Mrs Susan Newman

# Ashton Manor

## Inspection report

104 Aldwick Road
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West Sussex
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 27 September 2018 and was unannounced.

Ashton 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.

Ashton Manor is a care home, without nursing and accommodates up to 22 people in one adapted building, for people with mental health conditions, people living with dementia and older people. At the time of inspection, there were 22 people living at the service.

The home is situated in Bognor Regis, West Sussex and accommodation was provided over three floors. There were assisted bathrooms on each floor, a large dining room, leading to the garden and one lounge area on the ground floor.

Ashton Manor is one of four services owned by the provider, who have two other homes and a domiciliary care agency (DCA) in the local area.

At our last inspection on 08 March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The manager registered with the Care Quality Commission in October 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service continued to have robust safeguarding systems, policies and procedures to protect people from abuse. Local safeguarding procedures were followed to respond to safeguarding concerns promptly.

Risks to people continued to be assessed and people were supported to take positive risks.

People were given their medicines as prescribed. Medicines were ordered, stored and disposed of safely, according to the provider's policies and procedures.

There were sufficient numbers of staff to support people and meet their needs. The provider completed pre-employment checks for all new members of staff. These checks help the provider to make safer recruitment decisions and help prevent unsuitable staff from working with people.

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

People's care, treatment and support continued to be delivered to a high standard and in line with current legislation. People were supported to maintain a balanced diet and had access to healthcare services, when needed.

People continued to be treated with kindness, respect and compassion. We saw people being actively involved in making decisions about their care, as far as possible, such as; choice over food and drinks, participating in activities and personal care.

People continued to receive good person-centred care and were involved in developing their care plans. People felt confident to raise a complaint and speak to the registered manager, if needed.

People received personalised care, that was responsive to their needs, in areas such as engagement with the local community and how people were supported to follow their interests and hobbies.

Ashton Manor continued to promote a positive culture that was person-centred, open, inclusive and empowered people to live healthy, active lives.

The registered manager and provider actively involved staff in opportunities to continuously learn and improve the quality of the service, taking on board feedback from people, relatives and professionals.

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

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Ashton Manor

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2018 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience at this inspection had experience of dementia, elderly care and mental health.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service. This included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. Following the inspection, we contacted health and social care agencies to gather feedback from them about the service.

We spoke with people throughout the inspection and observed how staff interacted with them. We also spoke with 14 people individually and a visiting family member. Not everyone was able to tell us their experiences of the care and support provided. We spent time observing how people were cared for and their interactions with staff to understand their experience of living in the service. We spoke with three care staff, the activities coordinator, the provider, registered manager and area manager.

We spent time looking at electronic records, including six people's care and support records, three staff recruitment files and staff training records. We also looked at records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We reviewed other records, including the registered manager's internal checks and audits, medication administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints and staff rotas.

The service was last inspected on 8 March 2016 and was awarded the rating of Good.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Ashton Manor. One person said, "The walls and the lovely atmosphere makes you feel safe."

Systems continued to protect people from abuse. Staff understood their responsibilities to recognise potential abuse and raise safeguarding concerns appropriately. One staff member told us, "I would offer reassurance to the person, speak to the manager, report abuse on the tablet, write a statement. Or I would call the registered manager, provider or the police if a crime had been committed." The provider had a whistleblowing policy and staff confirmed they were aware of the policy.

Systems continued to identify and assess the risks to people appropriately, to ensure they were protected. Risk assessments were reviewed monthly and kept in people's care plans. Staff were given the guidance they needed to keep people safe and reduce the risk of harm to people. A staff member gave an example, where staff took seven people on holiday to the Isle of Wight this year. The potential risks to people were identified and documented ahead of the holiday. Staff had considered the potential risks for each person and how the risk could be reduced or removed to keep people safe.

People with behaviours that could challenge, had crisis intervention plans in place to guide staff and to keep people safe. People were supported to take positive risks. A staff member gave an example where one person did not leave the premises for over two years. With staff support they helped to build the person's confidence and the person now goes out for a walk every day, with a member of staff.

Lessons were learned when things went wrong and accidents and incidents were managed safely. Incident logs recorded details and this was analysed to reduce the risk of incidents re-occurring.

The maintenance person carried scheduled checks of the premises and equipment. Ongoing maintenance issues were logged into a general message book and actioned promptly. Environmental risk assessments continued to be carried out to ensure the premises were safe and met the legal requirements, such as; electrical wiring, appliances, gas safety, fire and legionella. The home was clean and people continued to be protected by the infection control procedures.

People had personal evacuation plans (PEEPs) to guide staff in safe evacuation and staff were aware. Fire alarms, emergency lighting and call bell checks took place regularly.

We observed sufficient numbers of staff to keep people safe and rotas confirmed this. A dependency tool was used determine levels of support for each person and the registered manager did not use agency staff to cover staff shortages, promoting continuity of care for people. The provider had enough staff available to cover staff shortages or sickness across the three homes. Records confirmed that staff continued to be recruited safely.

People continued to receive their medicines safely. Staff followed policies and procedures c for safe storage,

administration and disposal of medicines. Staff received regular training and annual competency assessments, to ensure their practice remained safe. We spoke to and observed, the staff administering medication and they confirmed they received regular training. There was also clear protocols and guidance for administering medications 'as required' (PRN).

Good

# Is the service effective?

## Our findings

People's care, treatment and support continued to be delivered in line with current legislation. People's care plans and assessments were comprehensive and representative of their needs. Staff were skilled and knew people well which helped them to deliver effective care.

People's needs were assessed, before people moved into the home and regularly thereafter. Care plans showed people had initial assessments, to ensure their support needs could be met at the home. Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of this process, if people wished to discuss these.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Staff had a good understanding of MCA and received training. We observed staff encouraging people to make decisions about food and drink choices. One member of staff gave an example of how they supported one person to retain choice, by showing them two plates of food, so they could decide on the day at each mealtime. They also ran a bath for the person so that they could decide if they wanted it or not.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager had recognised that some people were potentially being deprived of their liberty and had made appropriate and timely DoLS applications, to the local authority and these were found in people's care plans. One professional told us, "This home is one of the least restrictive places that I visit."

Staff training continued to ensure that staff had the skills and competencies to meet people's needs. Staff received a mix of e-learning and practical training essential to their job role. One member of staff told us, "The registered manager will access training that staff request as well as the mandatory training provided." The registered manager had introduced a 'knowledge questionnaire' to help identify training gaps and confirm staff knowledge in key areas.

New staff completed a comprehensive induction programme which included essential training and shadowing experienced care staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers.

Staff received regular supervision and appraisals. The care team met through team meetings and handovers during the day. Staff told us they didn't have to wait for supervision to raise issues with senior members of staff or the registered manager as everyone was very approachable.

People were supported to maintain a balanced diet and people had access to food and drink throughout the day. We observed the lunch time experience. People sat together in the communal dining area and the atmosphere was relaxed, friendly and very social. One person told us, "I help myself to tea and coffee and can ask for food and drink at any time."

People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the garden.

People continued to have access to healthcare and each person was registered with a local GP. Care plans contained details of people's health needs and appointments. On person told us, "The chiropodist, hairdresser and optician come to the home and If I needed a doctor the staff would get me one."

Good

# Is the service caring?

## Our findings

Ashton Manor continued to have a relaxed and homely atmosphere and we observed staff treating people with kindness and compassion. We saw caring interactions between staff and people and they knew each other well. One person told us, "I am accepted as I am…very comfy." Another person said, "I am surrounded by nice people."

People were treated with dignity and respect. People were supported to maintain and develop their independence, as far as possible and encouraged to make decisions on a day to day basis. Staff had a good understanding of people's needs, likes and dislikes. One member of staff told us that they talked to people about their likes and dislikes and gave an example of one person who did not always communicate in English but was always very clear about their wants and needs.

Staff communicated with people according to their understanding and ability. We observed staff spending time with people listening and offering reassurance when needed.

People were supported to be involved in decisions about their care and were supported to express their views. People's views were sought though reviews, regular keyworker meetings and through daily interactions. People had access to advocacy support if needed. An advocate is someone who can offer support to help people to express their views and concerns, access information and advice, explore choices and options and promote people's rights.

Information was only shared with others, if required and any issues or concerns were discussed in private. Information was shared at staff handovers and recorded in people's care notes. Information about people was kept securely in the office.

Staff understood equality, diversity and human rights. Staff treated people equally and recognised people's differences. Staff gave an example of how they had researched local meetings, to enable one person to share their beliefs with others of the same religion. One person told us, "You can have the Roman Catholic priest. He comes in once a month."

People's bedrooms were personalised with photographs of themselves and the people important to them. The provider information return stated the following, 'We have a list of service user's birthdays up in the office and in the kitchen, these are always acknowledged and a birthday cake made by our cook."

Monthly residents' meetings continued to take place and minutes of these meetings were kept. This gave people the opportunity to share ideas and make suggestions, putting their views forward on how the home was run.

Relatives and friends were made to feel welcome and we observed one visitor joining a person for lunch. People were supported to maintain relationships with their families and a staff member gave an example where they sent regular photos of the person to their daughter.

Good

# Is the service responsive?

## Our findings

People continued to receive person-centred care. Staff were flexible and responsive to people's needs and preferences, and enabled people to live as full a life as possible. Staff knew people well and had a good understanding of people's social, cultural and physical needs, promoting their health and wellbeing.

Staff understood the needs of different people and groups to deliver care and support that met people's needs and promoted equality. One member of staff told us, "We meet the individual's needs and treat people the same but recognise people's differences." People's care and support plans were reviewed regularly with people and updated as people's needs changed, involving relatives and professionals (where appropriate). This meant that staff had a good understanding of people's needs and were responsive to people's changing needs.

Care plans were kept electronically. Staff used hand-held devices which linked to people's care plans, this meant that staff could update people's records promptly whilst spending time with people.

We spoke to one professional who told us, "The home is really very good at being responsive and adapting to meet people's needs, such as adjusting the setting, accessing additional equipment to support people's independence. Their focus is always on the individual."

Social activities were developed with people to meet their individual needs and pursue their interests seven days a week. Activities included trips to the cinema, visiting other services for barbeques and events, walks to the beach, coffee shops and drives. One person told us, "I have been on trips to castles, the beach and Hayling Island." People had the opportunity to go on holiday and this year staff supported a group of people on a mini break to the Isle of Wight and one person went to Exeter.

At home people were supported to pursue hobbies that were meaningful to the person such as knitting, arts and crafts. We observed people's artwork across the home and one person showed us a range of matchstick boxes that they had designed and created. People spoke of their work with pride and achievement. One professional told us, "The activities Coordinators are fabulous, they have built up a great relationship with my client. They look at new ways to work with individuals to get people out and involved in activities, to avoid social isolation. They don't give up it someone refuses, they look at other ways to engage."

Ashton Manor had good connections with the local community. People attended local clubs and courses such as exercise classes, swimming, pottery and language courses. This meant people were involved with their local community and could develop friendships outside of the home.

The provider had a policy on Accessible Information Standards to support people and staff who have communication needs relating to a disability, impairment or sensory loss. Care plans reflected people's communication needs. Information was available in easy read formats and people had access to technology such as a computer and tablets, to communicate with family and friends. Staff told us how they adapted their communication, by giving people more time, observing people's body language and using picture

cards to help people understand the information being given.

The provider had noticeboards giving people clear information about how to make a complaint and how to raise a safeguarding concern. They also displayed details of advocacy services, activities, menus and community information, such as courses, clubs and groups to attend.

People and relatives understood how to make a complaint. The provider had introduced a separate complaints telephone line and email address for people and family to use. This meant that people and relatives had a choice over how they raised a complaint that was comfortable to them. One person told us, "I could make a complaint. I would know who to go to and I could explain." The registered manager followed the provider's complaint process and the information was reviewed identifying learning for the service. All complaints and compliments were discussed at team meetings.

At the time of the inspection no one was receiving end of life care. People's care plans recorded their wishes and preferences for end of life care and many people had advanced care plans in place.

Good

# Is the service well-led?

## Our findings

The registered manager had worked at Ashton Manor since October 2012 and was supported by the provider, a deputy manager and a team of care staff. The registered manager had created an open and positive culture that continued to deliver high quality care that is person centred, reflecting the provider's vision and strategy. We observed that the office door was always open and there was a great team approach.

People knew who the registered manager and provider were and told us the home was managed well. One person told us, "The registered manager is always around if we need her and has a good presence." Another person said, "They help mentally and physically. You can go into the office."
One member of staff told us, "This is a home from home and not institutionalised at all. People come from their home and we encourage everyone to do things for themselves, promoting independence."

The provider continued to have robust quality assurance systems to review the quality of the service provided. There was an audit schedule and the provider had an external auditor who visited the service every three months. The auditor used the CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. After each visit, the auditor produced a report, with evidence to support their findings. If any recommendations, or actions, were identified the registered manager produced an action plan, to say how they intended to address the issues to drive improvement. Audits included; care plan monitoring, medicines, accidents or incidents and concerns or complaints. They also used a separate health and safety external auditor.

The provider held regular management meetings, bringing registered managers together from all four services, to discuss best practice, policies and procedures, incidents and accidents and learning.

The registered manager regularly engaged with people, relatives, staff and other professionals to help shape and develop the service. They captured feedback through annual questionnaires, meetings and three-monthly quality assurance forms. Feedback was shared with people, relatives, staff and other professionals, to highlight responses and any action going forward. One professional told us, "The area manager will contact me to gather feedback about my experience of the home."

Staff meetings were held regularly, giving staff the opportunity to receive updates and discuss any changes to the service. Staff were encouraged to think of new ideas and suggestions to support people. Staff said they felt listened to, valued and that the team worked well together. Staff told us there was an open-door policy, whereby staff could speak directly to the management team.

The provider had recently introduced 'Employee of the month'. People, relatives and staff voted for a member of staff they felt deserved recognition. This meant staff were rewarded for their hard work. One member of staff told us, "The nominations are a really feel good thing and you feel you are not being taken for granted." The provider also gave staff the opportunity to train as nurses, as part of their career development. At the time of inspection, the registered manager was working towards their mental health

nursing degree. The registered manager told us that when she was away from the service the area manager would cover, to ensure consistency across the service.

People and staff told us that the registered manager and provider were visible and spent time with people and their relatives. They complimented them on how welcoming everyone was at the home.

The registered manager and care team had good working relationships with other agencies, such as the GP. They told us how they worked closely with other health professionals so that all care decisions and treatment were made as team, involving people and relatives where possible.

The provider had good links with other care homes and kept abreast of local and national changes in health and social care, through skills for care, the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE) and government initiatives.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC about any important events that had taken place in the service.