

## Ashleigh Manor Residential Care Home

# Ashleigh Manor Residential Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Ashleigh Manor Residential Care Home is registered to provide accommodation for up to 65 older people who require personal care. The service specialises in supporting people living with dementia. At the time of the inspection 34 people were living at the home.

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

People and relatives' comments about meals, varied. The provider explained how they recognised improvements were required and were making steps to enhance the mealtime experience for people.

Despite people living at the service telling us they knew who to complain to, we found that some people did not always want to speak up, for a fear of repercussion, with one person telling us "I don't like complaining".

People now had care plans in place that were reflective of their needs. People's relatives told us they felt there was enough socially for their loved ones to do, which they felt took account of their abilities as well as their interest to engage. However, we found the culture of the service was not always necessarily aimed at encouraging, engaging and helping to facilitate participation for people to remain socially stimulated.

The service worked with external professionals to ensure people's health and care needs were met consistently and effectively.

People lived in an environment that had been designed to meet their needs. The provider was in the process of re-designing the garden to enable people to have a brighter space to enjoy; which included creating additional plant and vegetable patches.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

You can see what action we have asked the provider to take at the end of this full report.

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

Rating at last inspection (and update)

The last rating for the service was Good published on (30/09/2020).

Why we inspected

We carried out a focused inspection of this service on 11/09/2021. Improvements were required in respect of the Effective and Responsive key questions.

We undertook this focused inspection to ensure improvements had been made. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led which contain those requirements. We found a breach of regulations in relation to the governance of the service.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our responsive findings below

# Ashleigh Manor Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by one adult social care 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

#### Service and service type

Ashleigh Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they 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

We reviewed the information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority quality improvement team and Healthwatch Plymouth. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

### During the inspection

We met and spoke with three people who lived at the service and nine relatives. 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 three care staff, the housekeeper, the laundry assistant, the chef, the registered manager, and the provider.

We looked at records relating to people's care. This included four care plans. We also looked at records relating to the day to day management of the service, such as accident and incidents, compliments, and training records.

### After the inspection

We continued to seek clarification from the provider to validate evidence found and contacted and spoke with a community nurse.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 Requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives' comments about the meals, varied.
- People told us, "Teatime is not very good, they don't give you enough to eat"; and when asked about whether they had enjoyed their lunch, one person told us "It wasn't very hot, it happens now and again".
- Relatives comments included, "[person's name] moans about the food, but eats it", "[person's name] loves the food. It is very good. All home cooked. There are enough drinks, juice and squash are provided and [person's name] will go to the kitchen himself to get a cup of tea"; and "Food always looks very nice". The provider explained how they recognised improvements were required and were making steps to enhance the mealtime experience for people. In addition, the chef was due to commence a specialist training course with Plymouth Catering College.
- People were involved in decisions about what they ate and drank, and cultural preferences were known and respected.
- The chef was knowledgeable about people's complex dietary needs and catered meals which met with external healthcare advice.

Staff support: induction, training, skills and experience

- At our last inspection we recommended the provider arrange further in-depth training for care staff in supporting people living with a dementia. At this inspection we found improvements had been made.
- Staff told us they had received training in dementia care. One member of staff told us, how they had put their training into practice to help better understand how they could de-escalate a person's upset through reminiscence.
- People's relatives were satisfied with the skill and experience of staff who supported their loved ones commenting, "Staff seem competent", "Well trained" and "Are amazing in every way".
- Staff told us they felt well supported and had an opportunity to talk about training opportunities and development during their one to one supervisions of practice. The registered manager encouraged and empowered staff to obtain accredited qualifications in health and social care; of which there had been a recent high uptake.
- A community nurse was complimentary of the skills and competence of staff. They told us "Through-out COVID-19 I have been really impressed". They explained how staff, under instruction had taken on additional responsibilities and clinical tasks in the absence of nurses being able to come into the service, which included re-dressing wounds and insulin administration. They told us, "We have worked together. They always carry out what is asked of them. I know this, because of the results that they are getting on a weekly basis".



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

- The registered manager ensured a pre-assessment of a person's needs was carried out prior to them moving into the service, to help ensure staff had the right skills and competence to be able to effectively meet their needs.
- The provider used the Trusted Assessor to help facilitate admissions into the service. The 'Trusted Assessor' is a national initiative designed to reduce delays when people are ready for discharge from hospital.

Staff working with other agencies to provide consistent, effective, timely care

- To ensure consistency and effective care of people's health needs the registered manager and staff worked closely with a GP pharmacist who visited the service on a weekly basis. This collaborative relationship meant people received a timely response when concerns were raised, or advice was needed about their healthcare.
- A community nurse told us, "I trust what they tell me, they are very open and honest. They are a good team, really cohesive". They explained how this all helped to ensure there were good outcomes for people's health care needs.
- A relative told us, "[Person's name] had breathing problems and I was called, and paramedics were called quickly. Another told us, "The GP is a frequent visitor".

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

- People had access to outdoor space. The provider was in the process of re-designing the garden to enable people to have a brighter space to enjoy; which included creating additional plant and vegetable patches. One person commented positively about how light the garden space had become, since the removal of some trees.
- There was communal space for people to meet socially together, as well as areas for people to spend time alone with their friends and family.
- The provider had considered dementia principles in the design and layout of the building. For example, they had introduced some non-interrupted walking space along corridors.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed those who were important to them, in respect of their care and support.
- One relative told us, "'Last summer [person's name] was experiencing mental health difficulties and I was getting nowhere with the GP and adult mental health services. With the home's support I have managed to get a review of [person's name] condition. It was a joint effort. The home support me to support him.'
- During the pandemic, the registered manager had ensured continued clinical oversight of people's ongoing and changing health care needs by using technology to meet with a GP on a weekly basis.
- People were encouraged to live a healthy life, by participating in armchair aerobics, and dancing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

## Deprivation of Liberty Safeguards (DoLS).

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

- Staff had received training in the MCA and had a basic understanding.
- Care plans were capacity based, decision specific and described people's abilities in different areas of their life.
- People's consent to receive care and support was gained by staff with each interaction. One person told us, "They always ask".
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had either been applied for, or authorised by the local authority.

# 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 Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People's relatives told us they felt there was enough socially for their loved ones to do, which they felt took account of their abilities as well as their interest to engage.
- The provider was in the process of re-designing the garden. We were told and photographs confirmed people were still able to enjoy some patio space whilst the work was being carried out. However, on the day of our inspection the patio seating area had not been set out with seats or parasols to encourage people to make use of the garden area.
- We found the culture of the service was not always necessarily aimed at encouraging, engaging and helping to facilitate participation for people to remain socially stimulated. For example, whilst some people chose to participate in arts and crafts, most people sat in the lounge with the TV on in the background. The registered manager told us of the importance of respecting people's choice in not wanting to participate in activities; and one member of staff told us "A lot of residents don't like to get involved, they like the piece and quite". However, whilst recognising people's right to choose is essential, staff were observed to accept this day to day culture as the 'norm' and were not observed to freely promote a spontaneous stimulating environment, in the attempt to encourage social engagement among people.
- The provider had recently chosen not to recruit for an activity coordinator due to the complexities of the pandemic. Staff were being encouraged to get involved in meeting people's social needs. The provider's vision was for staff to provide integrated health and care support for people. The registered manager told us "Staff had been amazing in carrying out activities daily" but, recognised further work was required to embed this into day to day practice and culture.
- People were receiving visits from friends and loved ones in a designated visiting pod/room and this was being managed well in line with government guidance, and with flexibility. Families told us, "I have to book an appointment and have a test. There is a designated room with French doors from the car parking. They have done well to manage the situation". However, the registered manager was not aware of the change in visiting guidance which enable loved ones to now enter the care home to meet with people in their own personal space. They told us they would take action to accommodate this.
- During lunch it was observed people did not always retain choice and control because staff did not always support people in a way that meant it met their needs. For example, they were not always offered assistance to cut up their meal, this meant some people struggled to eat it as well as it causing staining to their clothing. One person's table moved/wobbled when they cut into their food; a member of staff commented about it but did not take any action. The registered manager had themselves, already recognised improvements to people's lunch experience was required and had introduced observational monitoring checks. The registered manager was responsive in addressing the areas identified as part of our

inspection.

- At our last inspection the provider had failed to ensure care plans and records were contemporaneous and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made.
- People now had care plans in place that were reflective of their needs. Most relatives told us they had an awareness of their loved one's care plan and felt involved. Commenting, "Before lock down I visited the manager and sorted it", "Care plan is up to date, as far as I am aware", and "Care Plan was updated when [person's name] had more choking episodes".

#### Improving care quality in response to complaints or concerns

- Despite people living at the service telling us they knew who to complain to, with one person commenting, "The manager has said, any suggestions come to me. She [the registered manager] is very willing". We found that some people did not always want to speak up, for a fear of repercussion, with one person telling us "I don't like complaining".
- People had access to a welcome pack which provided details of how to complain, and staff were encouraged to support people to raise concerns or complaints.
- Concerns which were shared with us as part of the inspection, were passed onto the registered manager and provider so immediate action could be taken. The registered manager and provider were responsive in their approach to people's feedback; and action was taken immediately.

#### End of life care and support

- People had end of life care plans in place, so their wishes were known to staff. Staff had not received training in palliative care, however the registered manager confirmed all staff were due to undertake training in August. In addition to this, the registered manager and provider were also planning to attend training being delivered by the local hospice, to enhance knowledge and skills within the service.
- The registered manager worked in partnership with GPs and community nurses to ensure the right support was in place, including access to pain medicines.
- Despite the pandemic, families were still able to visit their loved ones at the end of their life; the registered manager followed government guidance to ensure people remained safe.

#### 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.

- People's care plans recorded people's individual communication needs and how they should be met.
- Staff were observed to take an individualised approach to ensuring effective communication with people. For example, speaking clearly, slowly and kneeling next to the person so they were in their eye line. However, not all staff carried out the principles of dementia care when offering specific choices during lunch time. As a result of this, we observed some people being hesitant to make a choice about the drink they wanted or whether they would like salt or pepper on their meal. The registered manager told us they would take action to address this.
- Pictorial signage was in place throughout the building to help those living with dementia orientate themselves.
- During the pandemic, the provider had recognised people communicated better with staff when they did not wear a uniform. So, action was being taken to change the formal tunic, to a casual polo shirt.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the culture of the service was not always necessarily aimed at encouraging, engaging and helping to facilitate participation for people to remain socially stimulated.
- We also found people were hesitant and did not always feel they could 'speak up' when feeling worried or unhappy about something.
- The provider had audits and reports in place to help monitor the quality and safety of the service; and the registered manager and provider took an active approach in the day to day running of the service. These audits had already identified some of the areas requiring improvement as cited in the responsive key question. However, systems needed to be further improved to effectively capture, assess and monitor the ongoing culture of the service.

The provider had not established an effective system to assess, monitor and improve the quality of the experiences of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives were positive about the culture of the service and how their loved ones were cared for. Commenting, "There is a good atmosphere in the home", and "I would recommend the home to others".
- Staff were complimentary about the leadership of the service. Comments included, "She is a good manager, she is very approachable, she has an open-door policy", "Best one we have had" and "Very good, very fair". The registered manager and provider were observed to be visible and people and staff approached them with ease.
- Relatives were happy with the overall management of the service telling us, "The manager is lovely, she takes her time with us and sends me pictures of [person's name]. She keeps us updated"; and "The present manager, has been one of the best managers. She knows the people and the home inside out. It was chaotic before she was manager. Things did improve once she took the reins".
- The registered manager had a good understanding of regulatory requirements, and felt they received good support from the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were open and honest during the inspection.
- People's relatives told us they felt confident in the transparency of the management team, and their willingness to listen. One relative commented, "The newsletters they send out are reassuring. I am never afraid to phone up. The home doesn't just palm you off and I can talk to them about anything".
- The registered manager had notified the Commission in line with their statutory duties when notifiable events had occurred.

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

- During the pandemic the registered manager contacted a local Primary School to foster relationships between the children and people living in the service, to help reduce loneliness and isolation. This resulted in a Pen Pal scheme, with regular letters being exchanged between people and children.
- The provider had considered alternative arrangements to holding relatives' meetings, due to COVID-19. These took place using technology or outside, when the weather allowed.
- Relatives felt engaged and told us they are asked to complete questionnaires regularly, to help gather views in order to improve and develop the service.

Continuous learning and improving care

- The registered manager and provider were open to listening and learning from others.
- A service improvement plan was in place to help track progress and recognise ongoing achievements.
- During the inspection they reflected on areas of the service that they wanted to improve. This included, training and competence of staff, the dining experience and the outside environment.

Working in partnership with others

- The registered manager and provider were keen to work in partnership with others to the benefit of those living at the service.
- The local authority was complimentary of the engagement of the registered manager and provider in facilitating required improvements and changes.
- The service had been asked to participate in an infection control pilot programme, because of the way in which they had positively managed the COVID-19 outbreak.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established an effective system to assess, monitor and improve the quality of the experiences of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>