

Ashleigh Manor Care Centre

Ashleigh Manor Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 1, 2 and 3 November 2016 and was unannounced. We completed a comprehensive inspection on the 30 June 2015 and rated the service as Good. Prior to this inspection we were contacted by the local authority to be advised there were a number of safeguarding concerns being investigated by social workers. These covered a wide range of issues including how the service was addressing risks to people in respect of falls, malnutrition and their skin. Concerns were also raised regarding staffing, training, the cleanliness of the service and how people's individual needs were being met. CQC had also received information about errors in medicine administration since the last inspection. This included giving medicines to the wrong person. We reviewed the concerns raised during the inspection and found a number of concerns which reflected the same issues we had been told about prior to our visit.

Ashleigh Manor Care Centre (known locally as "Ashleigh Manor") is registered to provide care to up to 65 older people who may be living with dementia and/or have a physical disability. There were 57 people living at the service when we visited. Ashleigh Manor had two sides with separate entrances to the one service. There was "The Manor" where people with more complex needs lived. Then there was "The Lodge" where people who had lower needs resided.

A registered manager is registered with the CQC but is no longer in post. A registered manager is a person who has registered with the Care Quality Commission 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. A new manager had been in post since 19 September 2016. They were in the process of registering with us.

Throughout the inspection we identified that systems were not always in place to ensure the service was safe, effective, caring, responsive and well-led. This affected several aspects of people's lives while living at the service. For example, staff were making decisions about people's care and treatment without communicating this to senior management. Staff were also not always recording this information so it was available for other staff to meet people's needs in a consistent way. Health professionals told us messages were not always passed on or they could not speak with the staff member who held the information they needed. This impacted on their ability to assess people's needs fully.

People's care and treatment was not always planned to keep them safe or meet their needs in a personalised way. From admission to living short or long term at the service, there were gaps in people's records. Information about people from the referring agency or discussions with people were not always being acted on. Risk assessments were not always completed which reflected people's needs. For example, the risk of choking or from specific health needs, such as diabetes, was not being assessed. Information which was essential to staff meeting their needs and keep them safe was not being collated. People were not having their end of life wishes and needs assessed.

Staff recording of aspects of people's care was variable and incomplete. For example, recording of how much people were eating and drinking when there were concerns had gaps in it. Whether staff were applying prescribed creams was not being recorded. Daily records of people's days and significant events were inconsistent or had not been recorded at all. This meant it was unclear whether people were having their needs met.

People were not being assessed in line with the Mental Capacity Act 2005. Some people had generalised assessments in place when it was felt they lacked the capacity to consent to their care. Decisions were being made about people's care without ensuring there was a mental capacity assessment in place and that decisions were being made in their best interests.

People's medicines were not always managed in a safe way. Some staff needed to have their training updated and competency to complete this role checked. Staff were completing tasks they had not been trained to do. Training in general, along with systems to ensure staff had regular updates and training to meet people's specific needs, had been completely re planned. The aim was to put in place the essential training first and for all areas to be covered by the end of March 2017.

Audits to measure the quality of the service were not always taking place. For example, there was no audit of infection control. An audit of medicines had been introduced recently with the aim that there were daily, weekly and monthly checks to improve practice. A review of care plans had resulted in a new system being introduced to ensure they were personalised. We have told the local Environmental Health Officer of concerns around some aspects of infection control.

CQC had not always been told of incidents which registered people are required to tell us about. We were concerned we had not been told about incidences when a person had been injured and safeguarding concerns had not been shared.

During the inspection there were enough staff to meet people's needs. Systems were not being used to ensure there were enough staff that was flexible to meet people's needs. For example, an assessment of people's dependency on staff was not being completed. We have recommended the provider puts in place systems to ensure staffing reflects people's current needs and has the flexibility to deal with changes people may experience from time to time. Staff were recruited safely. Staff knew how to identify abuse and would act if they had a concern. They felt action would be taken by the manager to address any concerns.

People gave us a mixed response as to whether they felt staff treated them in a respectful manner at all times. Some staff were spoken of highly while other staff were described negatively. People said staff always respected their dignity when they were receiving personal care. Staff spoke passionately about people they were looking after and demonstrated they knew people well. Staff wanted people to be looked after to the highest level and felt the new manager would bring this about.

We spoke with the new manager on several occasions throughout and immediately following the inspection. They provided a copy of their action plan which had been submitted to the local authority and stated how they were going to meet the immediate needs. They had the experience of being a manager of care homes before and described the systems they were bringing in. For example, new care plans, new communication books and working with team leaders to ensure they were clear of their role. The manager also spoke of the high standard of care they expected all staff to deliver and people should receive. A lot had been achieved in a short time frame and they took on board the feedback from the inspection and amended the action plan to include this.

People were happy with the food and were provided with food as they liked it. Kitchen staff were knowledgeable about people's needs and looked for ways to encourage people to eat when they were not feeling like it. The main kitchen and stores were kept to a high standard of cleanliness. Family and visitors told us they were happy with the staff and how the service was meeting their loved ones needs. They said they were always welcomed.

Systems were in place to ensure the building and equipment were safe. Other equipment was to be added to these when we identified they required monitoring. For example, machines to test people's blood sugar levels.

We found breaches of the regulations. You can read what we have told the provider to do at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's medicines were not managed in a safe way.

Staff were carrying out care and treatment without the qualifications, competence, skills and experience to do so.

Risks were not being assessed fully for people and the provider was not ensuring reasonable steps were taken to mitigate these risks.

The provider had not ensured equipment for the purpose of health checks and first aid was properly maintained and used correctly and safely.

People were at risk from the provider not having complete systems in place to prevent and control the spread of infection. We have advised the local Environmental Health Officer of this.

There were sufficient staff to meet people's needs however, we have recommended staffing is monitored against a range of audits and assessments to ensure sufficient numbers of staff are deployed to make sure people's care and treatment needs are always met.

Staff were recruited safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

People were not being assessed in line with the Mental Capacity Act 2005 as required to ensure people's right to consent to their care and treatment was respected.

Systems were not in place to ensure good communication to make sure people's health needs were always met. People could access health professionals as needed.

People had their need for enough to eat and drink met. The

recording of how much people ate and drink when there was a concern needed to improve.

There were significant gaps in staff training, competency checks, supervision and appraisals. The manager had plans in place to address this and will keep CQC updated.

The equipment to meet people's needs had been audited to ensure they had the equipment needed.

Is the service caring?

The service was not always caring.

Staff spoke about how people and their family were supported in a caring way, at people's end of life. Records to reflect this needed updating.

People gave a mixed view of how staff treated them. The manager told us they were seeking to support staff to ensure people experienced a good level of care. Staff felt positive about the role the new manager will have in helping them achieve this.

People said their visitors were welcomed. Family were happy with staff and how they looked after their loved ones.

Requires Improvement ●

Is the service responsive?

The service was not always responsive. People were having their needs responded to. However the records needing to reflect personalised care and ensure staff had the information required to provide consistent care.

People on short stay were not having their needs assessed.

Activities were provided by staff dedicated to this role. People's faith needs were met.

People's complaints and concerns were taken seriously. Systems to deal with these were being reviewed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

We found staff across the service had a lack of clear understanding of their role and accountability.

Requires Improvement ●

Systems were not ensuring the quality of the service and people received safe care and treatment.

The manager was clear on what the culture in the service and level of care people should expect from living at Ashleigh Manor. People, their family and staff felt the manager would improve the service and was approachable.

There were contracts in place to ensure the equipment and building were maintained. Plans were in place to improve the décor where needed.

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 was planned to check 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 took place on the 1, 2 and 3 November 2016 and was unannounced.

The inspection was completed by one inspector. We were supported on inspection by the new manager. Also present was a representative of the provider.

Prior to the inspection we reviewed the safeguarding concerns relating to the service. An inspector also attended a safeguarding meeting at the local authority.

During the inspection we reviewed the care of five people in detail to check they were receiving their care as planned. We spoke with 10 people who used the service. We gave questionnaires to family and friends and received three of these back. We observed how staff interacted with people.

We reviewed three staff personnel files and training records for all staff. We spoke with five staff. We also looked at a medicines audit, falls audit and records to ensure equipment and the building were safe.

Records we asked for but were not available were staff supervision, appraisals and competency checks. There were no other audits such as infection control and care planning.

We spoke with three health professionals during the inspection which included a GP, pharmacist and district nurse.

Is the service safe?

Our findings

Prior to the inspection, we were made aware of concerns about safe medicine administration including giving the wrong medicine to the wrong person.

People's medicines were not always managed safely. All staff administering medicines had not had up to date training. Nor were staff being routinely checked to ensure their competency remained safe to administer medicines. Staff who administered medicines wore a tabard that asked to not be disturbed. However, they were interrupted several times by other staff. This meant there was an increased risk that errors could occur.

Staff were not using recognised means to ensure they were giving the right medicine to the right person. Pre dosed pots contained the person's name and date of birth, but the MARs and photograph of the person were left in the medicine room. Staff told us they knew the people they were looking for. This increased the risk of giving the wrong medicine to the wrong person.

People's prescribed tablets were placed in individual pre dosed pots. 'As required' medicines were kept in their original box. All medicines were stored in trolleys with enough space to hold all the medicines. However, medicines were not administered in a time efficient manner. We found it took approximately two and a half hours to administer all medicines with some people due their medicines again at 5pm. Information was not available so staff could guarantee that gaps between people's medicines were as prescribed.

'Homely remedies' were used on both sides of the service (in separate boxes). These are normally medicines which can be bought over the counter. In one box, medicines that had been prescribed to others were being used as homely remedies (paracetamol, Laxido and dioralyte). Homely remedies had not been checked with the person's GP to ensure they were safe for them to take. Staff were not checking the person's MAR to ensure people were not already prescribed that medicine or if it would interact and prevent prescribed medicines working properly. For example, staff were administering paracetamol as a homely remedy to people who were already prescribed that medicine. Homely remedies were recorded in a separate notebook when administered but details of the time and reason it was given was not recorded. This was placing people at risk of overdose and unsafe medicines management.

Most MARs were fully completed. The recording of why people had not had their medicine was inconsistent and the service lacked systems to follow up any issues as to why the person had not had their medicine. Staff were not alerting managers to gaps in recording or following up if the medicine had been given or not. For example, In October 2016 a person had twice missed their oral medicine that helped control blood sugar levels. This was due to 'Nausea' on one occasion and signed as given when it had not been. There was no evidence this had been followed up with their GP. There was also, confusion in some MARs between 'as required' and prescribed pain relief. This especially affected people with paracetamol prescriptions. For example, one person had paracetamol prescribed to be taken four times a day (but could have one or two tablets). They had the medicine twice in October 2016 and were noted as 'not requiring it' for the remainder

of the month. No reason had been put on the back of the MAR as to why this was. Also, no contact had been had with the person's GP to discuss if this medicine was needed any longer.

MARs did not evidence two staff were signing and checking in new stocks of medicine each month. There was no running stock record and staff ordered new stock of prescribed medicines rather than what was required. For medicines that require higher controls, the records of the medicines was accurate. However, staff were taking medicines for one person from different stock making stock taking difficult and were not ensuring records reflected current guidance.

Systems to ensure staff always recorded people's prescribed creams had been used were not in place. A body map of how and where to put the creams was held with the MARs but signing for the application of the creams was not being used for some people and inconsistent for others.

There was also no system in place to address how medicines were given to people having to attend hospital or were out with family. For example, one person had missed two doses of a medicine given for anxiety because they were 'on leave' or 'hospital'. For another person, they had returned from hospital the day before the inspection but when we looked for their MAR this was not in place. We were initially told the original MAR had been sent to hospital with them "and lost". No record said when the person had returned from hospital and staff had not checked all documentation was present. It could not therefore be guaranteed the person had received their medicines as prescribed. Although it was eventually found the person had had their medicine over the past evening and morning, no staff member had alerted managers to the missing MAR and ensured this person's records were in place and accurate. The person had their medicines with staff having recorded this.

Both fridges used to store medicines did not have a thermometer and temperatures were not being taken to ensure the reading fell between 2-8oC. Also, the medicine room in the Manor did not have a thermometer and the room was very warm. Without a thermometer it was not possible to ensure the medicines were kept at the required temperature to maintain their effectiveness.

Not ensuring the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager who advised a recent audit of medicines had uncovered a range of concerns. They advised the care manager and they were to carry out regular spot checks along with the monthly audit until the administration of medicines was considered consistently safe. Staff who had not received current training in medicines were removed from this task until this could be achieved. Following feedback from the inspection a new homely remedy, 'as required' system had been implemented. A new system for booking medicines in and out for people attending hospital and times away from the service had also been brought in. How the new systems were working would then be reviewed as part of the medicine audit.

Ashleigh Manor was not registered with us to provide nursing care or tasks associated with nursing. We raised concerns that tasks were being completed by staff which may be considered a nursing task without the necessary training and competency checks being in place. Staff were taking people's blood by finger prick for the purpose of reading blood sugar levels. We also saw in one person's care plan staff were changing a person's dressings. A health professional raised a concern staff were checking people for urine infection, but did not appear to understand how to complete this function and understand the readings. When we asked what training staff had to carry out these tasks, no staff had had training and had not been checked as competent. There was no record this had been delegated by the district nurse with in NMC

guidelines.

Not ensuring staff carrying out care and treatment have the qualifications, competence, skills and experience to do so safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the range of concerns with the manager; they were not aware that staff were checking people's blood or urine or had been requested to change dressings. They told us they aimed to contact the district nurse manager immediately to be clear on what needed to take place in respect of training, competency and what was the responsibility of the district nurses. We were informed that has taken place and systems were being put in place to ensure staff were suitably trained and signed off as competent.

The equipment for reading people's blood sugar was not being kept in a state that ensured it was clean, charged and in good working order. We found several blood sugar readers that were not charged and not kept in their original jackets. They could not be guaranteed ready for use if required. A packet of glucose strips found with the readers was also out of date. A defibrillator on the wall on one of the landings was stating it was due to go out of date in November 2016. No one could tell us what training staff had in using this, who was monitoring its readiness for use or if the equipment was needed. The first aid kits were stocked and in date, but there was no audit system for them in place.

Not ensuring equipment was suitable for the purpose, properly maintained and used correctly and safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was made aware of the concerns in respect of the equipment. The box of blood sugar readers was removed and checks were to take place about the defibrillator. The first aid kits would be included in other audits as they were developed. The out of date glucose strips were removed.

Prior to the inspection, we had concerns raised with us around the service's systems to risk assess people's needs, and what contingency was in place if there was an emergency. Particular concerns were raised about people who were on a short stay at the service.

Risk assessments were not routinely being completed to ensure people were safe living at the service. This was especially the case for people on short stay having been discharged from hospital to live at the service prior to them going home. For example, people's history relating to falls, their skin, eating and health issues were not being risk assessed.

Where people did have risk assessments in place, staff were not ensuring they were in place as quickly and accurately as needed. For example, one person had no risk assessments in place from the 22 August 2016 until the 2 November 2016. This was despite the person being noted as a high risk of skin ulcers, falls and malnutrition. Their fall risk assessment and nutritional risk assessments were not accurate as recorded conditions had not been taken into account. A risk of malnutrition was blank despite the referrer stating this needed close monitoring.

There were no risk assessments in place for anyone who was at risk of choking or had a specific health need which meant they faced a higher risk. For example, people with a diagnosis of diabetes, using a blood thinning drug (warfarin) or breathing issues were not having their individual needs risk assessed and reviewed.

For one person who smoked, there was no risk assessment and care plan in place to ensure this person and

other people at the service were kept safe. There was no check of the person's mental capacity to understand the risks and no plan for the staff to ensure the person was safe.

There was no review of people's falls to see if lessons could be learnt and applied to keep all people safer as a result. For example, a document with the title 'falls analysis' for July 2016 stated there were a total of 54 falls that month. Some people were having repeated falls and some had been injured during these falls. In discussion with the manager we established no action had been taken to look at what was happening to cause this very high fall rate. We raised this as a serious concern and asked if any other fall audit was taking place. We were advised there was no other paperwork that could be located which demonstrated this was being addressed.

Not assessing the risks people faced while living at the service and ensuring reasonable steps were taken to mitigate the risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personal emergency evacuation plans (PEEPs) were in place to support how to evacuate people if required. Staff were trained how to use the emergency evacuation equipment. A contingency plan to deal with emergencies, with an identified place of safety, was in place.

Prior to the inspection, concerns were raised about the decor and cleanliness of the service. We were told people had been sleeping in beds that were not regularly changed and had bedding which was in urgent need of replacing.

We found the service had no infection control risk assessment and audit in place. Significant issues were not covered in the service's infection control policy, such as dealing with outbreaks of diseases. Also, a kitchenette in the Lodge was not being kept clean. All staff had not received food hygiene and infection control training. The cleaning of people's equipment, such as hoists, slings and wheelchairs, needed to be addressed and linked to the infection control policy and practices.

Tasks which were higher risk tasks, such as taking people's blood by finger prick, testing urine, changing dressings and catheter care, were not identified for their higher risks of infection and staff trained accordingly. This meant the risk of cross contamination was not being addressed.

Not having systems to prevent and control the spread of infection is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have raised these issues with the local Environmental Officer. We also spoke with the manager who started to put systems in place to address them. The service was made aware of the relevant code of practice which was printed while we were at the service so the provider's infection control policy could be reviewed against it.

People told us they were happy with the cleanliness of their rooms and the service. Parts of the service had been recently painted and other areas were planned to be refurbished. We found there were no adverse odours. The service had recently introduced a cleaning programme which detailed the cleaning that needed to take place on a regular basis. New bed linen had been purchased and was in use. The laundry and main kitchen cleanliness were kept at a high standard. Staff were provided with gloves and aprons to wear during times of personal care. The service had implemented a colour coded system of flannels to ensure people had separate towels for their face and other parts of the body. The service was completing an annual check for the presence of Legionella bacteria. Having reviewed guidance, they were looking to put in place the

required legionella risk assessment and draining taps that could pose a risk.

Prior to the inspection, concerns were raised with us that there were not enough staff to meet people's needs safely. Systems were not being used to ensure there were enough staff that was flexible to meet people's needs. For example, an assessment of people's dependency on staff was not being completed.

We requested the manager complete an up to date dependency assessment of people's needs. This demonstrated there were enough staff during the inspection. The manager advised they had put new systems in place to allocate staff as key workers for people and tasks so staff knew their role on each shift. The manager advised they were seeking to recruit more staff so they could increase the flexibility when staff are on holiday or off sick. The manager said staffing the service would continue to be monitored.

We recommend the provider ensures staffing is monitored against a range of audits and assessments to ensure sufficient numbers of staff are deployed to make sure they can meet people's care and treatment needs.

Staff were recruited safely. Staff were requested to attend an interview and give their work history and relevant health information. Their background was checked before they started at the service to ensure they were suitable to work with people who were vulnerable. A probationary period followed to check their ongoing suitability for the post they had been appointed to.

Staff were able to identify what would constitute abuse and would always report any concerns. They felt their concerns would be listened to by the manager, care manager and team leaders. Staff said they would take their concerns to CQC or the local authority if they felt their concerns were not acted on. Not all staff had received training in safeguarding. Visitors and relatives felt their loved ones were safe living at the service and if they had any concerns they would speak to staff.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were not being assessed in line with the requirements of the Mental Capacity Act 2005 (MCA) in a consistent manner. 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.

Where it was identified people may lack capacity, staff were not assessing people's capacity to consent to specific aspects of their care and treatment. For example, one person living with dementia had an assessment of their capacity which stated, "Is unaware of their mental health as it affects their cognition". Mental health is not a reason to deny someone's consent to their care and treatment. No further mention of the person's capacity was then recorded. A "best interest care plan" highlighted the general principles of what this meant with no evidence who had been part of the decision making process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to deprive people of their liberty as they were deemed to require this to keep them safe. However, staff were not ensuring an MCA assessment was in place first to measure people's mental capacity. This meant people's human rights may not be being respected as people with capacity cannot be subject to a DoLS.

Not ensuring people's capacity to consent to their care and treatment was assessed is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager who understood their responsibilities in respect of the MCA and DoLS. They had the appropriate training and skills to address this and stated they would ensure people's capacity was reviewed along with updating staff knowledge and skills.

Staff were observed seeking people's consent while undergoing day to day tasks.

Prior to the inspection concerns were raised that people's health needs were not being responded to quickly enough.

During the inspection, health professionals raised concerns about how staff were communicating with them. For example, when GP visits were being requested during several phone calls and when the GPs phoned back to talk about the concerns raised, they could not always speak to the staff member with the information and other staff did not have the information. Another health professional stated it was difficult

to ensure information given to staff was passed onto other staff to ensure consistency of care. For example, ensuring people had their pain relief before dressings could be applied and bed rest for people with swollen legs or who were having a skin issue treated. The district nurse explained it took several attempts to make sure this happened as advised.

Systems were not in place to ensure people's health needs were communicated and continuity of care assured. There were no clear lines of communication and accountability. We found staff were taking on tasks and responsibilities without informing senior staff such as the care manager to ensure consistency of care and monitoring of people's needs.

People's records were not always updated to ensure they reflected their current health. People's health appointments could be missed because staff were not making sure these were recorded. For example, a blood test for a person on blood thinning medicines (Warfarin) was missed on the 2 November 2016 which was only found when we were looking at their medicines on the 3 November 2016. This person was on a short stay at the service. When we asked if this appointment had taken place, staff had to find a member of staff who had been on duty on the 2 November 2016 to ask if they knew if it had taken place or not. We established the blood test had not taken place and no immediate action was taken until we requested it. The absence of the blood test put the person at risk of receiving an incorrect medicine dose.

Not having systems, processes and complete recording in place in respect of people's health is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they could access health professionals as needed. Records detailed people had access to a range of health professionals such as their GP, district nurse, chiropodist and physiotherapist.

We spoke with the manager about the concerns in respect of communication and their being no clear systems in place. We were advised a new communication book had been put in place for communication between the district nurse and staff; they would look at other methods to improve communication internally and externally. This would include how they were ensuring future health appointments were identified when a person moved into the service.

Prior to the inspection we were told there were concerns about whether staff were suitably trained to meet the needs of the people they were looking after.

People felt staff were able to meet their needs. Staff also said they had regular training and training was a priority for the new manager. Staff spoke of training they had to meet the needs of people living with dementia but had not had training in how life affects people diagnosed with Parkinson's. When we reviewed staff training records, we found there were significant gaps in staff training. Training identified as mandatory by the provider had not been updated for existing staff and was needed for new staff. Also, training in how to meet the needs of people living with dementia was needed for activity staff. Supervisions and appraisals were not taking place and there was no system to check staff competency to carry out their role.

We discussed the issues about training with the manager who advised a detailed plan had been put in place to ensure all staff had the training essential to their role and people's needs. Some gaps in the training were felt to be incorrect so all staff had been requested to bring their certificates in, so the training data base was accurate. Initially, the manager set training to meet safety needs to be completed first. For example, all staff would be trained in manual handling, safeguarding, infection control, fire safety, first aid and food hygiene. Some training would be on line but face to face training would then take place to reinforce the learning.

The manager advised training would take until March 2017 for all staff to be trained to the desired standard. Staff would have their competency checked and undergo supervision while the training plan was implemented. Lead roles were being considered for staff. These staff would undergo a higher level of training in areas such as infection control and caring for people at their end of life. They would then act as mentors for other staff. The manager agreed to keep us up to date with the progress of ensuring staff were suitably trained and competent to meet the requirements of their role.

Prior to the inspection we were made aware of concerns about how staff were monitoring people who were raising a concern in respect of the amount of food they were eating and fluid they were drinking. Also, a concern was raised that people did not have sufficient opportunities to have enough to drink. For example, all jugs of fluid had been removed when a complaint was made that staff were not ensuring these were fresh every day.

We found concerns about staff monitoring of people's food and fluid intake when there was a concern. Staff were not fully recording people's food and fluid amounts. Records were incomplete, not being reviewed and there were no totals of the amount eaten and drunk. This meant the records were not sufficient for staff or health professionals involved in monitoring that person. We discussed this with the manager who advised going forward the team leaders would have these added to their role. They would be completed daily. The manager and care manager would be overseeing this and making sure there was a daily report until this practice had improved.

People were being provided a balanced diet and drinks to sustain their health. Regular drinks were being given and people supported to drink as needed. People had jugs of water or juice available in their rooms. People confirmed this was changed every day and staff were encouraging them to drink to keep them hydrated. Where there were concerns, people were referred to health professionals for assessment and advice. Food was available 24 hours a day with regular meals and snacks as needed. Kitchen staff were knowledgeable about people's needs. Flexibility around food and drinks meant people could have what they wanted when they desired it.

Prior to the inspection concerns were raised with us that the service did not have all the required equipment to meet people's needs in line with their care plan. A whole service equipment audit had taken place following social workers raising this with the manager. Equipment was then put in place for each person or ordered.

Is the service caring?

Our findings

People who needed care due to their being at their end of life did not have care plans in place which reflected their changed needs. One person who had been identified as being at their end of life had not had their risk assessments and care plans up dated. There was no information available to staff on how to support the person with the various aspects of their care required to keep them comfortable and pain free. Although records detailed the person's GP, district nurse and family were involved; there was no information on how the person wanted their end of life care to be provided. When we spoke with staff, they were clear how they were supporting the person and would ensure they had their loved ones with them when needed. The manager would look at how to improve the information available to staff.

One member of staff said two people had died since they started to work at the service. They told us how impressed they were with the level of caring for both the person and the family. Another staff member described how they would make sure there was always someone present with anyone who was dying. Staff spoke about how family could stay over and would be provided with refreshments and support.

We spoke with the manager about planning with people their end of life. We were told the aim was for the service to have champions dedicated to getting this right for people. They advised they would look at the person's care plan who we identified above. They advised a new care planning process they were introducing would support staff in this area so advance decisions could be recorded.

People mostly spoke positively about the staff who were looking after them. They felt that staff listened to them. However, there was a mixed view on how caring the staff were. One person said, "I am looked after very well; staff are always very good". They said the majority of staff were like this, but some were not always. They added, "The staff are mostly always polite and respectful". Another person told us, "Some staff are rude and others are very nice". They added, "Some are very rude lately; they don't come in [to the room] unless they have to. They stand at the door and shout; others come in and talk to me and that makes a hell of a difference". We talked to them about what they would like to change that day. They said there was one member of staff "who was a little darling; their attitude makes you change. They are nice to you; they come into the room and talk to me"; they wanted all staff to be like that. With their consent we spoke with the manager who started to look at this straight away.

Another person and their husband told us, "The staff can be great; I am happy enough" adding, there had been a lot of changes of faces with new staff starting which made it difficult for them to remember names. They also said, "Some staff are very good; there are two we really like. Most are polite and kind". Another couple said, "We are happy with the care and staff".

We spoke with the manager about the mixed view people had of staff. The manager described how they were seeking to instil caring of a high level in all staff. They told us they had started the process by making sure staff knew in handover what was expected; staff supervision would also cover this in forthcoming one to one sessions. All staff would be expected to work to this higher level of working where respect, dignity and kindness were paramount. One staff member said, the new manager "has the vision and skills. They have

already put a lot in. She knows what she is doing and where she wants to go. She will be the making of us".

The staff we observed were polite with staff and spoke with them with respect, humour and in kind tones. People told us staff protected their privacy and dignity during times of personal care.

We spoke with the manager about an instance in the Manor when a person living with dementia was demonstrating distress and confusion. Staff did not pick this up quickly despite being in the medicine room nearby and no staff member was present in the lounge area. We rang the call bell for this person, who was becoming increasingly upset and it took some time for another staff member to answer. The manager advised they would review the staffing in order to ensure staff were available.

Staff spoke highly of the people they were looking after. They also told us of times when there had not been sufficient staff and this had affected the time they had to spend with people. One staff member said, "We are caring; I care what people like and wish for. I like that their pad is dry and they look good. We encourage them to go out even if it is only into the garden. Do we have enough time to care? No and yes; it depends on the day and depends on staffing". Another staff member said they would recommend the service to others adding, "It's a nice friendly home and people do get looked after. People are happy".

People said their visitors were welcomed. All visitors and family felt their loved ones were treated with respect and kindness by staff. One relative said the atmosphere in the service was "very nice and always warm". Another said the service was "Relaxed and welcoming" and another, "First impressions; a very caring and happy staff". One relative told us, "The staff are the best I have ever come across. They work under extreme pressure and could do with more time to interact with people".

Is the service responsive?

Our findings

Prior to the inspection, we received a number of concerns about how people's care was being planned to ensure their needs were being met. There were particular concerns about people who were staying at the service for short stays.

Initial assessments of people's needs for people on short stay did not demonstrate assessments of their needs had taken place. For example, people's needs were not being carried forward from the referral paperwork and initial meetings with people to ensure staff had the right information on how the person wanted their needs met. The 'care plan' was the letter or assessment by the referring agency. This information had not then been reviewed with the person once they moved into the service. This meant people did not have a care plan staff could refer to and information about how they wanted their care given. There was no guidance on how staff were to support the person's rehabilitation despite us being told most people on short stay had been discharged to Ashleigh Manor as a stepping stone to going home. For example, one person, with a range of health needs, was on short stay to help them recover their balance of health, but had no plans in place to detail what their needs were and how staff were to help them go home. For another person occupational health were involved to support the person to return home but staffs' role was not stated so they could be part of making this work for the person.

Recording of people's daily life was variable with some not giving details of what had happened at key times in people's lives at Ashleigh Manor. Records were not always written in a personalised way or reflected people's choice when these had been expressed. Other paperwork which the service had in place to detail how people's needs were met was not consistently completed. For example, forms to show how staff met people's personal care needs and bowel chart were rarely completed fully. People's care records had not always been updated and records were often incomplete which made following through on significant issues that had arisen for people impossible. When we tried to find out what had happened, we found individual staff used their memory rather than there being a consistent recording process in place.

Not having accurate records of people's care is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with people in the service about their care plans, they told us staff were meeting their needs. Some people could recall staff talking to them about how they wanted their needs met. They felt they could have choices in how staff looked after them and felt they were important in this process. Family also told us they knew of the care plans and had been asked to contribute to these.

We spoke with the manager about the issues in respect of the recording of people's care. The manager said they had recently reviewed the care recording process following the safeguarding referrals and felt they were not being written in a personalised way. They had introduced a new system which would give staff the right information in order to provide the care as people wanted. This would take time to complete for everyone. Also, staff were being given key worker roles to get to know people well and work with them and their family on developing their care records. Staff would also receive training in recording and checks would make sure

this improved. One staff member said, "The new care plans are better; everything is in there and clear about people's needs". Another staff member said, "The new care plans are less paperwork and more concise. They are person-centred. It is now definitely about people and what they like".

Activities were provided for people in both the Manor and the Lodge. This enabled some people to have their need to remain active met. Also, we saw a staff member on the third day in the lounge in the Manor who was spending time chatting with people. At other times, we found staff were not present in the communal areas and people, especially in the Manor, were pleased to have our company. We spoke with the manager about concerns raised by staff not having time to spend with people on a one to one basis. The manager advised they were looking at restructuring staff responsibilities to meet people's need for staff time. For example, staff were to have a key worker role with people on each shift so they could make sure their needs were being met and could "check in" with those people through the day.

Trips were organised sometimes and people really liked and spoke highly of the hairdresser. People could have their faith needs met by visiting religious leaders.

There was a policy in place to deal with people's complaints. Complaints which had been received were investigated. Any complaints which had been investigated were prior to the new manager starting. We spoke of the content of one complaint and whether that should have been considered safeguarding and notified to both the local authority and the CQC. The manager advised they had already identified that the complaint process needed to be reviewed to ensure issues like this were picked up and investigated correctly.

The manager advised they were also seeking to ensure people's minor complaints and concerns were acted on, recorded and fed back on. They were seeking to ensure lessons learnt from complaints and concerns were applied across the service. By talking to people and being visible around the home they aimed to encourage people and their family to tell them if they were not happy about something.

Is the service well-led?

Our findings

Ashleigh Manor was run by Ashleigh Manor Care Centre. This was their only service. A new manager was employed to run the service on behalf of the provider. The manager was supported by a care manager and team leaders. Both the manager and care manager were new to their roles.

We found the Manor and the Lodge, were running as if they were two care homes. Staff who delivered care told us communication meant they did not know their responsibilities that shift. They told us the staff team did not always work effectively. They added they felt this had a direct impact on people's care. For example, staff having to wait longer for a member of staff to support a person to go to the toilet.

We found a lack of clear understanding among staff of their roles and accountability across the service. There had been a gap between managers responsible for the running of the service and in the meantime, systems that ensured the safe running of the service had collapsed or not been adhered to. Systems such as auditing aspects of the service, ensuring there were enough staff, training staff and making sure people's needs were met were not coherent. This meant people had been put at risk of unsafe care and treatment.

It was unclear what systems were in place to ensure good leadership and governance of the service. Systems were not in place to ensure people's health needs were communicated and continuity of care assured. Staff were making clinical decisions about people's care without being clear that was their role or whether anyone else should be involved with the decision making process. Staff were not clearly recording what had happened so staff in following shifts could offer continuity for people. Shift handovers were not detailed enough to pass this information on or it had been forgotten.

Systems in respect of the person enquiring about the service, admission, care planning, reviews and risk assessing people's needs all needed to be addressed to ensure people's needs were identified and met. This was urgent for people who were aiming to stay at the service for a short stay.

Not having systems in place to ensure the safe running of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issues in respect of leadership and governance identified on inspection with the manager during and immediately following our visit. They told us they had identified a range of issues which they were working on. They were aware of most of the concerns we found and accepted others as they were identified. This started to ensure each member of staff knew the boundaries of their role and responsibilities and what decisions they could or not make. The manager provided a copy of the action plan they had submitted to the local authority and a further update following the inspection feedback which detailed how they were going to put right the issues identified.

We had not been notified of all incidents as required by people registered with us. We identified that we had not always received notifications of serious injuries and safeguarding. For example, we had not been told about a person who had been scalded and the safeguarding investigation carried out by the local authority

which had highlighted a number of concerns.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The manager advised us they would ensure systems were in place to make sure we were notified of events as required.

People and their family were involved in giving ideas about the service. Most staff said they did not feel valued enough to give ideas about the service or suggest how things could be done better. However, one staff member said, "I feel the manager is very open; she communicates changes are happening. It is going to improve. She seems very open to new ideas".

The manager, who had experience of running care homes before, spoke to us about how they wanted the culture in the home to look and feel like to people, their family and staff. They described the high level of care they wanted to ensure was developed.

Staff told us they felt confident the new manager would put things right and improve people's care as a result. One staff member said, "The manager is very approachable, very lovely. She makes an effort to tour the building and says good morning to all people and staff. They also walk around at the end of the day to check everything is OK". People knew who the manager was from seeing her walk around the home. Some people also told us the manager had asked them if they were happy with their care and needed anything else. Visitors and people's family were also positive about the manager and felt happy to speak to them about any issues and ideas.

The manager understood the Duty of Candour (DoC) and their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff felt they could raise concerns with the new manager and they would be listened to. One staff member said, they felt safer and secure in their role now. Issues were identified, learning shared and the manager was "supportive in getting it right".

Prior to the inspection concerns were raised about the décor and repair of parts of the building. Systems were in place to ensure the building and equipment were maintained. Other equipment was to be added to this when they were identified on inspection. For example, blood testing machines. Parts of the building had undergone redecoration recently and there were plans in place to refurbish different parts of the service. The utilities were checked regularly to ensure they were safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18(1)(2)(a)(ii)(b)(ii)(e) The registered person had failed to tell us without delay incidents such as serious injury and safeguarding concerns.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(3) People were not being assessed in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1) and (2)(a)(b)(c)(g)(h)(e) Care and treatment was not provided in a safe way. The risks to the health and safety faced by people were not always being assessed and mitigated. Staff providing care and treatment to people did not always have the relevant training and competency checks in place. Equipment used to provide care and treatment was not always kept safe for use. People's medicines were not always managed in a safe way.

Identifying the risks, and preventing, detecting and controlling the spread of infections were not in place.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17(1) and (2)(a)(b)(c)

Systems or processes were not always in place to ensure compliance with good governance. This included those required in assessing, monitoring and improving the service; assessing, monitoring and mitigating the risks relating to people's health, safety and welfare and maintaining accurate, complete and contemporaneous records in respect of each person.