

ZMA Manchester Limited

Ashley House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashley House is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 18 people.

The home has 12 single rooms and 3 shared rooms. People share bathrooms and there is a communal lounge and dining area.

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

The management structure of the service had been strengthened with the appointment of a deputy manager and senior care workers. This meant a robust quality assurance system was in place. All actions and recommendations from our last inspection had been implemented.

Care plans and risk assessments were in place, providing guidance for staff on how to meet people's identified needs. People received the support they needed to maintain their health and wellbeing. Medicines were safely managed and administered as prescribed.

People and relatives were very positive about the staff team; stating they were kind, respectful and very caring. A relative said, "It's restored my faith that there are people and places that genuinely want to care, look after and help you."

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

There were enough staff to meet people's needs. Staff were safely recruited. There was an activity programme in place, which included visits from local school children and a group of befrienders. We received mixed feedback about the activities, with some people and relatives saying the staff did not always have time to organise the activities in addition to their caring responsibilities.

Staff felt well supported by the management team and said they had enough training to meet people's needs.

There had been a marked improvement in the environment at Ashley House. Communal areas and some bedrooms had been re-decorated. More improvements were planned, including the replacement of the corridor and dining room carpets.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 December 2018) and there were four breaches of regulations. CQC issued two warning notices and the provider completed an action plan to show what they would do and by when to improve. CQC also met with the provider to follow up on the action we had told the provider to take.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashley House Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We checked the Healthwatch website for any feedback about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We also spoke with a vicar who regularly visited the service. We spoke with seven members of staff including the registered manager, senior care worker, care workers and the handyman / chef. 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection repairs to the emergency light system and water checks to reduce the risk of legionella's disease were not completed in a timely manner. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Safety checks were regularly completed, for example the fire system, the lift and hoists. A local company had been engaged for any repairs the handyman was not able to complete, which provided a quicker response. A specialist legionnaires company had been contracted to make regular checks on the water system. The handyman also monitored water temperatures and flushed the water system each week. Advice given following a fire brigade visit had been followed.
- The risks people may face were assessed and guidance written to manage these known risks.
- On the first day of the inspection a person who had recently moved to Ashley House opened the front door for the inspector. The night staff were alerted by a loud door alarm and were quickly available. This was the first time the person had done this. On the second day of our inspection we were shown a new risk assessment and additional signage on the door stating only members of staff should open the door.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work. Following a recommendation at our last inspection the registered manager now asked prospective staff about any gaps in their employment history during their interview.
- A dependency tool was used to provide a guide as to the number of staff needed on each shift. This was updated each month.
- People and relatives said there were enough staff to meet their needs and they did not have to wait long for support. One relative said, "There's always staff around to chat with."
- Night staff told us they were very busy in the early morning and felt there needed to be an extra staff member on duty at this time. We discussed this with the registered manager who said there was no expectation that people were supported to get up before the day staff started. People could get up when they wanted to, which was often later in the morning. At the time of our inspection there was only one person who needed two staff to support them when they were getting up.
- Ashley House rarely used agency staff, covering staff annual leave from within the staff team. This meant there was continuity of support for people living at the home.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MARs) were fully completed, including any stock carried forward from one medicines cycle to the next.
- Stock counts were now made each day and a monthly medicines audit was completed.
- The staff now recorded whenever they added thickener to people's drinks to reduce the risk of choking.
- Guidelines for medicines that were not routinely administered, for example pain relief, were in place. However, they did not clearly identify how the individual would communicate they needed the medicine, either verbally or non-verbally. The registered manager told us they would ensure the guidelines were updated with this information.
- Clear body maps were used to indicate where any creams should be applied. The instructions given by the GP for when creams should be applied were vague, simply stating 'as directed.' We discussed with the registered manager for staff to record what the GP verbally advised when creams were prescribed.

Preventing and controlling infection

- Ashley House was clean throughout and there were no malodours. Regular audits on the cleanliness of the home were completed.
- Personal protective equipment was available for members of staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought they were safe living at Ashley house. One person said, "I'm happy here, I feel safe as staff check on me at night to make sure I'm okay" and a relative told us, "The main thing is mum feels comfortable here; with the staff and the environment."
- Staff had completed safeguarding training. They knew how to report any concerns and felt able to raise any issues with either the registered or deputy managers.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the unit manager. Following a recommendation at our last inspection the registered manager recorded the action taken to reduce the risk of the same accident or incident happening again.
- A monthly summary of all accidents and incidents was used to identify any trends across the home.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection there was a lack of clear capacity assessments and best interest decisions made on people's behalf. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11.

- The service was working within the principles of the MCA.
- Care records contained capacity assessments and records of best interest meetings for a variety of decisions, for example living at Ashley House, administering medicines and sharing people's personal information with medical or social care professionals.
- Where people had been assessed as lacking the capacity to make decisions DoLS applications had been made. These were monitored by the registered manager so that re-applications could be made prior to the DoLS expiry date.

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

- Pre-admission assessments of people's needs was completed, to ensure the home was able to meet the person's needs. Where appropriate this included the person's views, family views and input from relevant

professionals involved in the person's care and support.

- Care plans and risk assessments were completed when the person moved to the home.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the management team and said they had the training to carry out their roles. New staff who had not worked in care before were enrolled on to the Care Certificate. This is a nationally recognised course for health and social care.
- Most training was done on-line, with taught courses for moving and handling and infection control.
- One member of staff who joined Ashley House in August 2019 had completed the face to face courses but not done any on-line courses. They had experience of working in nursing homes and had completed a range of training in their last job. We discussed this with the registered manager, who told us if people have previous experience and training they wait to enrol them on the on-line courses until they have completed their probation and she knows they will stay at Ashley House. We saw that a new member of staff who had not worked in care before had completed all courses prior to supporting people. This meant all staff had the training they needed; however, newly appointed experienced staff had to wait to refresh their training at Ashley House.
- Observations of competency were carried out for the administration of medicines and hand hygiene.

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

- People's nutritional and dietary needs were being met. People said they enjoyed the food and that they had a choice of meals each day. One person said, "The foods lovely. It's well cooked and there's enough of it." A relative told us, "Mum seems perfectly happy with food. She wasn't eating before she came here but eats regularly now."
- Since our last inspection a full time and a part time chef had been employed. They knew about people's dietary requirements and preferences.
- Nutrition care plans were in place and reviewed each month. People's weights were monitored, and referrals made to dieticians and the speech and language team where people were at risk of losing weight. People's food and fluid intake was recorded when required.

Adapting service, design, decoration to meet people's needs

- The environment of the home had greatly improved since our last inspection. Communal corridors had been redecorated. Some bedrooms had also been redecorated, with people choosing their preferred paint colours. A bathroom had been refurbished. One relative told us, "Mum's room has been decorated; she's really happy with it."
- Further work was planned with the first floor and dining room carpets due to be replaced and the remaining bedrooms redecorated.
- There was limited dementia friendly signage within the home and people's photographs had not been re-attached to their bedroom doors after the redecoration to help them orientate themselves with in the home.

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

- People's health needs were being met. Specific medical conditions were identified, and guidance provided for staff to follow, for example supporting people with their diabetes.
- Staff monitored people's skin integrity daily.
- Referrals were made to health professionals, for example district nurses, GP or speech and language team. One relative said, "They (the staff) are very quick to get the GPs involved" and another told us, "[Name] had leg ulcers before. Since she's moved here she's got normal legs again. She potters around, doesn't complain

of pain anymore and her legs look healthy."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about the staff team and the support they received. People said, "The staff are brilliant; they do anything you ask them to do" and "It's brilliant; friendliness, kindness, thoughtfulness, nothing is too much trouble. They do everything they can to make you happy." A relative told us, "This place has restored my faith that there are people and places that genuinely want to care, look after and help you."
- We observed and heard positive interactions throughout our inspection. Staff knew people's needs and their likes, dislikes and preferences.
- People's cultural needs were recorded. A local vicar visited the home each month to hold a communion service. The vicar told us they were also asked to visit people at the end of their life if they had asked for this.

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

- People's communication needs were assessed, and information provided about how they made their wishes known to staff. Staff were able to describe how they gave people day to day choices, for example what to wear or if they wanted to have make up or not.
- Relatives told us they had been involved in agreeing and reviewing their relative's care plans. A relative said, "I've seen mum's care plans and went through them with her. It opened up conversations with mum, so it was good. We could also ask questions (of staff or registered manager)."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support. One relative told us, "The carers are very respectful. They explain what they are going to do so people are aware. They prompt people in a discreet way; not loudly."
- Staff described how they prompted people to complete things they were able to do themselves. Care plans included information about where people were independent and what support they needed.
- One relative told us, "Staff spend time to understand people as people. They are treated as adults."
- The registered manager told us that the lock on the filing cabinet where people's care plans were kept had broken. A new filing cabinet had been ordered so that people's personal information would be stored confidentially.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection pre-admission assessments were not always in place, care plans and risk assessments had not been written in a timely way for people moving to the home and some care plans lacked guidance for staff to follow which resulted in people having inconsistent support. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9.

- Pre-admission assessments were completed for everyone who moved to Ashley House. This was to check the home could meet people's identified needs. Care plans and risk assessments were written when people moved in.
- Care plans were in place which identified people's needs and provided clear guidance for staff in the support people needed to meet these identified needs.
- A resident of the day system had been embedded at the service. This meant each person's care plans were reviewed on a set day each month.

Meeting people's communication needs

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

- People's communication needs were known. One person was hard of hearing. Staff ensured they made eye contact and spoke slowly as the person was able to lip read. A pad was also used to write messages in and make sure the person understood what was being asked.
- The registered manager told us they had contacted a cultural organisation to assist them when one person was not able to communicate in English. Signs were made in Cantonese for the staff to use when communicating with the person and a befriender visited the person every fortnight.

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

- The care staff were also responsible for arranging the activities within the home. A weekly plan of activities was in place. We received mixed feedback about whether there were enough activities planned as activities did not always take place as the staff may be busy with other tasks.
- External entertainers were also booked; for example, we observed a chair exercise class, where people were encouraged to be involved in movement to music and to play games. Children from a local school had also started to visit each week, which people really looked forward to. The children did arts and crafts, played games and chatted with people. A group of befrienders visited the home every fortnight to chat with people, focusing mainly on those people who did not have any family who visited them.
- One person told us, "We could do with a few more activities; the staff don't always have time to organise them" but another said, "There's things to do here." A relative commented, "There are things to do but mum doesn't always take part. Staff try to spend one to one time with her; maybe to do her nails and she likes this" but another relative said, "There's not enough staff to do activities. There's enough to meet people's needs and they do their best with activities."
- The registered manager told us they had employed an activities member of staff, but it had not worked out. Two members of staff had taken the lead to organise the activities at the home. The home had registered with a website specialising in activity ideas for older people. They had obtained a script for a pantomime from this website and the staff were due to perform this for the people living at the home before Christmas.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. No formal complaints had been received since our last inspection.
- Relatives said they could speak directly with the staff or management team if they had any issues or concerns. One relative said, "I can speak to [registered manager] if I need to. The seniors as well would take things on board and help out."

End of life care and support

- There was no one receiving end of life support at the time of our inspection. People and their families were asked about their advanced wishes for the end of their lives, although not all families wished to discuss this.
- The registered and deputy managers had completed training in the Six Steps of end of life care. The Six Steps is a recognised programme for improving end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the quality assurance system was not robust, and audits were not being completed regularly. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Monthly audits were completed covering all areas of the home. These were completed by the registered and deputy managers as well as the senior care workers. The registered manager had oversight of all the outcomes from the audits and any actions identified to improve the service.
- Records were made of the provider's regular visits to Ashley House. They spoke with people, visitors, staff and checked various records.
- The management structure at the home had been strengthened. A deputy manager was in post, senior carers had defined roles and completed medicines audits and reviewed care plans. This meant the registered manager had the time and opportunity to manage and oversee the service, ensuring all tasks were completed.
- A keyworker system had been introduced, whereby named staff had responsibility for ensuring people's rooms were checked and people had enough toiletries and clothes.

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

- Regular resident meetings were held to ask people their thoughts about the service. The minutes we saw showed people were positive about living at Ashley House. Relatives meetings were also arranged.
- Staff meetings were also held to provide staff with information about the home and allow staff to contribute their ideas and concerns. One member of staff said, "We can speak into these (meetings) and raise issues. There's a friendly atmosphere so you feel you can raise things."
- Annual surveys were organised for people, relatives and visiting professionals. The results from the 2019 surveys had been collated and were seen to be positive. A visiting professional had commented, "Residents are well cared for and the staff are sensitive to their needs" and a relative had written, "The staff are lovely, its homely, they are caring and attentive to people's needs."

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

- The staff we spoke with felt well supported by the registered and deputy manager. Staff told us, they could raise any concerns with the management team and they would be acted upon and listened to.
- Ashley House had arranged and held a celebration for a couple's 75th wedding anniversary. Their relative told us, "We had mum and dad's wedding anniversary here. The priest came in and said mass. All their relatives came. It is like a family here." The Lord mayor of Manchester had also visited to congratulate the couple.
- Relatives were positive about their relative's health and wellbeing outcomes. We were told, "Once [name] came here I could rest easy as I knew she was well looked after and was comfortable" and "[Name] looks better already. I was really worried for him before he moved in; he's back to being an outgoing person again."

Continuous learning and improving care; Working in partnership with others

- Ashley House had completed all actions and recommendations from our last inspection. We also saw the actions from the latest local authority quality visit had also been implemented. Feedback from the local authority quality team was that improvements had been made at Ashley House.
- The registered manager reviewed all accidents and incidents at the home and actions were taken to reduce the risk of a re-occurrence.
- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- The registered and deputy managers attended provider meetings arranged by the local authority to keep updated with any information from the authority and to discuss good practice with visiting speakers and peers.

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

- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as appropriate.
- The registered manager dealt with any queries or issues raised by people or relatives informally which meant there had not been any formal complaints made since our last inspection.