

Ashleigh Manor Care Centre

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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 

Overall summary

The Inspection took place on 7 and 17 April 2015 and was unannounced. This was Ashleigh Manor Care Centre's first inspection since registering as nursing care. The service is divided into two areas. The "Manor" is currently home to people living with dementia and the "Lodge" is for people requiring residential care.

Ashleigh Manor Care Centre provides care and accommodation for up to 65 older people, some of

whom are living with dementia, have a physical disability or require nursing care. On the day of the inspection 60 people lived at the home. There were 28 people in 'The Lodge' and 32 people in 'Ashleigh Manor.'

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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 service is run.

Summary of findings

We observed during our inspection people and staff were relaxed. There was a friendly and calm atmosphere. We observed people and staff chatting and enjoying each other's company. Comments included; "Staff look after me well." People, who were able to tell us, said they were happy living there.

People had their privacy and dignity maintained. We observed staff supporting people and showing kindness and compassion throughout our visit.

People, relatives and healthcare professionals were very happy with the care provided to people and said the staff were knowledgeable and competent to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected by safe recruitment procedures. There were sufficient staff to meet people's needs and staff received an induction programme. Staff had completed appropriate training and had the right skills to meet people's needs.

The registered manager had sought out and acted upon advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to tell us they felt safe.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as occupational therapists and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People's risks were considered, managed and reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside where possible. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "All the food is good...and I'm fussy but they always find something for me."

People's care records were comprehensive and detailed people's preferences. People's communication methods and preferences were taken into account and respected by staff. They contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People, staff and visiting healthcare professionals confirmed the management of the service was supportive and approachable. Staff were happy in their role and spoke positively about their jobs.

People's opinions were sought formally and informally. There were quality assurance systems in place. Audits were carried out to help ensure people were safe, for example environmental audits were completed. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by skilled and experienced staff. There were sufficient numbers of staff to meet people's needs.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People received support and care to meet their needs.

The registered manager and staff had completed training and understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

Good



Is the service responsive?

The service was responsive.

Care records were individual and personalised and met the needs of people.

Staff responded quickly and appropriately to people's needs.

People had a wide choice of activities they were supported to participate in if they wished.

Good



Summary of findings

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Is the service well-led?

The service was well led.

There was an experienced registered manager who was approachable.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Ashleigh Manor Care Centre

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.

The inspection was undertaken by two inspectors for adult social care on 7 and 17 April 2015 and was unannounced.

Prior to the inspection we reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 20 people who used the service, the registered manager and 10 members of staff. We also spoke with eight relatives and two health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at six records which related to people's individual care needs. We looked at 12 records which related to the administration of medicines, five staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. We spoke with 20 people who used the service. One person said, “Oh yes I feel safe here - no question!” and “Staff help me to keep safe.” A relative said; “Very safe -no concerns.”

People who lived at Ashleigh Manor Care Centre were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. Staff had the knowledge and skills to help keep them safe. Staff told us they were up to date with their safeguarding training. They went on to say they had access to safeguarding and whistleblowing policies and procedures. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on any concerns. They told us they would take things further if they felt their concerns were not being taken seriously and were aware of outside agencies, for example the local authority. Staff spoke confidently about how they would recognise signs of possible abuse. One staff member said, “There is zero tolerance to abuse.” We saw referrals to the safeguarding team had been made and this showed that appropriate concerns were reported to the relevant authority.

Ashleigh Manor Care Centre provided a safe and secure environment for people. Smoke alarms and emergency lighting were tested. Evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. People had personal emergency evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to emergency services, so they could be supported in the correct way. Regular fire audits had also been completed. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People identified as being at risk had up to date risk assessments in place. Care records contained appropriate risk assessments which had been reviewed and updated regularly. Records showed people at high risk of falls had this information clearly documented to help ensure staff were aware of how to reduce the risk to people. One person said; “I had several falls at home, staff help keep me safe here.” Additional records held information and guidance for staff on how to reduce any further risk to people. For

example, pressure relieving mattresses were supplied. Discussions with staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support.

People, relatives and visiting healthcare professionals felt the service had enough staff to meet people’s needs. Rotas and staff confirmed the home had sufficient staff on duty to meet people’s needs. Staff were observed supporting people appropriately at all times, for example during mealtimes and activities offered. The registered manager confirmed staffing levels were reviewed regularly to ensure the correct number of staff were available at all times to meet people’s care needs. Staff confirmed there were sufficient staff on duty.

People were protected by the home’s recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people’s needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member’s suitability to work with vulnerable people.

Incidents and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. One staff said; “If someone fell out of bed they would be assessed for bed rails.”

People’s medicines were managed and given to people as prescribed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

People had a detailed plan of their prescribed medicines and how they chose and preferred these to be administered. A designated staff member had the responsibility of overseeing medicines and undertook regular audits and staff competency checks. Medicines administration records (MAR) were all in place and had been correctly completed. Controlled drugs were appropriately stored. Staff had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines

Is the service safe?

were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

People were supported by well trained and well supported staff. Staff had the knowledge to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. Staff were able to tell us in detail about the care needs of people they supported and were confident in their ability to meet people's needs. Staff completed an induction when they started work which was supervised by a member of the management team. This helped to ensure staff had completed all the appropriate training and had the right skills to effectively meet people's needs. Staff confirmed they shadowed experienced staff. This enabled staff to get to know people and see how best to support them prior to working alone.

Staff attended training to meet the needs of people currently living in the service, for example, dementia awareness training. The company checked nurse's registration status and checked with the registering body (the Nursing & Midwifery Council) to ensure nurses renewed their registration. Staff training records showed staff had completed additional training in health and safety issues, such as infection control and fire safety. We saw further training had been planned and booked to support staffs continuous learning.

Staff confirmed they received ongoing support, supervision and appraisals. Some had received one to one supervision and appraisals and had opportunities to discuss issues of concern during regular staff meetings. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff went on to say they felt listened to and, if they needed to talk outside meetings, the registered manager and seniors made themselves available.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals.

Staff demonstrated good knowledge and understanding of, and had received training about, the MCA and DoLS. The registered manager and staff informed us two people were subject to a DoLS authorisation and they were restricted from leaving the home to keep them safe. Authorisations were held on people's files. The correct authorisation had been sought and review dates were also recorded. This application recorded if people had been involved in the decision making. Staff were aware of this person's legal status. This showed us the staff understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to partake in activities arranged. People's care plans showed people were involved in their care and were consenting to the care plan which was in place. Staff were observed gaining people's consent to care provided, for example one person was asked if they were happy for staff to assist them with personal care.

People's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink and this information was recorded into care records. People had their specific dietary needs catered for, for example soft or diabetic diets, and a menu was displayed. Care records identified what food people liked and disliked. The catering staff confirmed they had a list of people's dietary needs. Staff understood what they could do to help ensure each person maintained a healthy balanced diet. People had access to drinks and snacks 24 hours a day. We observed mealtimes were unrushed and a social occasion and people showed they enjoyed this time as they were smiling and engaged in conversation.

The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. The service provided designated dietary assistants. They were responsible to ensure people received regular drinks and snacks and to complete food and fluid charts for people who required them. This helped to ensure people received sufficient hydration and

Is the service effective?

nutrition. One relative, who ate with their relative most days said; “Food is fantastic!” One person said; “I can be very fussy, but they never mind and always give me what I like.”

Regular upgrades were carried out. During a tour of the premises we saw several areas being painted and upgraded. This included the main corridors. The registered manager said they tried to repaint and upgrade bedroom before a new admission.

People had access to healthcare services and local GP surgeries provided visits and health checks. When people’s health deteriorated they were referred to relevant

healthcare services for additional support. For example staff had consulted with an occupational therapist for completion of a risk assessment and to help support someone to use the correct equipment. If people had been identified at risk due to being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people’s medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people’s wellbeing. This helped to ensure people’s health was effectively managed.

Is the service caring?

Our findings

People who lived in Ashleigh Manor Care Centre were supported and cared for by kind and caring staff. We observed the atmosphere in the home to be warm and welcoming. The interactions between people and staff were positive. People who were able to, told us they were well cared for and spoke well of the staff and the high quality of the care they received. Comments included; “I have regular visitors and they always make sure I look nice - it’s what I want.” A staff member said; “I treat everyone as I would my own mum and gran, as an individual.” Healthcare professionals said they had observed the staff being caring and had good relationships with the people they cared for.

People were involved as much as they were able to with the care and treatment they received. Staff were observed treating people with kindness and compassion. Staff told people what they were going to do before they provided any support and ensured they were happy and comfortable with the support being offered. For example, people who required assistance with moving around the building. Staff informed people throughout the process what they were going to do and the task was completed at the person’s own pace.

People’s personal care needs were responded to by staff in a discreet manner. For example, when a person required assistance, staff ensured this was carried out discreetly without drawing attention to people. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People were supported by staff who knew them and their needs well. Staff were attentive and prompt to respond to people’s emotional needs. For example people who were living with dementia received prompt support by staff if they became upset or confused.

Staff showed concern for people’s wellbeing. For example, people who were confined to bed due to deteriorating health were observed being provided support from staff with kindness, compassion whilst maintaining people’s dignity. Records showed staff recorded regular personal care carried out including mouth care, nail and hair care. Records showed end of life care had been discussed and recorded with people or their relatives so their wishes on their deteriorating health were made known. For example each person had a “planning for your future care” which recorded people’s wishes.

The registered manager confirmed the management team had completed accredited training on end of life care with a local hospice. This assisted staff in providing appropriate care to people who were at the end of their life. The registered manager showed us a local newspaper article, written by a relative, for someone who had received end of life care in the service. The article said; “The end of life care from the staff and nurses was amazing.”

People told us their privacy and dignity were respected. Staff told us how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence. A relative who visited daily and stayed for long periods said they had never seen staff being anything other than respectful towards the people they supported.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. A relative said; “When I ask them to help with my wife, they respond quickly and promptly.” People had a pre-admission assessment completed before they were admitted to the home. This assessment of their health and social care needs helped to ensure the service could support the person. The registered manager said this assessment enabled them to assess if they were able to meet and respond to people’s needs before admission and understand what level of care people needed, for example if people required nursing or residential care.

People’s care plans held information about the individual’s needs and how they liked and preferred to be supported. If a person’s care needs changed care plans were reviewed and altered to reflect this change. For example, when one person had a number of falls the registered manager responded by involving a healthcare professional and assessed for bed rails. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records had been regularly reviewed with people or, where appropriate, with family members.

People had records that included a person’s full life history. This included “My Map of Life” and “This is me.” Staff had access to people’s life history therefore they could understand a person’s past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people’s individual needs.

People’s care plans recorded people’s nursing needs and physical needs, such as their mobility and personal care needs and choices. People said they could have a shower or bath whenever they chose to. Additional information recorded included how to respond to people’s needs if a person was living with dementia. For example what emotional support they may need. Care plans held sufficient detail, were personalised and recorded people’s wishes. Records had been regularly reviewed and updated to ensure staff had current information to respond to people’s needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People’s care plans held “hospital passports.” Hospital passports provide health services with important information about a person’s health and care needs when they are admitted to hospital. This information is considered best practice by the NHS and helps ensure people’s needs are met appropriately within a hospital setting. This demonstrated the registered manager understood the importance of sharing information to help ensure people received care which was responsive to their needs.

People had access to call bells which enabled staff to respond when people required assistance. We observed people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were answered quickly. One person said; “They (the staff) always make sure I have my bell, when I use it they always come.” This showed people were able to summon staff for assistance at all times to respond to their needs.

People were encouraged and supported to maintain links with the local community. One person told us they had been out for cream teas in the past. Activities were provided by activities staff and assisted by the staff on duty. They spoke about ensuring people continued to remain part of their own community regardless of whether they lived in a care home. The activities staff told us about their role including meeting people on a one to one basis and in groups to gain information on their interests. We observed several activities taking place during our visits. Many people attended and told us how much they enjoyed the activities offered. The activities staff understood people’s individuality when arranging activities and ensured people had a variety to choose from. People and their families spoke very highly of the activities arranged. We observed the activities staff working in different areas of the home and encouraging people to join in.

People, their relatives and healthcare professionals knew who to contact if they needed to raise a concern or make a complaint. People felt the staff would take action to address any issues or concerns raised. When people were asked how and who to make a complaint to, people were confident about speaking with the registered manager or the deputy manager who they saw frequently. One person said; “I haven’t needed to make any complaint.” One staff said; “We are aware of the importance of listening to concerns and complaints.” They went on to say how they would deal with any complaints or concerns received.

Is the service responsive?

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people and all visitors to the service. The policy was clearly displayed for people to access. A complaints file

showed any complaints made, the action and outcome of the complaint and the response sent to the person concerned. Any complaint received was shared with staff to help reduce the risk of recurrence.

Is the service well-led?

Our findings

Ashleigh Manor Care Centre was well led and managed effectively. The company's visions and ethos have been to offer "to create a home environment for those people in later years who need a little extra help." Staff spoken with understood these values. The registered manager took an active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the provider.

The registered manager was involved in a local manager's forum with other homes in the same location as Ashleigh Manor Care Centre. The registered manager said this enabled them to discuss new ideas and receive peer support.

Staff spoke highly of the support they received from the registered manager. Staff felt able to speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive. There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the other members of the management team. They said the management were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager, the deputy manager and nurses. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People, relatives and healthcare professionals all spoke positively about the registered manager. Comments included; "She (the registered manager) always comes to see me." A relative said; "Can ask to see the registered manager."

People were involved in the day to day running of their home as much as possible. Though residents meetings were not always held the registered manager said they encouraged the staff to talk to and listen to people's concerns. The registered manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. We saw

that questionnaires had been sent to relatives and their views considered as part of an ongoing improvement plan for the service. Two relatives confirmed they were asked their opinions and encouraged to make suggestions that could drive improvements.

Staff meetings were held regularly and provided a forum for open communication and discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. The home had a whistle-blowers policy to protect staff. Staff confirmed they were encouraged and supported to raise concerns.

The registered manager worked in partnership with other organisations to support care provision. Healthcare professionals involved with the home said communication was good between them and the registered manager. They told us the registered manager worked well with them, made themselves available and followed advice given.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helps the staff to have a better understanding of the care needed to support people living with dementia.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The management team undertook unannounced visits of the service during the day and night. They also completed practice supervisions as part of the ongoing quality assurance auditing. This helped to ensure management had an overview of the quality of the service at all times and could address any concerns they found. A maintenance plan was in place to help ensure the quality of the environment remained appropriate and fit for purpose.