

## Ashleigh Manor Residential Care Home

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### Inspection report

1 Vicarage Road  
Plympton  
Plymouth  
Devon  
PL7 4JU

Tel: 01752346662

Website: [www.ashleighmanor.co.uk](http://www.ashleighmanor.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ashleigh Manor Residential Care Home (hereafter referred to as Ashleigh Manor) is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service is registered to support up to 65 people.

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

People told us they felt safe living in the service. Relatives gave us good feedback about the safety and quality of care and improved communication. Safeguarding concerns were recorded, reported and investigated.

The service was clean, tidy and odour free. We saw staff wearing masks, gloves and aprons in line with government guidance. There were robust infection control processes being observed and thorough health and safety checks on the safety of equipment and the environment.

There were processes in place so lessons could be learned when incidents or accidents happened. This learning was then shared amongst all staff. There were enough staff to keep people safe and robust recruitment processes were followed.

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.

Quality assurance systems had been improved and there were multiple checks by different staff on safety and quality aspects of care. Staff had clear responsibilities and information was handed over between staff regarding risks.

Staff felt supported and we saw a registered manager who was growing in confidence and leading an improving service. The culture was more open, and we saw evidence people were supported to achieve positive health outcomes.

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 this service was requires improvement (published 6 November 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve and sent us monthly reports that were required by the conditions of their registration. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating. 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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from requires improvement to good. 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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector who conducted the site visit, one assistant inspector who spoke with staff over the telephone and through email, and one Expert by Experience to talk over the phone with people and their relatives. 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 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 announced. We gave a short notice period because of the coronavirus pandemic.

#### 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 and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, team leaders, care workers and domestic staff. We observed the lunchtime meal and walked around communal areas.

We reviewed a range of records. This included five people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, daily care notes and health and safety checks were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate risks for some people regarding choking risks and fluid intake. Risks were not always communicated effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's needs and associated risks were assessed before moving in to the service to ascertain if the service could safely meet people's needs. Risks that people faced or posed to others were reviewed on a monthly basis and updated more frequently if needs changed.
- Risk assessments were in place for identified risks. Information on how to support people to manage these risks was referenced through care plans and daily planning of shifts.
- Staff were aware of who faced what risks and how to mitigate them and we saw an improvement in how risk and a change in needs was communicated in the service. The registered manager, provider and staff discussed incidents and accidents such as falls to identify how they could be avoided.
- Monitoring of fluid and food intake and repositioning records for people at risk of developing a pressure ulcer were more thorough and reflected the care described in care plans.
- Key aspects of building and equipment safety were checked regularly including fire, water temperatures, security, and functioning of mobility equipment. The premises and equipment were checked regularly and maintained to ensure they met requirements.

### Systems and processes to safeguard people from the risk of abuse

- Staff all reported feeling confident in identifying and reporting abuse. One staff member said, "If I witnessed abuse, I would report it straight away to management and if I didn't feel like it was dealt with, I would take it further."
- All staff had attended safeguarding training and there was a safeguarding policy and process in place. Information on who to contact in the event of a concern was on display.
- All incidents and safeguarding concerns were investigated by the registered manager or provider and appropriately reported to the local authority where required.
- People told us they felt safe, staff said they felt people's care was safe and relatives echoed the same. One relative said, "They've been keeping the residents safe, there are no cases [of Covid 19] there" and another said, "Yes totally, because if I didn't think she was then she wouldn't be there. From my point of view my

mum is safe."

#### Staffing and recruitment

- There were enough staff to meet the needs of people. One staff member said, "I feel there is enough staff throughout the day/night." One person said, "Oh yes there's enough staff, there used to be two a while back and now there's five!"
- Thought had been put into where staff were needed most at particular times of the day. We were told there was always a staff member in the main lounge during the day and observed this.
- Robust recruitment processes were followed to check if new staff were suitable to support people who may be vulnerable. This included an application, interview, references, DBS (police) check, induction and probation period.

#### Using medicines safely

- Medicines were stored safely and staff who administered medicines had been on training and had been competency tested to ensure they were confident in medicines administration and recording.
- There were no gaps in medicine administration charts which record when a medicine has been given by staff and taken by a person. These were checked daily and medicines were audited each month.
- People were happy with how their medicines were administered. One person said, "They give me my meds when I need it, they know me when I get anxious and the medicine helps that."

#### 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.

#### Learning lessons when things go wrong

- There was a clear ethos of continuous learning in the service. The registered manager was open and welcoming of feedback.
- The registered manager could show us where the service had learned from incidents and accidents through close monitoring and analysing trends. This learning was then communicated to staff. Staff told us the registered manager asked for staff input on learning as they knew people well.
- The registered manager and provider showed where clear improvements had been made to address the breaches we found at the previous inspection.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems and processes assessed and mitigated risks effectively and quality assurance processes failed to identify some concerns we found. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were now more robust quality assurance processes in place. The team leaders in the service checked daily care records on each shift and raised issues with staff promptly to ensure any changes in care practise were actioned.
- The registered manager had good oversight of the day to day running of the service. They regularly checked care plans, risk assessments and daily records as well as talking with people and staff of their experiences of living in and working in the service. The provider was well regarded by relatives, visible in the service and offered support and guidance to the registered manager.
- There was a clear hierarchy of staff, each staff knew what their role was on shift and who to ask for support if needed.

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

- Relatives noted an improvement in the service and said, "It's very well run, he's well looked after" and, "They needed a bit more leadership, but it was tightened up and now seems more professional."
- The atmosphere on the day of the inspection was friendly and staff were cheerful as they went about their work. One relative said, "There's a really welcoming and friendly atmosphere and any concerns, they've been happy to talk through."
- Feedback from staff on how they were supported was overwhelmingly positive. They said, "The manager always puts residents first" and, "She's fantastic and everything a manager should be."
- The registered manager told us, "I'm proud of how well we have pulled together over the last six months and I can't thank the staff enough for everything that they are doing."

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

- The registered manager understood the duty of candour and where incidents had taken place, or a person became unwell relatives were kept informed.
- Relatives told us they were kept updated and asked their opinions. One relative said, "There were regular relatives' meetings before Covid, they always ring me if there's any updates, for example flu jabs." Another relative said, "I get a letter every two or three months and then I get a newsletter every month."
- One staff member said, "I can share ideas and suggestions to her she will listen." Another said, "I do feel all our suggestions are taken on board."

Continuous learning and improving care; Working in partnership with others

- There was a strong culture of wanting to continue to improve in the service. This was voiced by staff and the registered manager. People and relatives could tell us about the improvement journey the service had been on.
- Professionals gave positive feedback about how Ashleigh Manor had worked with them in partnership to support people to improve their health and wellbeing.
- Ashleigh Manor had links with other local services as part of their emergency planning and to share best practise.