

New Care Projects Sale (OPCO) Limited Ashlands Manor Care Centre

Inspection report

2 Ashlands
Sale
Cheshire
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Ratings

Overall rating for this service	Good ●
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

About the service

Ashlands Manor Care Centre is a care home that provides personal and nursing care for up to 57 people, some of whom are living with dementia. At the time of the inspection there were 53 people living in the home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service is purpose-built home and set over 3 floors. All rooms are en-suite and each floor had its own separate facilities. The ground floor supports people requiring support with personal care, the first floor supports people living with dementia and the second floor supports people who need nursing care.

People's experience of the service and what we found

People were kept safe. Staff knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. Risks of harm were identified and mitigated as much as possible. Overall, medicines were managed well but some areas for improvement were identified during our inspection.

There were enough staff working at the service to meet people's needs and there were adequate staff recruitment practices in place. There were systems in place to minimise the risk of infection.

Staff had received appropriate training and supervision and nurses maintained their clinical skills. Staff were encouraged to take additional qualifications to enhance their roles. People were complimentary about the food and were provided with a balanced diet.

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 were supported by kind, caring staff who respected their privacy and dignity and helped them be as independent as they could. People were helped and encouraged to maintain relationships with family and friends and to engage in meaningful activities.

Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. There had been several different registered managers since our last inspection, however a new manager had been appointed and people, their relatives and staff provided positive feedback on the new manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 08 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about further collaboration with local system partners.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashlands Manor Care Centre on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashlands Manor Care Centre

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.

Inspection team

The inspection was carried out by 2 inspectors; a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashlands Manor Care Centre 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. Ashlands Manor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 January 2024 and ended on 19 January 2024. We visited the service on 17 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During inspection we spoke with 5 people living at the home and 3 relatives about their experience of care provided by Ashlands Manor Care Centre. We spoke with 8 members of staff including the chief operating officer, registered manager, clinical lead deputy manager, members of the care staff. We informally observed people's interactions and the care they received. This helped us understand the experiences of people with limited communication.

We observed medication administration and checked medication storage and recording systems. We reviewed a range of records including 4 people's care records and recruitment files for 3 staff.

We looked at records relating to health and safety such as fire safety information, testing records and servicing documents. We checked the environment, equipment, facilities and cleanliness; to determine whether the home was safe and fit for purpose.

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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were mainly managed safely.
- People were supported to take their medicines safely and as prescribed by staff who were trained to administer medicines and regularly had their competency checked to ensure correct procedures were followed.
- Medicines administration records were accurately completed. The provider had an electronic system in place to record when medicines were administered. The system alerted staff to ensure people had their medicines at the correct time.
- Although we found no harm, we identified there was an anomaly in some instances, between the stock recorded on the inventory and the actual medicine in stock which meant it was not always possible to account for all medicines. After the inspection the service looked into this matter further and arranged to complete clinical supervisions to ensure the electronic medicines system was used correctly to prevent such anomalies in the future.
- Protocols were in place to guide staff how to administer when required (PRN) medicines safely. Some protocols needed to be personalised further. The clinical lead provided evidence that they had started to develop the protocols and provided examples that contained clear personalised information.
- Controlled drugs were stored safely, and regular checks of the controlled drug records showed that the medicines were properly accounted for.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had been trained to identify and respond to any safeguarding concerns.
- The provider had systems and processes in place to ensure concerns were identified and reported to the local authority safeguarding team. This helped keep people safe and minimised the risk of them experiencing abuse or neglect.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had detailed, personalised risk assessments which were regularly reviewed and gave staff enough detail to manage risk associated with people's care.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. Since our last inspection an ongoing recruitment drive was in place, which meant all nursing positions were recruited to and agency cover was no longer required.
- From our observations we found there were enough staff to safely meet people's needs. Comments from people included, "Staff are very good answering the buzzer", "They [staff] come straight away" and "[Staff] come usually pretty quickly."
- The provider determined staffing levels using a recognised staffing dependency tool which provided additional assurances about the staffing numbers required.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received infection control training and had enough PPE to help minimise cross infection.
- The home was clean and tidy with no malodour. The home received their local authority infection and control audit in December 2023 and received a score of 96% compliance.
- The service received a '5' rating in September 2023 from the food standards agency, this meant that hygiene practices around food preparation and storage were done in a way that minimised the risk of food related infections.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed people having visits with friends and family during our inspection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were recorded, reported and analysed to help make sure appropriate action had been taken to keep people safe.
- Systems were in place to identify if any lessons could be learned and shared to help prevent a similar thing happening again.

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 remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were able to access a full range of health services as required to keep them healthy with appropriate referrals made to health professionals.
- We looked at the management of acute illness. We saw staff used a recognised assessment tool to help them identify the onset of a health condition that was likely to deteriorate. We saw several examples of where staff had responded promptly in such circumstances and took effective action.
- People's routine healthcare needs were overseen by a local GP practice. However, we learnt there had been some recent challenges in the relationship between the care home and GP practice, primarily centered around communication. We spoke at length with the registered manager and clinical lead about this and made enquiries with NHS stakeholders within Trafford.

We recommend the provider and local system partners work collaboratively to address any such issues that may impact on continuity of care, and to safeguard against miscommunication.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Advice from professionals and good practice guidance was incorporated into people's plans of support to help ensure they received consistent and effective care to meet their needs.
- Staff spoken with knew people well and demonstrated a good understanding of their individual needs and preferences.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People were supported and cared for by appropriately trained and skilled staff. They told us they received annual training in a wide range of topics to help them understand people's needs. Staff also received specialist training where this was needed to meet some people's specific medical needs. Training was soon to be rolled out to nurses on care after death: registered nurse verification.
- Staff understood their role and responsibilities well. New staff were shadowed and trained by more experienced staff on how to meet people's individual needs. One staff member told us, "The support I received when I started was really helpful. The training is good and the support."
- Staff received appropriate support and regular supervisions to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Systems and processes were in place to monitor and respond to changes in people's weight and to help manage and minimise the risks associated with dehydration or malnutrition.
- There was a strong emphasis on the importance on people eating and drinking well. Mealtimes were calm and pleasant experiences, and a hostess was on hand to enhance people's mealtime experience.
- People spoke positively about the food provided. One person told us, "The food is very good, you get a choice."

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- There was a very homely feel to the service. Consideration was given to best practice guidance to ensure the home's environment met the needs of the people being supported, e.g. Dementia friendly. There were 'landmarks' to help support people to navigate their way around, particularly on the first floor there were objects of reference which people would recognise from their past.
- The service provided people with numerous communal and quiet spaces to use and enjoy. People had spacious en-suite bedrooms, which had been personalised according to their Individual preferences.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's rights were protected; staff sought people's consent and ensured they were involved in decisions wherever possible.
- Systems were in place to ensure people's mental capacity was assessed and appropriate best interests' decisions were made when necessary.
- Appropriate applications had been submitted to deprive people of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were engaged and responded well to staff. Staff knew people and their individual needs and preferences well.
- Relatives were positive about the staff and the care and support provided for their family members. Comments included, "The nurses work their socks off they are very good at what they do, they make it personal for the family and they want to do their best."
- We observed staff treated people with kindness through the inspection, spending much time sitting and talking with them and in the morning of the inspection reading the daily sparkle to a small number of people. The daily sparkle is a reminiscence newspaper that features topics, stories and people from the past.
- Staff spoke positively about the work they were doing and the people they were supporting. One staff member said, "I like working here, the job gives me a great sense of pride."

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

- People were supported to express their views and make decisions about their care.
- Residents meetings were held, and records showed people were encouraged to express their views and suggest ideas for improvement. People were actively involved and engaged with discussions which included discussions around food preferences and activities.
- Relatives explained care planning was discussed with them at length and that their views mattered. Staff recognised the importance of supporting and involving the whole family in the person's care

Respecting and promoting people's privacy, dignity and independence

- People were supported to have as much choice as possible in every area of their day to day lives.
- People were supported to be independent, and staff knew people's capabilities and needs. We observed staff encouraged people to do as much as they could for themselves to promote their independence.

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 Choose rating. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- Care plans were personalised and included information about people's individual preferences and wishes. Care plans were kept up to date so they remained reliable for staff to follow.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered. Assessments were detailed and included the support needed with mobility, personal care, communication, mental and physical health.

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.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.
- People's communication needs were assessed, and information was provided in different formats, for example the complaints procedure was both in pictures and words.

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

- People were supported by the staff team and wellbeing team who enabled them to participate in activities that suited people's interests.
- We observed activities took place throughout the day, both in groups and with people individually. Communal spaces throughout the building allowed people to spend time in busy or quieter areas of the home to spend time with visiting relatives.
- People were supported to maintain relationships important to them and were encouraged to follow their interests. A relative told us, "The 1 to 1 sessions in the resident's room helped [person's name] settle into the home. The wellbeing people are very good."
- People were encouraged to access the community for trips out. On the day of inspection, a small number of people visited a high local school for afternoon tea. One person told us, "I am never twiddling my thumbs, there is plenty to do."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The complaints received by the service were recorded and investigated in a timely manner. The home promoted openness and transparency.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People nearing the end-of-life were supported to remain in the home wherever possible. This meant people could be cared for in familiar surroundings, supported by people they knew well and could trust.
- Conversations with people around their wishes for end-of-life care were done so with compassion and sensitivity. This helped to ensure people's wishes were fully understood and an integral part of their care plan.
- In the Effective section of this report, we talked about some ongoing challenges with communication between the home and GP practice. The recommendation we made about this are equally relevant here to matters related to good end-of-life care practice.

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 good. At this inspection the rating has remained 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; Continuous learning and improving care

- The managers and staff were clear about their role and responsibilities. The service had governance arrangements in place, including audits of the quality of care.
- Since our last inspection in 2018 the home has had several registered managers, this has not always promoted consistency at the home. However, a new experienced registered manager was appointed in May 2023, and we received positive feedback from people, relatives and staff about their approach and positive changes they had made in the short time they had been working with the service.
- Management systems identified and monitored risks to the quality of the service. Regular audits of the quality of care took place for example, medicine records, care plans and reviews, care notes, health and safety, staff records and risk plans. Action plans were in place to drive forward improvement.

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

- There was a positive, person-centred culture within the service, which helped to achieve good outcomes for people. Everyone we spoke with praised the home and its staff.
- The provider gathered people's views about how the service was run and we saw examples of how this had influenced the way the service was delivered around people's preferences.
- People told us they enjoyed living at the home and this had a positive impact on their lives. One person's relative told us, "Staff are supportive they know [person's name] inside out."
- There was a positive culture within the staff team, who told us they felt supported by the management team. One staff member told us, "I am happy with the new manager in place, [manager's name] is always approachable."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- Since starting in post, the registered manager had held meetings with people who used the service, relatives and staff, to introduce themselves and set out their plans for the service. The manager intended to hold these meetings on a regular basis, to invite feedback and share information.
- People, families, and staff were given the opportunity to offer feedback. This was done through resident's meetings, team meetings, surveys, and review of care needs. The registered manager and leaders had an open-door policy, people, families, and staff could speak to them at any time. Any complaints or concerns, suggestions, could be put forward and would be addressed.

Working in partnership with others

- The service worked with other key organisations such as the local authority and health care professionals. This meant people could be assured their health and wellbeing were a priority for the service.
- Care records showed there was a multi-disciplinary approach to the care provided. This meant people had access to a range of professionals when needed.