Scofil Limited

Ashley Arnewood Manor

Inspection report

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Hampshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 Arnewood Manor is a residential care home. It provides personal care and accommodation for up to 20 older people. There were 17 people living at the service at the time of inspection, some of whom were living with dementia.

People's experience of using this service:

Some aspects of the homes décor and decoration required refreshing an updating. There were plans in progress to prioritise where this was most needed.

The processes for assessing people's capacity to make decisions about their care were not always clearly documented. The registered manager had started to make improvements.

Processes for monitoring aspects of people's heath, such as eating, and drinking were not always completed effectively.
People told us they were happy with the care they received at Ashley Arnewood Manor. There was a homely atmosphere at the service, where people shared a good rapport with staff and their relatives were made to feel welcome.

There were effective systems in place to monitor the quality and safety of the service. The registered manager was open to feedbacks and complaints to improve the quality of care. The registered manager had acted pro-actively to address issues highlighted by our inspection.

People's care reflected their individual needs. This included their preferred daily routines and preferences. People were treated with dignity and respect.

Risks to people were assessed and there were systems in place to protect them from the risk of suffering abuse or avoidable harm. People were involved in planning and reviewing their care needs.

There were enough staff in place, who received appropriate training and support in their role.

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

Rating at last inspection:
The service was rated good at our last inspection (published 4 March 2017)

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

Ashley Arnewood Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector and an expert by experience. 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 for this inspection had experience caring for people living with dementia.

Service and service type:
Ashley Arnewood Manor 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. A registered manager 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
Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law.
We wrote to two health and social care professionals to gain their feedback about working with the provider. We received feedback from one professional in response.

During the inspection
We spoke with 12 people, five relatives and one healthcare professional. 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 spoke with the registered manager and nine care or domestic staff. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports and risk assessments were reviewed.

After the inspection
The registered manager sent us additional information upon request to support our judgement in this inspection. This included examples of improved processes around mental capacity assessments and the monitoring of nutrition.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, reducing the risk of harm to people. This included risks of falls, pressure injuries, malnutrition, dehydration and risks associated with people's medical conditions. In one example, a person who was at risk of developing pressure sores had a plan in place to ensure they regularly moved position to relieve pressure on areas at risk.
- Each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The registered manager carried out fire drills with both day and night staff, to help ensure staff understood the procedures to follow in the event of an evacuation. The registered manager ensured all emergency equipment such as fire doors and emergency lighting were tested regularly, to make sure in was in a fit state of repair.
- The provider had a business continuity plan in place. This detailed the actions staff would take in the event of an emergency, such as loss of electricity. This helped to keep people safe in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Comments included, "The staff make me safe", and, "It's safe, you don't need to worry about anything."
- Staff received training in safeguarding vulnerable adults. This helped them recognise the signs people had suffered abuse and the appropriate actions required to help keep them safe.
- The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager had made appropriate referrals to the local authorities safeguarding team when there were concerns about people's safety or wellbeing.
- There was a whistleblowing policy in place. This identified the actions staff could take if they had concerns and felt unable to raise them with the provider. Staff we spoke to were positive about the home and its leadership. One member of staff said, "I feel like the registered manager is very approachable."

Staffing and recruitment

- There were enough staff in place to meet people's needs. People's comments included, "There is always somebody about [referring to staff]", and, "I never have to wait, staff are here at hand."
- The registered manager calculated staffing levels from assessments of people's needs. They made themselves available to assist people with their personal care or meals, which helped to ensure staff were not rushed during these times.
- There were robust recruitment processes in place. This included checks on staff's experience, background and feedback from previous employers. Staff were subject to Disclosure and Barring Service (DBS) check. A

DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. This helped the registered manager identify suitable staff.

Using medicines safely

●There were safe systems in place for the ordering, storage, administration and disposal of medicines. Staff had received training and assessment of their competency in medicines administration. This helped ensure they were following guidance in line with best practice.

● Some people were prescribed 'when required' medicines for pain or anxiety. The plans in place for the use of these medicines included, reasons for prescription and how they should be appropriately administered. We observed staff offering these medicines appropriately to people during the inspection.

Preventing and controlling infection

● The home was clean and hygienic. There was a regular cleaning schedule in place, which helped to maintain the level of cleanliness in the home.

● The service had received a rating of five, by The Food Standards Agency in October 2019. This reflected a high standard of cleanliness and food hygiene.

Learning lessons when things go wrong

●The registered manager reviewed all records of incidents to identify trends, causes and actions in response. For example, one person was reluctant to sleep in their own room. The registered manager reflected on incident reports, to develop strategies to encourage the person to their room. This included using the person's preferred staff, changes to night time routine and offering an alternative room closer to communal areas to reduce travel time. At the time of inspection, trial strategies were ongoing, but the registered manager had demonstrated a sound and logical approach to this issue.

Requires Improvement

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 good. At this inspection this key question is now requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake. However, fluid charts that recorded people's fluid intake were not effectively used. Records did not include suggested daily amount of fluids people needed and whether this amount had been achieved. This meant that it was not always clear if people had taken enough fluid or the actions in response if they had not.

● People's preferences around food and drink were identified in their care plans. There was a set menu in place, but staff gave people alternative options to suit their preference. Comments included, "The food is quite good", and, "I think there is a choice [of food]."

● People received the support they needed during mealtimes. Where people required encouragement and assistance, staff were on hand to provide this. When people had specialist diets or had their food fortified, staff ensured these requirements were met.

● After the inspection, the registered manager sent us evidence of how they had improved the monitoring of people's food and fluid intake. They had amended the recording form to demonstrate that target levels and actual levels achieved were now being recorded. The food and fluid charts in the new format which were forwarded to us were accurately completed.

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

● The registered manager made assessments of people's needs prior to admission to the home. They used information from people, relatives and professionals to help develop appropriate care plans.

● The provider used a Malnutrition Universal Screening Tool (MUST) to identify people who were risk of malnutrition. Recent referrals to professionals had been made after people were identified as high risk. However, the records for two people identified as high risk of malnutrition were missing prior to August 2019. This mean that there was not a clear and accurate record of how this risk was monitored and responded too.

● The registered manager was able to locate the missing MUST recordings for one of the two people highlighted. They told us the other records were in the process of being retrieved from the provider's archiving.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● The registered manager had recognised that the provider's processes to assess people's capacity and to make decisions in people's best interests required improvements. In specific, records needed to be clearer about which specific decision was being made, and how decisions were as least restrictive as possible.
● The provider's old processes included completing one document, covering decision making about a broad range of areas such as, 'washing and dressing, feeding and nutrition, changing and incontinence, dressing, engaging with others, social activities and accessing the community'. This documentation was too generalised and did not demonstrate that people's needs, and wishes had been considered. It was also not clear what the outcome was from the provider's assessments.
● The registered manager had started using a new capacity assessment toolkit, which had been developed by the local authority. At the time of inspection, they had completed required assessments in the new format for nine of the 17 people at the home. The records of new assessments completed were in line with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.

Adapting service, design, decoration to meet people's needs
● The service was suitable for people's needs; however, some aspects of the decoration were worn and in need of updating. For example, the provider was in the process of replacing old carpet, which had become worn and stained.
● The registered manager had recognised that the communal lounge area was too small to accommodate everyone as they wished. There was limited seating available, meaning not everyone could use the lounge. One person said, "There is no chair for me, nowhere to sit." The registered manager had planned to convert the larger dining area into a lounge, which would give people more space in which to sit.
● People had access to outside space, which was secured for their safety, although parts of the garden were overgrown and needed attention.

Staff support: induction, training, skills and experience
● Staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care.
● Staff received ongoing supervision and support in their role. This included regular training updates, supervisions with senior staff and competency assessments in key areas of their role, such as medicines administration.
Staff working with other agencies to provide consistent, effective, timely care
● The provider worked with different agencies to provide effective care. People had been referred to the relevant agencies as soon as a need was identified. This included referrals to speech and language therapists and dieticians.
● Staff were knowledgeable about the different input people had into their care. This demonstrated information was being shared and feedback had been received.

Supporting people to live healthier lives, access healthcare services and support professionals.
● People were supported to attend regular health appointments such as doctors, dentists, opticians and

chiropodists. Comments included, "They [staff] know if I have any appointments and make sure I'm ready to go."

● Where people were unable to leave the home to attend appointments, the registered manager requested visits to take place at the home where possible. This helped to ensure people had access to the healthcare services they needed. One person said, "There is a doctor who comes in."

● Staff were conscious to ensure people's equipment such as glasses and hearing aids were cleaned and kept in good working order. Where some people had dentures, there were plans in place to ensure they were cleaned and stored appropriately. service

Good

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 good. 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 told us the atmosphere at the service was homely and comfortable. Comments included, "It's quite pleasant here, quite easy going", "There is a nice intimate atmosphere here", and, "I find the home very accommodating and friendly."
- People were relaxed and unhurried throughout their daily life, with many people enjoying conversation and laughter with others and staff. Comments included, "Staff are very good. [My relative] is well looked after and comfortable", and, "They [staff] have a good sense of humour."
- People and relatives told us staff were caring and kind. Comments included, "They [staff] are very helpful", and, "I find the staff very helpful and sensitive to the needs of the residents." Staff were patient and attentive when helping people with their personal care or when mobilising around the home.
- Staff showed care and concern for people's wellbeing. When people were unsettled or distressed, staff understood ways to approach them, helping them remain settled or calm. Some staff had a particularly good relationship with specific people. This was useful as they could step in when other staff may be finding support difficult.
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in their care plans. People told us they were free to follow their beliefs and spirituality. One person said, "They [staff] know I am a Christian and go to church every Sunday."

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

- People told us that staff respected their wishes and choices around their personal care routines. Comments included, "The staff help me have a shower. I prefer this rather than a bath", and, "I have it [a wash] on a particular day, for me it's twice a week." Staff told us they were flexible in the times people wished to have support with their personal care. One staff member said, "It's not like a regime, people can have help any time."
- People had access to advocacy services as required. Advocacy services are independent bodies who represent people's interests when they may struggle to communicate their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They were supported to present themselves in a way which suited their preferences, which were identified in their care plans. Staff spoke to people with respect and understood people's right to decline help if they did not wish to receive it.

● After the first day of inspection, we received information about concerns that people were not always supported to get up at the time they preferred. On the second day of inspection, we arrived at 0645. We found that the people who were sitting in the lounge were happy to be up at this time and their care plans reflected their preference for waking early. One person said, "I have always got up early." We spoke to other people, staff and reviewed daily records of care, which confirmed that people's choices about waking, and resting were respected.

● People were given personal space and privacy when they wished. The provider had arranged for a small lounge to be made available for visiting relatives if they wanted to spend time with family members in private. Staff understood people's routines and motivations, appreciating when people wanted engagement and when they wished to have privacy.

● People were supported to be as independent as they wished. Staff encouraged people to walk around the home as much as possible and complete everyday tasks where appropriate. One person told us how staff promoted their independence around their personal care routine. They said, "I'm quite independent, staff let me get on with it."

Good

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 good. At this inspection this key question has remained 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

- People and their relatives were involved in developing care plans. Upon admission to the home, people and relatives completed documents detailing their past lives, family contacts, preferences and routines. This information was used in people's care plans.
- The registered manager was in the process of updating the care plan format. The newer format of the care plans included more personalised detail about people's needs and were more specific about the care they required.
- People's care plans were reviewed at regular intervals with people, relatives and where relevant professionals, to help ensure care plans were reflective of people's most current needs.

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

- People told us there was enough for them to do to keep occupied. Comments included, "There is a lady who comes in and does exercises. Another does some games and crafts" and, "We have a man comes in and sings, and a group of ladies from my church come and get us singing. At times like Easter they do a service."
- The provider had an activities coordinator; whose role was to plan and carry out activities in line with people's interests. There was a flexible timetable of in-house activities, which included games, quizzes and exercises. Three people told us they wished they could go out into the local town more regularly. The registered manager told us that when possible, people were given the opportunity go out into the community, either independently or as part of planned trips.
- People's relatives told us they felt welcome when visiting their family members at the service. Comments included, "They [staff] all know me by sight. They are all friendly", and, "I visit here every week and always get a friendly hello [from staff]." The registered manager encouraged relatives to visit the home, accommodating them with meals or for celebrations of family members birthday's and special occasions. The registered manager told us, "Friends and families are welcome to join their loved ones for lunch. At present, we have a gentleman that comes in every other Sunday to have lunch with his wife."

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. The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

● Staff understood people's communication needs and made adjustments to ensure they were met. The adjustments needed were documented in their care plans. In one example, one person was hard of hearing, but elected not to wear their hearing aids. Staff were conscious to speak to the person at eye level in a clearly audible volume. This helped the person understand what was being said to them.

Improving care quality in response to complaints or concerns

● People and relatives felt confident that complaints would be listened too and handled appropriately. Comments included, "[I would] go straight to the manager [if I had a complaint]", and, "I had an issue about a missing coat. The registered manager sorted it out."

● There was a complaints policy in place, which outlined how complaints would be investigated and responded too. The registered manager kept a written record of all complaints, which they had responded in line with the provider's policy.

End of life care and support

● At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.

● Where people had made advanced decisions regarding their care, these were clearly documented in their care plans. This helped make them accessible to emergency service staff, such as paramedics, should they be required.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● The registered manager had a good understanding of people's needs and were practically involved in the day to day running of the home. People and relatives commented, "She's a very nice lady. She comes to see everyone", and, "We have a good rapport with staff and management."

●The registered manager was supportive of staff by making themselves available to assist with people's personal care and during mealtimes. Staff comments included, "You always see the manager out here helping us, it's good", and "The registered manager is very caring and supportive."

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 provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager demonstrated an open and transparent approach when incidents occurred, or mistakes were made.

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

● The registered manager had recognised where there were conflicts and inconsistencies within the management structure of the home. Seven staff we spoke to told us there had been divisions within the management team which had a negative effect on staff morale. The registered manager had acted to restructure the management team, which helped to ensure staff's roles were clearly defined and they were supervised in a supportive way.

● The provider had displayed their previous inspection rating conspicuously near the entrance of the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.

● Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

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

● The provider sent out quality assurance questionnaires to people, relatives and professionals. The

registered manager gathered all responses received and shared feedback with staff. The provider had received six responses to surveys sent in August 2019. The feedback received was mostly positive and the registered manager demonstrated how they met with people to alleviate any concerns which may have been raised.

Continuous learning and improving care

● There were effective audits in place to monitor the quality and safety of the service. This included audits of, medicines, health and safety and maintenance. The provider also visited the home monthly to complete an overall audit of the quality and safety of the service. The registered manager followed up on all actions highlighted from audits promptly.

● In one example, they had recognised where some aspects of the home were in need of decoration and repair. An action plan had been developed, prioritising work needed to be completed first. This helped to ensure that the most important jobs were addressed, such as replacing carpets which were worn or stained.

● The registered manager was responsive to feedback during the inspection. They had acted quickly to make improvements suggested around MCA and nutritional monitoring, demonstrating how changes were imbedded to promote improved working practices.

Working in partnership with others

● The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, doctors, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.