or if they had an infection. A GP had started to complete “end of life” care plans for some people and this was on-going.

In the hallway there was information about the home available for people, such as a complaints diary and procedure although we were told there had not been any complaints. There were also photos of some of the events that had taken place such as Halloween and Valentines evenings for people to look at and information about staff training.

Is the service well-led?

Our findings

We viewed relative's questionnaires. Although these did not have dates on them, the managers told us they were from 2014. Responses included "By far the best. I would recommend Ashley Arnewood Manor to anyone" and "My [relative] is well looked after by very helpful staff who are always happy and treat my [relative] with great respect."

At our previous inspection we had identified a breach in the regulation relating to the monitoring of quality of the service. In this inspection we found that the registered provider and managers had put some systems in place for assessing the quality of the service, identifying areas for development and implementing improvements. However, we identified a number of areas of concern that had not been identified. There was still more work to be done and they remained in breach of this regulation.

The two managers had taken over last year at a time when the home had received an inspection report with seven breaches of regulations. They had been working hard to implement a significant number of improvements and changes to the home. This was their first management role, and as such they required guidance, mentoring and support from the provider to develop the skills and experience necessary to complete their action plan, oversee the action plan and improve the service. We discussed with them at length the work they had done so far, reviewed their action plan and saw a number of improvements had been made.

The managers were not registered with the commission so the legal responsibility for the management of the home was solely with the provider. The provider had not effectively monitored the management of the home or the development, performance and abilities of the two new managers. We asked what support they had received from the provider who acted as their line manager. They said the provider had been visiting the home every month but there had been a gap between October 2014 and March 2015 when they had not visited. They told us the provider was always at the end of the phone and they could call or email at any time for advice and guidance.

During this five month period the provider could not assure themselves that the home was being managed appropriately, robustly and was meeting legal requirements. The managers explained there were genuine

reasons for the gap between visits by the provider and that they sent a monthly report to them which covered key areas of the management of the home. This was mainly a tick list which the provider had no way of checking without being on the premises and which we found a number of issues with. There were no alternative arrangements for the monitoring of the home and of the inexperienced managers during this five month period.

We observed the two managers spent a lot of time providing care and other non-management tasks. For example, when we arrived to complete our inspection late afternoon on 31 March 2015, we were told that both managers had gone to do the food shopping together as the usual food delivery had not taken place.

We spoke to them about how they spent their time and raised our concerns about the amount of time they spent providing care and carrying out other non-management tasks when there was so much monitoring and improvement work still to be done. This was apparent when during the inspection we had identified several issues that had not been identified by the managers. They agreed they had not fully made the transition from the deputy manager roles they held previously to that of home managers. One manager said "Yes, we do need to step back." We told them this would impact on the direct care staffing levels and they would need to review these.

Quality assurance processes were in place but these were not robust, consistently applied or effective at identifying shortfalls. For example, the infection control audit carried out by the managers in January 2015 had confirmed the bathrooms were satisfactory. A monthly audit carried out by the provider in March 2015 had also found the bathrooms to be satisfactory. When we highlighted our findings in relation to the poor repair of one bathroom to the managers, they told us they had discussed this with the provider. This discussion had not been documented.

The provider had not taken appropriate action to be assured that people were receiving their medicines safely and that the quality assurance process was robust. Managers told us that medicines audits did not include some areas of monitoring, such as checking that all medicines had been signed for by staff as given, or a reason recorded for why they had not been given. However this was an area that was reported to the provider every month in the managers' reports. The most recent reports confirmed that all MAR charts had been checked for errors.

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However, we identified a number of errors. The managers could therefore not be assured that people had received their medicines appropriately. Staff competency in administering and recording medicines had been assessed by the managers but accurate recording was not always being demonstrated in practice.

The managers had put in place a system to identify and monitor staff training needs, but it was not working effectively. Although they had identified that most staff required safeguarding training, they had not included it in their training programme. When we brought this to their attention, they said they hadn't noticed this had been missed off. Once they were aware, they addressed the matter quickly. This demonstrated that without provider oversight actions were not being taken.

The provider had not monitored the effectiveness of training for managers and staff in their understanding of the Mental Capacity Act 2005 and how this was applied. The managers were not clear about the process for assessing mental capacity or about the Deprivation of Liberty Safeguards (DoLS).

The above evidence shows breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Assessing and monitoring the quality of service provision, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Governance.

Staff did not always have up to date information or guidance in how to care for people or reduce risks to their health and welfare. The provider completed a Provider Information Return (PIR) before the inspection. The PIR stated that care plans and risk assessments were reviewed every month or when people's needs changed and that they were audited every month. The managers confirmed they carried out monthly audits. However, these audits were not effective as a number of care plans and risk assessments had not been reviewed every month or had not been updated to reflect on-going changes to people's care needs. For example, one person's risk assessment and care plan had not been reviewed following a fall resulting in a broken shoulder which put them at risk of further harm. Another person's care plan had not been updated to reflect guidance from the district nurse to eliminate sugar from the person's diet.

MAR charts had gaps and omissions in the recording of administration of medicines and had not been identified by the managers or provider. Although in the managers monthly report to the provider they had stated that "All MAR sheets checked and any errors sorted." Other records were not kept up to date, were inaccurate or had omissions, such as poor and inconsistent recording of weight and food and fluid intake records for people who had been identified as being at risk of weight loss.

Managers' appraisal records were kept by the registered provider at their home for confidentiality reasons. However, the managers had not remembered these meetings and the records were not available for the managers to reference or for the commission when required.

The above evidence was a continuing breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Records, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Governance.

The provider had not ensured the managers had notified relevant authorities of events as required by law. The commission had not been informed of the application and outcome to deprive a person of their liberty. Hampshire County Council health and safety executive had not been notified of the accident resulting in a person breaking their shoulder which was reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The managers not informing the commission of events in the home is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During the inspection, the managers were open and responsive to feedback and acted quickly where it was within their control. For example, they ordered new toilet seats and commode frames to replace the ones in disrepair that we had brought to their attention. They also reviewed and revised their tracking system for staff training.

People and relatives were asked for their views on their care. The most recent results were mainly positive. Where issues had been raised, such as the poor state of decoration and furnishings, discussions had taken place, further feedback sought and the outcome recorded.

The culture in the home was open and transparent. Staff clearly enjoyed having the managers working alongside

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them and said they were helpful, approachable and provided guidance when required. There were staff meetings and staff told us they were well supported by the managers. They told us they felt able to raise concerns or share ideas with the managers and these would be taken on board which made them feel involved in the running of the home.

The provider had made resources available to make some improvements to the suitability and safety of the environment, such as refurbishment of the lounge and dining room, replacement of the fire system, patio doors and repair of the fire escape. The outside of the property was being decorated at the time we visited.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 11 (2)(a) Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, Safeguarding people who use services from abuse which corresponds to Regulation 13 of the HSCA 2008 (Regulated Activities) Regulation 2014, Safeguarding service users from abuse and improper treatment.</p> <p>How the regulation was not being met: People who use services were not protected against improper treatment as the provider did not have suitable arrangements in place to protect them against the risk of control or restraint being unlawful.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 10 (1)(a)(b) (2)(c)(i) of the HSCA 2008 (Regulated Activities) Regulations 2010, Monitoring and assessing the quality of service delivery, which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>How the regulation was not being met: The provider had not protected service users against the risks of inappropriate or unsafe care and treatment by means of an effective operation of systems designed to regularly assess and monitor the services provided, identify, assess and manage risks relating to the health, welfare and safety of service users.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 20 (1)(a) (2)(a) of the HSCA 2008 (Regulated Activities) Regulations 2010, Records, which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met: Accurate, complete and contemporaneous records were not kept for each service user in relation to the care and treatment provided. Records relating to staff were not kept securely or located promptly.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 13 of the HSCA 2008 (Regulated Activities) Regulations 2010, Management of medicines, which corresponds to Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

How the regulation was not being met: The provider had not protected service users against the risks associated with unsafe use and management of medicines by making appropriate arrangements for the recording, safe keeping and safe administration of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9(b)(i)(ii) of the HSCA 2008 (Regulated Activities) Regulations 2010, Care and welfare, which corresponds to Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014, Person centred care.

How the regulation was not being met: The provider had not ensured each service user was protected against the

This section is primarily information for the provider

Action we have told the provider to take

risks of inappropriate or unsafe care and treatment by planning and delivering care and treatment to meet the service user's needs and to ensure the safety and welfare of the service user.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (1)(a)(b)(c) (2)(a)(c)(i)(ii) of the HSCA 2008 (Regulated Activities) Regulations 2010, Cleanliness and infection control, which corresponds to Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

How the regulation was not being met: The provider had not ensured that service users, staff and others were protected from the risks of infection by means of effective operation of systems designed to assess the risk of, to prevent, detect and control the spread of infection, or maintained appropriate standards of cleanliness and hygiene in relation to the premises and equipment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 23 of the HSCA 2008 (Regulated Activities) Regulations 2010, Supporting workers, which corresponds to Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing.

How the regulation was not being met: The provider had not ensured staff were appropriately supported in relation to their responsibilities to deliver care and treatment to service users safely and to an appropriate standard by providing appropriate training and supervision.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

Action we have told the provider to take

Regulation 17 (1)(a) of the HSCA 2008 (Regulated Activities) Regulations 2010, Respecting and involving service users, which corresponds to Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2014, Dignity and respect.

How the regulation was not being met: The provider had not made suitable arrangements to ensure the dignity and privacy of service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Regulation 18 (1)(a) of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

How the regulation was not being met: The provider had not ensured that notifications in relation to applications for authorisation of Deprivation of Liberty Safeguards had been submitted.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.