

Ashleigh Manor Residential Care Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashleigh Manor Residential Care Home is a residential care home providing accommodation and personal care to up to 65 people. The service primarily provides support to people living with dementia. At the time of our inspection there were 51 people using the service.

The service is divided into two adjoining units. One for people with more complex needs called The Manor and another for people with lower care needs called The Lodge. There were a variety of communal areas and a garden people could use.

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

Staff's training was not all up to date. Staff had not always received training in key areas relating to people's care needs, such as catheter care, falls or skin care, or safeguarding.

People did not have enough to do. There were not enough opportunities available in the service for people to remain stimulated.

The provider had identified some areas of improvement but had failed to take enough action to make the necessary improvements. Checks and audits of the service were completed but these had not identified some of the areas for improvement found during the inspection.

People and relatives told us they thought the service was short staffed. They told us staff were good but rushed. The registered manager told us they monitored people's needs to help ensure there were enough staff available, but staff also told us they felt rushed.

The provider had taken a variety of actions to improve people's experience of mealtimes. People were able to influence menus and received tailored support to help ensure they ate and drank enough. Food and fluid charts were used when necessary and were completed well but did not contain information to guide staff about how much each person needed to drink to remain healthy.

Staff were recruited safely and understood how to reduce risks to people.

People's medicines were well managed, and they received them safely as prescribed.

People's care plans detailed their needs and preferences. Staff understood these and were able to spend time getting to know people. People were supported to remain healthy and external professionals were contacted for support when needed.

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.

People and relatives told us they were happy and confident raising concerns with the registered manager or provider.

The provider regularly reviewed the environment to help ensure it met people's needs and preferences.

People and relatives had good relationships with staff and were regularly consulted about improvements to the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated below good for the last seven consecutive inspections.

Why we inspected

We received concerns in relation to the safety and quality of the care people received. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We 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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well led key question sections of this full report.

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

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to training, person-centred care and governance at this inspection.

We have made recommendations about staff safeguarding training and staffing levels and deployment and how staff record how much people drink.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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 well-led 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors and a member of the CQC medicines team.

Service and service type

Ashleigh Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashleigh Manor Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 11 staff members including housekeepers, kitchen staff, care staff, senior carers, team leader, senior team leader, registered manager and the provider. We looked at four people's care records as well as records relating to the management and oversight of the service. We checked nine people's medicines records and looked at arrangements for administering, storing and managing medicines.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives of people living in the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise abuse and raise a safeguarding concern.
- Safeguarding was discussed at team meetings but at least 11 staff members had not completed safeguarding training in the last two years.
- Staff supported people to raise any concerns about their safety and action was taken as a result.

We recommend the provider review their process for ensuring staff remain up to date with safeguarding training.

Staffing and recruitment

- The registered manager told us the number of care hours people required were monitored on a monthly basis to ensure there were enough staff to meet people's needs. They told us they had not been short staffed; however, some people and relatives had the impression that even though staff were responsive, the home was short staffed. Comments included, "They are always so busy, really short staffed" and "I think the home probably has the bare minimum of staffing. They are always very busy (but good)." This suggested staff were not deployed effectively.
- Staff confirmed they were rushed at times.

We recommend the provider seek reputable advice regarding staffing levels and deployment.

- Checks had been completed on new staff to help ensure they were safe to work with vulnerable adults.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people to guide staff how to help reduce risks to people. For example, risk assessments for weight management and nutrition, falls and health needs had been undertaken
- Risk assessments were in place for the safety of the service and the environment.
- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Using medicines safely

- People received their medicines safely as prescribed for them.
- Records were kept when medicines were administered and when external preparations were applied.
- When people were prescribed medicines 'when required' for example pain killers or sedatives, we saw that there were clear person-centred plans for when they might be needed.

- Staff received training in safe administration and had checks to make sure they gave medicines safely.
- There were suitable arrangements for storage, ordering, receiving and disposal of medicine. This included medicines needing cold storage and those needing extra security.
- There were regular medicines audits completed, and if issues or errors were picked up these were reported and investigated appropriately to reduce the chance of reoccurrence.

Preventing and controlling infection

- Various checks and audits were completed regarding infection, prevention and control. The provider, registered manager and housekeeper also did regular walkarounds to check the service was cleaned to the required standard.
- 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.
- Staff supported people to maintain important relationships. There were procedures in place to enable safe visiting in line with current government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. The registered manager reviewed the information collected to see if there were any further actions that needed to be taken.
- The provider told us they also analysed the information to see if they could find any further trends, so improvements could be made.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not all completed or updated training the provider had allocated as mandatory. In addition, not all staff had completed or updated diabetes, falls and pressure or skin care training. The registered manager told us staff were given reference packs detailing best practice in a variety of areas; however, they had no evidence staff had read or understood these.
- Not all staff had completed catheter care training. The registered manager told us all staffs' competency to provide catheter care was assessed before they supported anyone with a catheter; and that this was supported by a clear care plan. However, the assessment record was a generic competency assessment and did not clearly show that all required skills and knowledge had been assessed.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff completed observations of care staff to help ensure they were meeting the expected standards.
- Staff memos included information to help staff remain up to date with their knowledge; for example, understanding strokes, oral health and dementia.
- The provider's PIR stated, "Senior care staff are available on each shift as a mentor to all other staff members and to ensure good care is being delivered in a safe and timely manner." Staff confirmed this was the case.

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

- People were assessed before and as they moved into the service. This helped staff understand their needs and choices.
- Staff knew the people they cared for. They were able to tell us about individuals' likes and dislikes, which matched what people told us and what was recorded in their care records.

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

At our last inspection, we found people's needs at mealtimes were not always met. At this inspection, we found improvements had been made.

- Improvements had been made to people's experience of mealtimes. Kitchen staff invited people to afternoon tea to discuss options and preferences for upcoming menus. People had also been invited to

complete a questionnaire about food choices.

- People were then given choices each day from the planned options. Pictures of the meals were available to help some people make choices.
- The cook had attended a food production and cooking course with the local authority. Assessors from the course had attended the home to observe the outcomes of the course in practice.
- Checks of staff interaction with people at mealtimes were completed regularly to help ensure people's needs were being met. During the inspection staff interacted kindly and respectfully with people at mealtimes, checking their preferences and responding to requests promptly.
- Support had been tailored to each individual's needs. For example, one person didn't tend to eat much but staff explained if they supported the person to go to look at the different meal options and then choose, they were likely to eat more. Some staff also ate with people as they had found that this motivated some people to eat more.
- Another person had complained that a particular dessert wasn't very nice, so they were supported to make the dessert themselves and show staff how they liked it.
- When necessary, staff recorded how much people were eating and drinking. These records were completed in detail and the total recorded, but staff had not noted on the record how much each person ought to be drinking. This made it difficult to identify if someone hadn't had enough to drink.

We recommend the provider seek reputable advice on how to effectively record people's fluid intake.

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

- The environment was being constantly reviewed to help ensure it met people's needs and how they wished to use it. During the inspection, the housekeeper was making changes to a room they hoped people would enjoy using for practical activities.
- A plan to develop the garden had been created. The provider's PIR stated, "The garden development plan has now been completed, this was very much led by the residents, and their piece of work. We have also created a picture book of progress that can be shared with their families."
- People were encouraged to personalise their own rooms. Some people had brought in their own furniture and staff respected people's preferences, even when these made staff duties more challenging.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans detailed what support they needed to remain healthy. Where necessary their health needs were monitored so any changes could be identified promptly and acted upon.
- The service worked with various professionals to help ensure people's health needs were met. Staff and relatives reported people's health care needs were dealt with promptly.
- People's records gave clear information about what support they needed with their oral health.

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 MCA 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.

- Assessments of people's capacity to make decisions had been recorded appropriately.
- DoLS had been applied for where necessary and the registered manager monitored these to ensure they were in date and still applicable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

At our last inspection, we found people were not encouraged to engage in stimulating activities. At this inspection concerns remained.

- People didn't always have enough to do. A new activities co-ordinator had just started at the service but had not yet had time to create or establish a programme of activities. In the meantime, not enough action had been taken to help ensure people remained stimulated with pastimes that met their preferences.
- The provider had collected information about what sort of things people wanted to do, but this had not resulted in comprehensive variety of opportunities for people.
- Some one-off activities had been completed but people told us there was not enough going on. Comments included, "We just sit here, someone must know of something we can do" and "I need more activity. I love whist, quizzes, but I've not done any since I moved in here. It's a horror. My brain is active, I need to do something. I went to bingo every Sunday, every week for 40 years, we don't do it here. I would love that. I watch TV most of the time when there's nothing to do, I don't know what I'd do without the TV." A relative added, "[...] misses the activities. They used to do a lot and is looking for that."
- A staff member also told us, "I honestly think there could be a little bit more activities going on. We have a buddy system, but it should be more."

This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff were mindful of people's culture and beliefs. The provider's PIR stated, "A lady in our home is of catholic faith and who attended church on a weekly basis. The local church visits the home weekly to sit, talk and read with her so she could continue her faith regardless of her location."

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

- People had clear care plans in place which documented their choices and preferences as well as their needs.□
- A 'buddy' system had been put in place which gave staff time to sit and chat with residents and get to know them better. Any concerns were dealt with and any new information about the person was used to update their care plan.
- People were given choices throughout the day; for example when they got up, what they ate and where

they spent their time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- How people needed information presenting to them was included in their care plans.
- The provider's PIR stated, "We have compiled a communication book which has pictures of how the equipment is used for example the hoist or stand aid, which helps at times by showing the resident what is happening. We also have a sign language book." We saw staff had a laminated card of words from a different language to aid communication with a person who spoke that language.

Improving care quality in response to complaints or concerns

At the last inspection we found people did not always feel confident about raising concerns. At this inspection improvements had been made.

- The service had a complaints policy in place and residents' meetings were used to help ensure people understood how to raise a concern or complaint.
- Notice boards had been put in place displaying information about how to complain and forms people or relatives could complete detailing their concern.
- We observed people raising concerns with staff and these being dealt with. One person confirmed, "There's always someone in the office you can speak to."
- Relatives told us they knew who to talk about if they had a concern and felt confident doing this.

End of life care and support

- Relatives were positive about the end of life care provided.
- Some staff were in the process of completing end of life care training provided by a local hospice.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection we found the culture of the service did not encourage people to remain socially stimulated or raise concerns. This was part of a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements, however further improvements were still required.

- The provider had taken some action to identify how people wanted to spend their time but there was still a lack of opportunity for people to engage in meaningful activities and pastimes. People, relatives and staff raised concerns about this.

This contributed to an ongoing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives now felt happy and confident to raise concerns.
- The registered manager was focused on enabling people to experience positive outcomes. They told us, "It's not my home, I don't need to put my stamp on the home, it's for the residents."
- People were given the opportunity to be involved in the recruitment of new staff, or to contribute ideas about what sort of person they would prefer.
- People gave positive feedback about living in the service. Comments included, "I'd recommend it" and "Home from home really."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we found audits and checks had not identified all concerns. This was part of a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements were still required.

- Senior staff, the registered manager and provider completed a comprehensive schedule of checks and audits on all aspects of the home. However, they had failed to identify the required improvements we found during the inspection.
- Where the provider and registered manager were aware of the concerns, they had not taken sufficient action to resolve them.

This was an ongoing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were supported by the registered manager, and the registered manager was complimentary about the support they received from the provider.
- A relative told us, "I think it is very efficiently run."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- Emphasis was put on interactions with people. Observations of staff checked they were interacting well with people, and the senior team leader and registered manager ensured they talked to each person regularly. Any concerns were acted upon.
- People had been invited to various meetings about the service. The senior team had found that providing cake and sending people personalised invitations encouraged attendance. A staff member told us, "It makes people feel special."
- One person told us, "It is excellent. The way you get treated, the food. Everyone's friendly." A relative confirmed, "This is the friendliest home [...] has been in they are good at interacting."
- People's relatives had also been invited to meetings to discuss various aspects of the service.
- Well-being questionnaires had been sent out to staff to help highlight any areas of concern. These had been accompanied by details for support networks from outside agencies to assist if needed especially in regard to mental wellbeing.
- The registered manager told us, "I want everyone to come to work and be happy and then the residents will be happy." Staff enjoyed working at the service and felt supported. Comments included, "I love my job. I really love my job" and "The senior management team are always approachable. The doors always open, they're always at the end of the phone, they're always there. If there have been emergencies, they come and see how we are, as well as the residents."

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

- Following the previous inspection report, the provider and registered manager had held various meetings with people, relatives and staff. They were open and honest about the service's rating and discussed their action plan to improve the service.
- Relatives told us they found the staff and registered manager were open, honest and approachable.

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 HSCA RA Regulations 2014 Staffing The provider had not ensured staffing was sufficient or deployed effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people had the opportunity to engage in meaningful activities.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not identified all required improvements and had not taken sufficient action to improve those that had previously been identified.

The enforcement action we took:

Warning Notice