

## Ashleigh Manor Residential Care Home

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### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashleigh Manor Residential Care Home is a residential care home providing accommodation and personal care to up to 65 people. The service primarily provides support to people living with dementia. At the time of our inspection there were 45 people using the service.

The service is divided into two adjoining units. There are a variety of communal areas and a garden people can use.

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

Training had improved since the last inspection. There was a plan in place to help ensure staff training was up to date and this was supported by a programme of competency assessments.

People's needs and preferences were assessed on an ongoing basis. This helped staff tailor support to their needs. Staff were proactive in delivering dementia care in line with best practice.

People gave positive feedback about the meals. Information was displayed about the food available and people's individual dietary needs were catered for.

People were supported to maintain their health. Support and advice from external professionals were sought when necessary.

Assessments of people's capacity had been completed and decisions had been made in people's best interests, when necessary. 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.

People and their relatives were consulted about what to include in people's care plans. Care plans were regularly reviewed to help ensure they reflected people's current needs. Different communication formats and tools were available to meet people's needs.

Activities provision at the service had improved. People had a variety of options available to them and were able to suggest things they would like to do. Staff were working towards enabling people to become more involved in their local community. Staff did not monitor whether people had regular access to activities, interests or pastimes that were particularly important to their mental health or wellbeing. We made a recommendation about this.

There was a range of checks, audits and meetings used to identify any areas for improvement. Action was taken promptly in response to any concerns or ideas.

The atmosphere in the service had improved following recent changes. People had more to do and this had improved staff morale.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider sought advice on how to effectively record people's fluid intake. At this inspection we found improvements had been made.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Effective, Responsive and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh Manor Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation about monitoring people's access to activities, pastimes and interests that were important to their mental health or wellbeing.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective 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.

# Ashleigh Manor Residential Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and an expert by experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashleigh Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashleigh Manor Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

**Notice of inspection** This inspection was unannounced. Inspection activity started on 29 September 2022 and ended on 4 October 2022. We visited the service on 29 September 2022.

**What we did before the inspection**

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

**During the inspection**

We spoke with three people and seven staff including the provider and registered manager. We reviewed two people's care plans and a range of records used to review and improve the service such as questionnaires and audits. We spoke with eight relatives and a social care professional by phone.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found that staff had not completed all training allocated by the provider as mandatory or updated training specific to people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18.

- Following the last inspection, the provider told us they would review the training matrix and audit staff competencies. There was a training plan in place to help ensure all staff had completed required training. New comprehensive competency assessments had been put in place to help ensure staff understood training they had undertaken.
- Staff completed a comprehensive induction when they started at the service. One staff member told us it provided them with all the right information and gave them confidence.
- Staff told us they had the training and skills they needed to meet people's needs. Relatives also confirmed they felt staff were well trained.
- Staff confirmed they had one to one supervision which enabled them to talk about people, any concerns and any further development they required.

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

- The staff team were creative in identifying ways to meet best practice; for example, they had sought ways to make people's bedrooms dementia friendly. These had included using open drawers and wardrobes and putting coloured perspex around the call bell, to make it easier to see.
- Staff knew the people they cared for and tailored support to meet their needs. A system was in place to allocate a staff member to each person as a 'buddy'. Buddies were required to spend time with people to get to know them better. Any information a person shared about their needs or choices was shared so they could be met consistently by the staff team.
- A relative explained that their family member liked to keep busy. Staff understood this and had given them a role within the service that enabled them to stay busy.

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

- At our last inspection we found, when staff needed to monitor how much a person was drinking, information about how much they needed to drink to maintain their health was not available. This made it difficult for staff to identify if someone hadn't had enough to drink. We made a recommendation about this. At this inspection, charts recording people's food and drink intake had been changed to make it clear how

much someone needed to drink. Staff reported that they now understood people's food and drink needs better and how they needed to record them.

- People were encouraged to say what foods they liked. Residents' meetings were used to discuss people's meal preferences so they could be incorporated within the menu. People told us they enjoyed the food available.
- Information, including pictures, showing what meals were available all week was displayed on the wall, so people knew what options there were.
- Staff told us information about people's dietary needs and preferences was easily accessible. Relatives confirmed staff were responsive to people's choices and support needs at mealtimes. Comments included, "There is another lady [person] likes to sit with and they try and do that for them, which is nice" and "They encourage [person] to eat and drink and if he doesn't eat, they give him a supplement. He has put on weight and he is being looked after very well."
- One person had been at risk of losing weight. To reduce the risk, the kitchen staff had met with the person's relative and a professional involved in their care, to devise a menu of meals they enjoyed from their country of origin. As a result, the risk had reduced.
- Senior staff regularly completed spot checks and observations of mealtimes to help ensure people enjoyed them and received any support they needed.

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

- People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. There was an ongoing programme of decoration and maintenance which helped ensure the building and the garden remained fit for purpose.
- Dementia friendly signs were placed in key areas of the service to help people navigate their way round the building.

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

- People had oral health assessments in place. This helped identify what support people needed in this area.
- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Relatives confirmed staff were responsive to people's health needs. Comments included, "When they notice they do something about it straight away and give me a ring."
- A social care professional told us the service worked well with health and social care professionals and were open, honest and responsive.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's capacity had been completed. Relatives confirmed that when people had been assessed as lacking capacity, they were involved in making decisions in people's best interests.
- The registered manager had applied for DoLS appropriately on behalf of people.
- Consent to provide care to people and hold confidential information about them had been sought.
- Staff asked for people's consent before providing care or support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found people didn't have enough to do. 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 improvements had been made and the provider was no longer in breach of regulation 9.

- People, relatives and staff all gave positive feedback about the options people now had for how they spent their time and reported that this had had a positive impact on them. People benefitted from a programme of group activities but also had one to one time with staff if this was their preference. A relative told us, "Their events team are amazing. They organise little trips, little surprises for them. They got the local football team mascot into the home for a surprise for a gentleman, they got the local ice-cream van on the car park. My nan, the job they got her to do gives a boost to her self-esteem. The residents aren't just sitting. Today the staff were teaching some who wanted to, to knit. It's just so nice to see them doing something and not just sitting around."
- Staff told us the increase in activities had enabled them to get to know people better. A staff member commented, "We do listen to the families but need to look deeper than that." Work had been completed to record people's life histories more comprehensively as well as current preferences. The service aimed to use this information to help ensure activities and opportunities offered were tailored to each individual.
- One person had started using their first language more, so the service had advertised for someone who spoke the same language to visit the person and increase their wellbeing.
- During Pride month (a month celebrating lesbian, gay, bisexual and transgender communities around the world), people were encouraged to share things they were proud of. This information was made into a piece of art which was displayed in the service.
- People were able to use the garden more. Staff told us people took part in gardening as well as having coffee mornings outside.
- A staff member who provided activities for people told us they were keen to get people more involved in the local community and shared several plans for the future that would enable people to do this.
- Where people had key activities or interests that were important to their mental health, these were available but no-one monitored records to help ensure people were able to do these things as often as they needed.

We recommend the provider reviews how they monitor the provision of person-centred pastimes to each individual.

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

## preferences

- Relatives told us staff were responsive to people's needs and choices. One relative told us, "I ask them what she needs and they tell me so that's helpful. They obviously take note of what's been used and what's needed so I am quite pleased about that."
- Staff took time to understand individuals' preferences and deliver care to meet them. One person's preferences had changed and they no longer liked taking their medicines at bed time. The service had contacted the GP to check the person could have their medicines at different time. This gave the person control over their routine.
- People were involved in planning their own care and making decisions about how their needs were met. They and their relatives were consulted about what information should be included in their care plans. A relative told us, "I just went down last week and we went through her care plan."
- People's care plans were updated as their needs changed. This meant staff had up to date information about the support each person required.

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew individual's communication needs and preferences and used these to help ensure communication with people was effective.
- Information was provided to people in a format suitable for their needs. One person's first language was not English. They were using their first language more, so staff had started translating key information such as newsletters and information about the person's health. A staff member said, "We have a communication board with phrases and pictures so we can still communicate when [person] is tired"

## Improving care quality in response to complaints or concerns

- Information about how to complain was displayed in the service and was discussed in residents' meetings. The service's 'resident representative', (a person who collected others' views about the service), told us they also explained to people how to raise a concern or complaint.
- The service hadn't received any complaints since the last inspection. One person told us, "You couldn't improve anything about here."
- Relatives told us they were happy to raise concerns with the service and these were responded to. "There was a couple of things I was unsure of and when I next visited, the manager had a little chat with me and cleared it up and that was fine."

## End of life care and support

- People and their relatives were given empathetic support to make decisions about their preferences for end of life care.
- People were supported compassionately at the end of their life. Where necessary, people and staff were supported by external health care professionals. Services and equipment were provided as and when needed.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection we found checks and audits had not identified all the areas for improvement highlighted during the inspection. Insufficient action had also been taken to resolve concerns that had been identified. 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.

- There were clear lines of responsibility and accountability within the management structure. Senior staff, the registered manager and provider all completed audits and checks of the service. Any areas of improvement were discussed and acted upon to improve the quality of the service.
- Relatives confirmed the service had improved. Comments included, "When he first went in, I had concerns but everything has changed. It's done a complete U-turn and I couldn't recommend it more now. It's really good."
- Staff told us the service had improved since the last inspection. One staff member commented, "The menus have improved as well as the activities, the paperwork and relationships."

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

- The provider and registered manager had set out clear objectives for improving the activities provision at the service. These included an ethos of making each day special for all, enabling people to get involved in the local community; and recruiting activities staff who were 'dream come true makers' and 'people who can make things happen to complete people's lives.' A staff member commented on the improvement in activities provision saying, "It's brought us back to life."
- Relatives told us staff worked hard to provide people with good outcomes. Comments included, "[Person] recently turned a 100 and they went above board. They bought the local school in; they made him a cake and they made him a card from King Charles (because everything was suspended). They went above and beyond" and "I would not want my nan to be anywhere else, and I don't say that lightly."
- Residents' meetings were held regularly, and action was taken following any suggestions. Ideas for different activities were also discussed so staff understood what people's interests and preferences were.
- Changes to the service had enabled staff to spend more time with people and understand their needs better. This had resulted in improved outcomes for people.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The senior staff team valued feedback and provided people, relatives, staff and professionals with a variety of opportunities to give feedback about the service. Action was taken promptly wherever possible to make any improvements highlighted and results were displayed in the service.
- People's diverse needs were understood and met. Staff told us they understood things that were important about people's beliefs and religions and incorporated these into life at the service.
- Staff told us the increase in things for people to do had resulted in people interacting with each other more and increased staff morale.
- Staff meetings were held regularly. Staff told us they felt able share any concerns or ideas they had and were listened to.
- Staff gave positive feedback about the management team encouraging and supporting staff to take on more responsibility.

Working in partnership with others

- The registered manager told us they had worked hard to build stronger relationships with people's family and friends. Relatives confirmed they were informed promptly about any changes to their family member's health or wellbeing. Relatives told us, "I can't fault them at all. Questions that I have had, they answer them. No problems at all" and "I find the staff and managers easy to talk to."
- A professional confirmed the service worked well with external professionals to provide the right support to people and improve the service.