Scofil Limited

Ashley Arnewood Manor

Inspection report

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Date of inspection visit:
01 February 2017
03 February 2017

Date of publication:
03 March 2017

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

Ashley Arnewood Manor offers accommodation for up to 20 people who require personal care, including those who are living with dementia.

The inspection was unannounced and was carried out on 1 and 3 February 2017.

At our previous inspections in July and December 2015, we found the home needed to make significant improvements to meet all of the regulations. Following the inspections, the provider sent us an action plan telling us the steps they were taking to make the improvements required.

At this inspection we found significant improvements had been made and all regulations had been met.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People and relatives told us they felt the home was safe. People were protected from abuse. Staff had received safeguarding training, understood types of abuse and the action they would take if they identified any concerns.

People received their medicines safely. Staff were trained and their competency assessed to administer medicines. Systems were in place for the storage and administration of medicines, including controlled drugs.

There were sufficient staff deployed to meet people's needs. People were engaged in planned activities throughout each week.

People were supported by staff who had received an induction into the home and appropriate training and professional development to enable them to meet people's individual needs. Staff meetings took place and staff said these were helpful and enabled issues to be discussed. Staff felt supported by the registered manager and were confident to raise any issues or concerns with them.

Staff followed legislation designed to protect people's rights and ensure decisions were made in their best interests. The registered manager understood Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them. People had enough to eat and drink and their specific dietary needs were met.

Staff were kind and caring, had time for people and sat and listened to them when they wanted to talk. Staff treated people with dignity and respect and ensured their privacy was maintained.

Initial assessments were carried out before people moved into Ashley Arnewood Manor to ensure their needs could be met. Information was used to develop person centred plans of care for people.

The service was responsive to people's needs and staff listened to them. People and, when appropriate, their families or other representatives were involved in decisions about their care planning.

People and relatives were encouraged to give their views about the service. People and relatives confirmed they knew how to make a complaint and would do so if they had cause to.

There was an open and supportive culture within the home. The registered manager provided leadership and guidance to staff who felt supported.

Systems were in place to assess and monitor the quality of people's care and health and safety within the home. Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. The environment and equipment was regularly checked and servicing contracts were in place, for example for the hoists and stair lift. Incidents and accidents were recorded and actions taken.

Plans were in place to manage emergencies including alternative accommodation should the home need to be evacuated.

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.

People and their families felt the home was safe. Staff followed safeguarding procedures to protect people from abuse or improper treatment.

Medicines were managed and stored safely and people received their medicines as prescribed. Individual risks to people had been assessed and action taken to minimise the likelihood of harm. The environment and equipment was regularly checked and maintained.

There were sufficient staff to meet people's needs at all times. Recruitment practices ensured that only staff who were suitable to work in social care were employed.

Is the service effective?

Good

The service was effective.

People's rights were protected because staff had a good understanding and applied the Mental Capacity Act 2005.

Staff told us they received training and access to advice and guidance from the registered manager who supported them in their roles.

People had access to health professionals and other specialists if they needed them and referrals were made in a timely way. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy, dignity and choices and developed caring and positive relationships with them. They provided gentle reassurance to people if they became confused or worried.

Staff supported people and their families to express their views and be involved in making decisions about their care and support and promoted people's independence.

People received caring and compassionate care at the end of their life.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care and care plans were personalised and focused on their individual needs and preferences.

There were opportunities for people to participate in activities, for their physical, social and emotional stimulation, if they wished to do so.

People and families knew how to make a complaint and felt confident any concerns they had would be responded to.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor and assess the quality and safety of the home and improvements were noted.

The culture within the home was open and transparent. Staff felt supported in their roles and understood the vision and values of the home.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

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 checked 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. We also needed to check the provider had the made improvements we told them to make during our comprehensive inspection in December 2015.

This inspection was unannounced and was carried out on 1 and 3 February 2017 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people living at the service and two relatives and two friends who were visiting. We observed people being cared for and supported at various times during our visit to help us understand people's experiences. We spoke with three members of the care staff, the chef and the registered manager. We also spoke with a visiting district nurse and a befriender who supported people to access the community. Following the inspection we contacted a second healthcare professional for their views about the service.

We looked at four people's care records, and pathway tracked two people's care. This is where we check to make sure they had received all the care and support they required. We reviewed the supervision, training and recruitment records for five staff. We also looked at other records related to the running of the home, such as incident and accident records, medication records and audits which monitored the quality of the service provided.

At our last inspection in December 2015 we found the provider had made improvements but remained in breach of two regulations.

Good

Is the service safe?

Our findings

At our previous inspection we identified some concerns with the storage, use and recording of people's topical creams. At this inspection people's topical creams were safely stored, applied when prescribed and when they had applied them staff recorded this accurately. We had also previously found that there were insufficient staff deployed at all times. This had also improved.

People were supported by sufficient numbers of staff to meet their needs. The registered manager told us the sixteen people currently living at Ashley Arnewood Manor were quite independent and mobile. There were three care staff on each day shift but they kept this under review and told us staffing would increase if there were any further admissions to the home or if people's care needs increased. In addition there was a cook on duty each day as well as part time activities and housekeeping staff and two waking night staff. Staffing rotas confirmed the level of staffing was in place as described to us.

There were robust recruitment processes in place to assess the suitability of staff before they commenced employment. Applicants were required to complete an application form and attend an interview as part of the selection process and previous employment references were taken up as part of the pre-employment checks. Disclosure and Barring Service (DBS) checks had been undertaken which enabled the registered manager to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting.

People told us they had no concerns and felt safe living at Ashley Arnewood Manor. One person told us they felt "Decidedly safe" and was well looked after. Another person told us they were able to use their call bell for help if they needed it and staff came quickly. Comments from relatives and other visitors included "We have no concerns about safety" and "[My relative] was unsafe at home. She can't go up and down stairs on her own but staff know that and help her."

People were protected from harm. Risks to people, such as falls, poor mobility and skin integrity, had been identified. Individual risk assessments had been completed and action taken to mitigate these risks. Risk assessments were regularly reviewed by staff to ensure they remained up to date. Staff were aware of identified risks to people and understood the actions needed to reduce them.

People were protected from abuse and improper treatment. Safeguarding procedures were in place and these were understood by staff. Staff had received training in safeguarding adults and understood their responsibilities for reporting any concerns to the registered manager and to the local authority safeguarding team. Staff were aware of the home's whistleblowing policy and said they would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home. Safeguarding information was readily available to people and staff, including contact details of external agencies.

Systems were in place for the safe storage, administration and management of medicines, including Controlled drugs (CDs). CDs are medicines that are managed under the Misuse of Drugs Act 1971 and require

additional safeguards. All medicines were stored appropriately. Medicines requiring disposal or return to the pharmacy were recorded and securely stored until they were returned. Staff recorded when people's liquid medicines and topical creams had been opened, where required, which ensured they were not used beyond their expiry date.

People received their medicines safely. Staff explained to people about their medicines and gave people the time they needed to take them without rushing. Only staff who had been trained to administer medicines did so. Regular observations and assessments were carried out to ensure staff remained competent to give people their medicines. People's medicines records contained information about them, such as any allergies to specific medicines and what drink they liked to take their medicines with. Each person had a medicine administration record (MAR) in place which had been appropriately signed by staff after each medicine had been given.

The home had an emergency plan which contained useful phone numbers and contingency plans for alternative accommodation in the event the home had to be evacuated. Personal evacuation plans had been completed for each person, detailing the specific support they required to evacuate the building.

Regular tests of fire safety systems such as emergency lighting, fire doors, extinguishers and fire alarms were carried out and recorded. Staff had received training in fire safety and understood what to do in the event of an emergency evacuation.

Equipment within the home, such as hoists and the stair lift and were regularly checked and serviced. The environment was checked for repairs and any defects within the home were reported to the registered manager who had recently appointed a new maintenance contractor to address any maintenance issues. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that most staff had completed training in infection prevention and control in 2016.

Good

Is the service effective?

Our findings

At our previous inspection we identified that staff had not understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Code of Practice. At this inspection we found improvements had been made. People and relatives confirmed that staff asked for consent and involved them in decisions about their care. Where people lacked the mental capacity to make informed decisions, their representatives were consulted alongside other relevant health or social care professionals. For example, one relative told us they were confident in the staff and said when their family member had become ill "They [staff] quickly called paramedics. They kept me informed all the time."

People's rights were protected because staff had acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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. The registered manager demonstrated a good understanding of mental capacity and how to make best interest decisions. They had carried out assessments, where appropriate, to establish whether people had capacity to make specific decisions. Where a relative had stated they had lasting power of attorney for health and care decisions, the Registered Manager had not requested evidence of this. They acted immediately and wrote to relevant parties to obtain relevant documentation.

Staff understood the principles of the MCA and were confident in applying them. Staff were aware that some people had capacity to make decisions, while others may require appropriate support in relation to best interest decisions that may need to be made. Before providing care, they sought consent from people and gave them time to respond.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and had submitted DoLS applications to the local authority for authorisation where required.

Staff told us they completed most of their training through an on-line company and some classroom training took place to provide hands on opportunities for more practical subjects. The staff training plan showed most staff had completed a wide range of training such as food hygiene, diabetes awareness, equality and diversity, basic first aid and dementia awareness. Staff were provided with opportunities for on-going further development of their skills and knowledge. All staff had either a level two or level three nationally recognised qualification in health and social care or were working towards this.

Although not all staff had received recent formal supervision, they told us they had had an annual appraisal and had on-going opportunities to discuss any concerns or issues with the registered manager. They could

ask for advice and guidance whenever they needed to. The registered manager told us "I have an open door and foster good relationships with staff. I'm here a lot and see everybody and will keep it that way."

People were supported to maintain their health and wellbeing and were involved in decisions about their healthcare. One person said "They look after me very well" and went on to say the staff would call a doctor if they needed one. Relatives were satisfied that people's health care needs were met promptly and told us they were kept informed of any changes. Records confirmed that staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses, when they had any concerns about people's health. A healthcare professional told us "They are competent. Anything complicated they would call us in straight away." People also had access to a range of preventative health care services including chiropody and opticians.

People had enough to eat and drink and told us the food was good. Comments included "I had porridge and two cups of tea for breakfast. I enjoyed it" and "The food is fresh and well prepared" and "The food always smells good." We observed staff patiently and politely assisting people to the dining room when their meals were ready. Staff were observant and gave verbal prompts and encouragement to people to ensure they ate as much of their meal as they wanted. The dining experience was relaxed and sociable and people chatted with each other. One person commented "We're not rushed. We can take our time."

People's support plans included nutritional assessments and details of their dietary requirements and any specific support needs. The cook and the care staff were knowledgeable about people's dietary requirements and any allergies or food likes and dislikes. For example, the cook explained about one person who required their food to be cut up and their drinks thickened because of swallowing difficulties. They told us about another person who required less sugar due to diabetes which was controlled though diet. During the lunch meal we observed a staff member asked the person "Would you like fruit salad or diabetic ice cream?"

Good

Is the service caring?

Our findings

People and relatives told us the staff at Ashley Arnewood Manor were very kind and caring and consistently described it as "Homely." Comments included "The staff are very kind, very thoughtful" and "The staff are wonderful. Always helpful and friendly." Visitors commented "They [staff] always seem very pleasant and respectful from what we've seen."

We observed staff interacting with people in the communal areas of the home and noted they had a good knowledge of the people they supported. There was a good rapport between staff and people with lots of smiles and banter. The atmosphere in the home was friendly and relaxed which people appreciated. One person commented to us "It's lovely here, quiet and calm."

Staff sat with people on and off throughout the day and chatted with them about things that were important to them, such as family and what they would like to do. One person spoke Spanish and a staff member talked with them in their own language, taking an interest in them and sharing life stories.

Staff were observant and acted quickly to provide re-assurance and practical help when people became upset or anxious. For example, when one person became confused and began to cry, the registered manager discretely handed them a tissue and spoke with them gently, asking what was wrong. They were joined by a member of care staff who knelt down beside them and spoke with them softly.

We observed that staff treated people with dignity and respect when talking with them or providing care. Staff supported people and relatives to express their views, listened to them and involved them in making decisions about their care. People were encouraged to do as much for themselves as possible and maintain their independence.

Staff respected people's privacy and dignity. People received personal care in the privacy of their bedrooms. We observed staff knocked on doors before entering people's rooms and people confirmed staff asked for their permission before providing any care or support. We noted that staff were observant and attentive. For example, discretely helping a person to pull their bra strap up when it had slipped down, and checking if another person was cold and getting a soft blanket for them to put over their lap. Staff spoke discretely and maintained confidentiality when talking between themselves about people's care and support needs.

Staff facilitated relationships between people using the service and their families and friends who were welcome to visit at any time. Relatives confirmed this and told us "They're very friendly" and "We are always welcomed." There were private spaces to receive visitors as well as people's bedrooms which were personalised with their own belongings, such as pictures, ornaments and photographs. One relative told us how their family member's bedroom was fully redecorated and carpeted before they moved in and said "I wouldn't mind coming here myself."

People received caring, compassionate and dignified care at the end of their life. One person had been

nearing the end of their life and had mental capacity to refuse any further treatment. Staff respected this and supported the person to retain control over any decisions. Their end of life care plan included details of what they would like staff to do for them in their last few hours such as having peace and quiet and a warm room. A health professional who had been involved in their care confirmed "They were very well cared for. They were clean, their bed sheets were clean, they always had a drink by them."

Good

Is the service responsive?

Our findings

At our previous inspection we found that people living at Ashley Arnewood Manor did not always have care plans that reflected their needs. At this inspection we found improvements had been made by the registered manager and people's care plans were now an accurate reflection of what their health care and social needs were. People told us they were very satisfied with the care they received. One person told us "I am quite happy. If I need anything they'd get it for me." Relatives were also happy and confirmed they were kept informed and involved.

Pre-admission assessments were completed with people and their families before they moved into Ashley Arnewood Manor to ensure their individual care needs and preferences could be met. These were detailed and personalised and included people's life histories and things that were important to them such as friends, pets and life events. For example, one person had been interviewed and photographed by a local newspaper following recognition of their work as a firefighter, and a copy of this was included. The registered manager considered compatibility as part of their initial assessment process. They explained they had sometimes refused to admit people because they had behaviours which would be too disruptive and unsafe and could potentially put other people living in the home at risk.

Personalised care plans were developed with people, their family members and their GP which provided guidance to staff about how each person would like to receive their care, for example, for their skin condition, medicines, personal care and mobility. There were additional care plans which detailed how people would like to maintain their social and emotional wellbeing, such as activities, preferences, interests and social contact. Each care plan included a section written in people's own words which ensured the plans were personal and relevant to them. Care plans were reviewed regularly and when people's care and support needs changed. Staff were kept up to date with any changes to people's needs through written communication and at handover meetings.

Most people commented they were happy with the level of entertainment and activity to keep them occupied. One person told us "We have an entertainer and sometimes have a lady who does exercises. There's usually something once or twice a week. I can't do much but I like to sit and watch." Another person said "I like doing puzzles. People come and talk to us sometimes." We observed two entertainers visited during the period of our inspection and also observed staff facilitating activities.

Staff were allocated a number of hours each week specifically to promote activities and engage people if they wished, although this did not include weekends when we noted there were no planned activities. The home had made contact with a "Companion" service which people could pay privately to access. This enabled them to go out on trips or access the community for a day or a few hours, depending on their preferences. We spoke with the companion who explained their role and described some of the outings, such as a drive in the New Forest to see the ponies and a trip to the beach at Hengistbury Head.

The home had a complaint policy and procedure and people and relatives told us they knew how to make a complaint or raise a concern if they needed to. One relative said "I have no complaints but I have all the

paperwork so know how to if I need to."

Good

Is the service well-led?

Our findings

People and relatives told us the registered manager was well known to them and they often saw her around the home. One person told us "She's such a lovely person. First class. Kind and thoughtful. She's in the right job!" A relative commented "I like her very much. She's very approachable, very professional." Another relative said of the registered manager "She's wonderful. I can't say a bad word about [the home]. I wouldn't want [my relative] to be anywhere else." A visiting health professional told us "I always see her around. She's very helpful."

At our previous inspection we found that some improvement was required in relation to systems to monitor the quality and safety of the home and record keeping. At this inspection we found the registered manager had made significant improvements within the home.

A range of quality assurance processes had been implemented to monitor and improve the quality and safety within the home. For example, wheelchair safety checks were carried out weekly and individual incidents and accidents were logged and actions taken were recorded and evaluated for learning. A monthly compliance audit was also carried out by the provider's quality manager which included medicines, infection control, care records and staff training. Any shortfalls were recorded and actions taken, or added to the service improvement plan. The improvement plan was a working document and included planned maintenance tasks which the registered manager reviewed regularly to keep track of progress.

The culture within the home was open and transparent. Staff meetings took place regularly and staff told us they found these helpful. Staff felt able to raise any concerns and felt very well supported by the registered manager. The registered manager had reviewed roles and responsibilities within the staff team and was delegating more responsibility as new staff started.

Staff told us they felt more confident in their responsibilities and understood the culture and vision the registered manager had for the home. For example, one staff member said "It's getting better, improving. We know our jobs now. It's a more friendly house. I'm feeling more free to say anything. It's open, caring. If we need something she'll do it. She'll help us on shift and keeps us informed." Another staff member said "I can talk to her anytime. She's very approachable. There's a homely atmosphere. I'm enjoying the job."

People were asked for their views about the care and support they received. The registered manager spoke with people regularly to check they were happy and satisfied with their care. Annual questionnaires had been completed by people and their families which were all positive, with most saying they were satisfied or very satisfied. The registered manager had collated the results and any comments and had provided written feedback to everyone, including any action taken to address their comments. Three professionals involved with people's care had also provided positive feedback about the home.