

## 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?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

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 (hereafter referred to as Ashleigh Manor) is a residential care home registered to provide personal and nursing care for up to 65 older people. However, the local authority had stipulated admissions to the service were capped at a total of 28 after the last inspection where serious concerns were raised. There were 27 people living in the service at the time of this inspection.

Since our last inspection we found improvement had been made in every domain we inspected. Care staff and the registered manager and provider had worked hard in raising the standard of care.

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

Risk information was not always handed over between staff and we observed one instance where the advice of a healthcare professional was not followed, and a person was placed at risk of choking. The person was not harmed, and the service acted swiftly.

Records around fluid intake for people at risk of dehydration were not always totalled and there was no guidance in place to tell staff what a safe level of fluid intake was for each person. By the end of the third day of inspection this had been remedied and a new system of assessing nutrition and hydration needs was introduced and communicated to all staff.

Care plans were not always up to date, and some life histories were not rich in detail regarding people's lives before they came to the service and what their preferences were. Despite this, people told us staff knew what their preferences were for how they liked to be supported with personal care.

We saw improvements in the running of the service and audits were more robust. However, they failed to pick up the issues we identified on inspection and needed further embedding. We were concerned that there was going to be another change in management for the service, particularly as the leadership had a history of being unstable and lacking consistency.

Staff felt supported and had supervisions with a team leader or the registered manager. Staff morale was improving, and people and relatives said staff were caring and kind.

Healthcare professionals told us communication had improved between staff and visiting professionals and the culture of the service was more open and positive.

People told us they enjoyed the food and they were offered options and a variety of drinks were offered throughout the day.

People and relatives knew how to raise any concerns and were listened to. One relative told us the end of life care was thoughtful and considerate.

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.

We saw lots of improvement since we last inspected six months ago. However, we did identify two repeat breaches of regulation regarding safe care and treatment and good governance. We made one recommendation around more in-depth training for staff in supporting people living with dementia.

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 inadequate (published 5 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. We followed our enforcement processes after the last inspection and proposed to cancel registration. The provider submitted representations against this proposal and they were not upheld, we re-inspected and found some improvements in some areas. The outcome of this process that was started after the last inspection and continued after this inspection is that conditions have been added to the registration of the provider. We will continue to closely monitor this service.

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The rating of the service for this inspection is requires improvement, the service has been rated requires improvement or inadequate for the previous four inspections.

This service has been in Special Measures since 4 March 2019. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified breaches in relation to governance, risk management and people's safety. Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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

On the first day of the inspection the inspection team consisted of one inspector, one assistant inspector, one pharmacist inspector and one 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. On the second day of the inspection two inspectors attended and on the third day one inspector attended.

#### Service and service type

Ashleigh Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We were informed the registered manager was leaving the service the week of our inspection and had put in an application to de-register as manager. A new manager had already been employed and started working in the service on the second day of our inspection, they had started the process to register as manager.

#### 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, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. 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 also used information the service sent to us in action plans required to be sent to us monthly. We used all of this information to plan our inspection.

### During the inspection

We spoke with eleven people who lived in the service and twelve relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, new manager, team leads, care workers and kitchen staff. 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 also spoke with two visiting professionals during our visit to the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision including the recruitment process for the newly employed manager. A variety of records relating to the management of the service, including policies and procedures 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 three further professionals who regularly visit the service. We contacted ten further staff for feedback and received feedback from four.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection relating to risk management and the provider was still in breach of regulation 12

- We observed one person who had been assessed as at risk of choking and required a soft diet. For breakfast and lunch, they were supported according to the professional advice given. However, when they had their mid-morning snack, they were observed eating a biscuit that had not been softened. They were also not being monitored closely by staff during this snack, which was specified as a risk management strategy in their risk assessment and care plan. This could have placed the person at an avoidable risk of choking. The service acted swiftly when we told them of this and ensured closer monitoring was in place during snacks, and on the drinks trolley it was clear what the exact instructions were for this person to be safely supported when eating and drinking.
- An emerging risk for one person, who had been identified on a handover document as having a potential issue with their swallow, was not handed over to all staff coming on to shift. Some staff were unaware there was a concern and the action taken was not recorded on daily notes or subsequent handovers.
- One person who had been identified as expressing themselves in a way that was sometimes aggressive towards others did not have a risk assessment in place for this risk. There was also no explanation of or guidance for staff around a behaviour chart that the service had in place.
- For people identified as at risk of dehydration there was no system in place for checking whether they had drunk enough to stay well, and no amount of fluid recommended as a guide amount for each person.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed risk assessments and positive behaviour support plans were updated and an improved system of communicating emerging risks was put in place during handover. By the third day of inspection a new hydration and nutrition tool had

been implemented which included a recommended fluid total for people at risk of dehydration and what action staff should take if people were struggling to drink enough to stay well.

- We checked the safety of all people who had been identified as at risk of choking and found they were being supported in line with professional advice.
- The safety of the environment including fire safety, legionella and equipment was checked and recorded regularly, and maintenance jobs were actioned promptly.
- Where risk assessments regarding specific risks people faced were in place, they were reviewed monthly.
- Systems and processes to safeguard people from the risk of abuse
- Staff could confidently describe the signs of abuse and knew what to do and who to tell if they had concerns. This included kitchen and maintenance staff.
- All staff attended safeguarding adults training and had completed online courses.

#### Staffing and recruitment

- At the last inspection we found gaps in recruitment records, the provider had made efforts to fill these gaps and improve the recording for new staff since the last inspection.
- Recruitment systems were robust and for the recruitment of the new manager people and relatives were involved. Police checks were completed for new staff to check they were suitable to work with potentially vulnerable people.
- There were enough staff to safely meet people's needs. Staff were visible in communal areas throughout the day.
- One person said, "There's always staff around the place" and one relative said, "The staff ratio is much better now."
- We saw several agency staff during our inspection and the registered manager told us they were recruiting new staff currently. We observed that the agency staff knew people well and had been to the service several times before and were given a specific handover when supporting people with more complex needs.

#### Using medicines safely

- Medicines were safely managed. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. Storage temperatures were monitored to make sure they were stored correctly and would be safe and effective.
- People received their medicines in a safe and caring way, in the way prescribed for them.
- People could look after their own medicines after it had been checked to make sure this was safe for them. This helped to promote their independence.
- Medicines policies and information was accessible to guide staff on managing medicines safely.
- Staff received medicines training and further update training was being arranged. Staff told us there were competency checks to make sure they gave medicines safely.
- Regular medicines audits were completed, including the use of creams and external preparations. These identified any necessary actions which were put in place to improve the way medicines were managed.

#### Preventing and controlling infection

- The service was clean and free from odour throughout.
- People told us the home was clean and relatives said they were happy with the level of hygiene.
- Staff used gloves and aprons appropriately and there were handwashing facilities available.
- Staff had completed infection control training and housekeeping staff completed regular detailed audits on cleanliness.
- We fed back to the registered manager and provider the laundry storage bins kept in the bathrooms for soiled laundry items may pose a cross contamination risk for people. By the second day of our inspection they were moved to a more appropriate place.



#### Learning lessons when things go wrong

- The registered manager tracked falls and looked for patterns and trends to try and prevent them from happening again.
- The provider was reflective about the safety concerns we found at the last inspection and explained they had learned that a strong manager was needed to run the service.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people including ensuring staff were able to identify and report health concerns when people became unwell. 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 has been made at this inspection regarding this specific concern, therefore this concern no longer contributes to a breach in regulation 12. However, we found other concerns regarding regulation 12 which are further detailed in the safe section.

- The service had received intensive support from local health services since the last inspection where serious concerns were identified regarding people's safety. Feedback from these services was staff now had a better awareness of how to meet people's health needs.
- Health professionals said, "When I ask carers to do something they are helpful, and they know what is going on with people and their health" and, "Staff are better now at identifying health concerns."
- Referrals were made in a timely way to district nurses, the GP and Speech and Language Therapists (SaLT) and evidenced in records of interactions with professionals' logs. During our inspection staff were discussing people's health needs and identified that a person was becoming unwell and called a GP immediately.
- We queried whether people's oral health needs were being fully considered and met as we found some people did not have records of dental appointments. The provider and registered manager were able to evidence they had made appointments for all people to be seen by a visiting dentist in the coming months and records were updated.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained. This was a breach of regulation 18 (Staffing) 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 18.

- One relative said, "There has been a lot more training recently which is good."

- Staff had an induction when they started working in the service and shadowed experienced staff before working on shift one to one with people.
- Staff were having supervision meetings and told us they felt supported. Not all staff had received appraisals.
- Staff had attended training suitable to meet people's needs including basic dementia training, safeguarding, and moving and handling. One staff member said "Opportunities are always given to me to take up training. A lot of courses I have done are not mandatory but are very helpful in completing to help me provide the best care I can give."
- Despite staff having attended training on how to support people with a dementia we saw the need for some more in-depth training. For example, staff put condiments on the dining room table and did not offer them to people or explain what they were. We saw people staring at them confused. We saw staff approach a person who was trying to leave the building and they urged them repeatedly back to their seat with no other option, which the person did not want to do. It took a senior manager to intervene and find out what the cause was behind the person's feeling they wanted to leave, and then an appropriate distraction and de-escalation technique was used.

We recommend the provider arrange further in-depth training for care staff in supporting people living with a dementia.

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

- People were offered drinks regularly and had drinks within reach.
- There was a range of different meals on offer. At the last inspection it was noted that people were asked what meals they wanted the day before they had them. At this inspection, people were asked both the day before and each morning. For those people that required it, images of the meal choices were shown to people.
- For people requiring a diabetic diet there were sugar free options available and being used.
- People told us they enjoyed the food. They said, "I like all the food - I enjoy it", "The roasts are excellent", and "I get the food I like and plenty of vegetables."

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

At our last inspection the provider had failed to provide care in keeping with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) 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 11.

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.

- We found the service was working within the principles of the MCA.
- Documentation regarding mental capacity and best interest decisions were completed and up to date.
- Staff had a good understanding of consent and we saw them asking people for their consent before providing support.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Every health professional we spoke with said they had greater confidence in staff ability to identify and report health concerns in a timely manner, and that communication had improved.
- One professional said, "Because the relationships are better the staff are more likely to pass on concerns to district nurses so there is more prevention going on around pressure care and other health concerns."
- Staff were following advice around how to best support people to mobilise and move safely.
- People's families were involved in assessments of their need before they came into the service.
- Best practise guidance was available for staff in appropriate areas around the service on pressure care, falls, and speech and language therapy.
- Shifts and staff delegation was organised by the team leader and staff had clear instruction about who they were going to support and any appointments for the day.

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

- There was some signage in place for people to better navigate their environment if they were confused.
- Health professionals told us the lodge side of the service where people were living was an appropriate environment to meet the needs of people with dementia. However, four different professionals expressed concerns about the safety and suitability of the manor side of the service. This part of the service was closed, and no people were living in it during our inspection.
- People's rooms contained pictures of their loved ones and personal belongings.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that knew them well and cared for their welfare. One person said, "The carers are really nice", another said, "The staff are really good to me" and another said, "The staff are very kind to me."
- Every relative we spoke with said the staff at Ashleigh Manor were caring. One relative said, "All the staff are pleasant and caring"; another said, "Staff are caring and friendly and it's like one big family here" and another said, "The staff are lovely and kind and always keep us in the loop."
- Staff interactions we observed were kind and staff were gentle and used humour to engage people in daily support. We heard laughter and easy banter in communal areas.
- People's needs in relation to any equality characteristics were assessed.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choice in what they wore, what they ate and drank and where they spent their time. Choices were offered in ways that suited people's communication needs.
- For people who were able to actively participate in the planning and review of their care they met with staff to discuss their needs and changes they wished to make to their care planning documents.
- For people who were not able to actively participate in review of their care plans, their relatives were contacted regularly and asked for their input, alongside relevant health professionals and staff that knew people well.
- People were asked their opinions through day to day conversations and questionnaires in either a written or pictorial format.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on people's door and closing curtains before delivering personal care.
- We saw one person leaving their room and they were partly uncovered, staff supported them to cover up promptly. A privacy screen was in use where people needed one in communal areas.
- We fed back to the registered manager and provider the brightly coloured plastic beakers people drank from were not a dignified choice of tableware.
- One person was supported to walk daily to improve their mobility as part of a rehabilitation goal. They fed back to us they wanted further support with this and the service immediately met with the person and implemented a more robust plan and recording of their mobility support.

# 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.

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

At our last inspection the provider had failed to ensure care records and plans 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Some people did not have a completed life history and details of their past pursuits and lives before they moved into the service.
- People's care plans were not in all cases up to date and accurate. For example, one person's needs had changed, and they no longer needed support to reposition, their care plan still contained details of how they needed to be supported with repositioning when they were fully mobile again.
- For one person their care plan did not reflect their current needs around food and fluid monitoring.
- For one person a behaviour chart had been introduced but their care plan had not been updated to reflect why this was the case and how staff were to then monitor and record the person's behaviour.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate that records and care plans were accurate and contemporaneous. This placed people at risk of receiving care that was not consistent, person centred and possibly not safe due to a failure of management systems. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They updated care records where we pointed out there were gaps, or the information was out of date or inaccurate.

- Staff were able to describe what person-centred care was and go into detail of how people liked their care to be provided.
- Peoples preferences for food and drink were being met.
- Care plans were written from a first-person perspective, showing the service made efforts to view care provision through the eyes of people living in the service.

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.

- Staff adapted their communication styles to meet the differing needs of people.
- Information was available in pictorial format for meal choices, complaints, and there was a book with descriptions of what care was like, for example being supported with a hoist.

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

- The service employed activities co-ordinators who ran activities daily. However, there was no activities co-ordinator working on two of the days we inspected so care staff ran activities.
- On the days we inspected the activities were quite loud and there was lots of sensory stimulation which some people enjoyed. We discussed with the registered manager considering the balance between louder more physical activities and quieter activities to vary the level of sensory stimulation for some people, in particular those living with a dementia. We suggested incorporating daily tasks required in running the home such a food preparation or laying tables that people could participate in. We also suggested the service ask people if they would like the television or radio off sometimes.
- One person said, "I liked playing darts today", another said, "I like the physical activities", another said, "The quizzes are good" and another said, "It was great going up on the Hoe and having an ice-cream."
- Relatives we spoke with were positive about the activities at Ashleigh Manor. One said their relative, "really enjoys the musical activities and its lovely to see her joining in and smiling." Another relative said their loved one "went on a trip to the Barbican and loved it."
- People were supported to maintain contact with their families and could contact them any time they wished to. There were a lot of family visitors during our inspection and relatives told us they were made to feel welcome and felt a part of the service.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place with clear timeframes for responses. This was displayed in a communal hallway and was available in large print or pictorial formats.
- Complaints that relatives had made were responded to within the providers timeframe and records of the responses were kept.
- One person said, "I've raised a few things and have been satisfied with the outcome."
- Relatives said they knew how to raise complaints. One said, "I have raised issues, and these are taken seriously." Another relative said, "I would go to the manager if I needed to and I am confident that things would get sorted."

End of life care and support

- Nobody was identified as requiring end of life support at the time of our inspection.
- There were end of life care plans in place for some people and efforts had been made to discuss this with relatives, but several people had no end of life wishes recorded.
- The registered manager linked in with forums and the local hospice to learn about and share best practise in end of life care.
- One relative said they would choose to live in Ashleigh Manor after being impressed by and seeing how caring and compassionate staff were with their loved one when they became unwell, before passing away.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was sometimes inconsistent. We saw improvement in several areas over the six-month period since we last inspected but further improvement was required, and the timeframe did not allow for sustained improvement to be evidenced.

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 were effectively established and operated to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records were not all contemporaneous or accurate, as described in the responsive domain.
- The provider and registered manager failed to identify through audit systems they were not adhering to a condition of their registration regarding call bell monitoring.
- The provider and registered manager audits had failed to pick up that staff required further support around supporting people with advancing dementia and this was affecting the quality of support given.
- Systems and processes for checking staff communication failed to identify that information about changing health needs were not always passed on. For example, where a person had had difficulty swallowing.
- The provider failed to establish an effective system to ensure that the risks people faced in relation to their health, safety and welfare were being assessed and monitored. The safe domain details where a person's risk information regarding their swallow was not available to staff serving tea and biscuits, where other people did not have up to date risk information in their risk assessments, and where details of one person's potentially aggressive behaviour was not sufficiently detailed or instructive for staff.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The registered manager and provider were open about the past failings in the service and where improvements still needed to be made. This open and honest culture was being developed, with staff feeling they could approach the registered manager and provider more with any issues and report any concerns to healthcare professionals.



- Staff said they cared about people and knew them well. We observed instances where staff knowledge around supporting people with advancing dementia meant that opportunities for positive outcomes were sometimes missed.
- All the relatives we spoke with knew who the registered manager and senior staff were. One relative said, "The new manager has made a big difference at Ashleigh Manor – everything is more organised" and another said, "The manager is approachable and follows things through."

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

- People's equality characteristics were considered during assessment and care provision.
- Relatives told us they were impressed with how Ashleigh Manor had engaged them. One relative said, "At the meetings we are kept up to date on what's happening at Ashleigh Manor, we can raise issues and we get minutes" and another said, "Around 20-25 relatives go to the meetings and this gives you a chance to raise your concerns and communication is now good."
- The provider had used surveys to engage people, relatives and staff in feeding back about the service and these results were analysed and suggestions listened to.

Continuous learning and improving care

- The provider and registered manager showed through improvements that had been made, they had learned from the last inspection and had plans to make further improvements.
- The registered manager attended local forums and workshops to engage in discussions around best practise and continue their learning.

Working in partnership with others; 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 service had received lots of support from local agencies after the concerns that arose from the last inspection. Agencies had fed back the registered manager and care staff were working well with them and communication had improved.
- The provider understood their duty of candour and were open and honest when things went wrong.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>In the last inspection (report published 5 March 2019) we found a breach of Regulation 10(1) People were not always treated with dignity and respect.</p>

### The enforcement action we took:

We imposed a condition on the registration of the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>During the last inspection (report published 5 March 2019) we found a breach of Regulation 11(1)(2)(3) Care and treatment was not always provided with the consent of people or their representative. People were not being assessed and supported in accordance with the Mental Capacity Act 2005 as required.</p>

### The enforcement action we took:

We imposed conditions on the registration of the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>During the last inspection (report published 5 March 2019) we found a breach of Regulation 12(1)(2)(a)(b)(c) Care and treatment was not being provided in a safe way for people. Risks to people's health and safety were not always being assessed and reasonable steps then to mitigate such risks were not then in place. Staff providing care or treatment were not assured to have the qualifications and experience to do so safely.</p>

### The enforcement action we took:

We imposed conditions on the registration of 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>During the last inspection (report published 5 March 2019) we found a breach of Regulation 17(1)(2)(a)(b)(c)</p> <p>Systems and processes were not established and operated effectively to:</p> <ul style="list-style-type: none"><li>• assess, monitor and improve the quality of the service</li><li>• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users</li><li>• maintain accurate, complete and contemporaneous records of each person</li></ul>

**The enforcement action we took:**

We imposed conditions on the registration of the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>During the last inspection (report published 5 March 2019) we found a breach of Regulation 18(1)(2)(a)</p> <p>Staff were not suitably trained and skilled to meet people's needs. Staff did not receive appropriate training to enable them to carry out duties they were employed to perform.</p>

**The enforcement action we took:**

We imposed conditions on the registration of the provider