

Evermore Care Ltd

Ashton Manor Care Home

Inspection report

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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

Ashton Manor Care Home, is a new, purpose-built care home in the South of Lancaster near the university. The home is on three floors with lift access to the upper floors. There are a variety of communal areas including a small cinema room, foyer seating, lounges, hairdresser and dining room. People's bedrooms are ensuite and spacious. The home is decorated and furnished to a high standard. The home is registered to provide care and support to up to 67 people. At the time of inspection there were 39 people living in the home.

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

People living in the home received good quality safe care from committed and caring staff. People were supported by enough staff who had been recruited properly. We have made a recommendation about recruitment systems in the safe domain of this report.

Staff received supervision and support from the management team. Not all staff had received supervision as regularly as detailed in the providers procedure. We have made a recommendation about supervision in the effective domain of this report.

People's needs had been thoroughly assessed, care records provided good insight for staff on the specific support people needed and how they preferred this to be provided. Staff were trained in health and social care.

People's background and life experiences had been recorded. Activities which reflected people's choices had been provided. This included recordings of ballets and concerts.

The home was well managed by a management team who were committed to achieving high-quality care for people. People living in the home, their relations and staff praised how well the home was managed.

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.

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

Rating at the last inspection

This service was registered with us on 24 September 2020 and this is the first inspection.

Why we inspected

This was the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Ashton Manor 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 as part of our regulatory functions. This inspection checked 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.

The inspection team

The inspection was completed by two inspectors 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.

Service and service type

Ashton Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced but the registered manager was aware we were returning for the second day.

What we did before the inspection

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We also sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived in the home and we spoke with the relatives of twelve people. We spoke with the registered manager, three senior carers and three further care staff. We met with the cook and the maintenance person. We spoke with the provider and the provider's quality lead. We reviewed six people's care records, medicine records and five recruitment files. We reviewed a variety of records related to the management of the service; including accidents, incidents, complaints and governance. We toured round the home and spent time observing staff interactions. We observed two lunch services.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and rotas. We looked at quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider's recruitment procedures were robust. However, the registered manager needed to ensure these had been followed and recorded in more detail.
- Most recruitment records we looked at included the necessary checks, which helped ensure people were suitable to work with vulnerable people. However, one recruitment record we looked at did not have confirmation of the disclosure and barring check being returned. This shows if there may be any reason to prevent a person working with vulnerable people. It was reapplied for during the inspection. We were assured the registered manager had considered and addressed any concerns.

We recommend the provider and registered manager ensure they follow best practice guidance in relation to recording pre recruitment checks.

- Staffing levels were sufficient to meet people's needs and preferences. We observed staff had time to respond to people. Relatives we spoke with had mixed views about staffing levels, some felt it was difficult to get through to the home at the weekend. We discussed this with the registered manager who advised they had already received this feedback and had upgraded the telephone system to help ensure people could get through.

Systems and processes to safeguard people from the risk of abuse

- The provider's policies helped protect people from the risk of abuse and avoidable harm.
- Staff had received training and were able to recognise what might be a safeguarding concern. Staff knew how to raise concerns within the management team. Information about external safeguarding contacts were displayed in the staff room.
- Relatives told us; "I am content and very grateful that she is safe" and "They are person centred, they are loving and compassionate and they are good to us. If we ask a question they sit and talk, never rush us. [Name] is very safe there" and "It was such a relief to find Ashton Manor, she is really safe here."

Assessing risk, safety monitoring and management

- Records showed that systems and equipment had been serviced in accordance with manufacturers' recommendations and a range of internal safety and maintenance checks were conducted to make sure they were fit for use.
- The provider's risk assessment and management procedures were robust. Care records included risk assessments in relation to people's care and support needs. Risk management plans had been developed and were reviewed and updated regularly.
- Staff understood how to support people safely and were able to follow the risk assessments.

Using medicines safely

- Medicines were administered safely as prescribed, using an electronic management system. Medicines were managed by staff who were trained in the management of medicines and their competency assessed.
- Medicines were stored securely, and access was limited to those staff trained to administer them. We looked at the handling of medicines liable to misuse, called controlled drugs and found these to be safely managed and checked.
- The registered manager had systems to audit medicines procedures and medicine management. Systems were in place to make sure that medicines that had to be given without people's knowledge were done so in the person's best interests and with appropriate professional assessment and review.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had a system in place to analyse incidents and accidents which helped ensure they were able to learn any lessons and adapt practice.
- Records we reviewed included an analysis of a recent incident which included the introduction of further checks at night to avoid reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had a supervision policy. Not all staff had received supervision as regularly as the policy identified. We reviewed information we received and talked with staff. Staff felt well supported by the seniors and management team and said they were able to raise any concerns.

We recommend the provider ensures staff receive supervision in line with their own policy.

- The provider had a training programme for all staff. Staff were encouraged to develop their skills and achieve qualifications in care.
- Some face to face training had not been possible due to the impact of the COVID-19 pandemic. The provider was making every effort to ensure this could take place soon. The registered manager completed an audit of the up to date training all new staff had, to help prioritise access to training.

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

- Care records included detailed information about people's needs and preferences. Staff were able to read the care plans and understood how to support people.
- Care records were reviewed and updated regularly and in response to any changes.
- Care records were up to date; staff used an electronic handset to identify people's support needs and to record when tasks were completed. Any support tasks which were overdue could easily be identified and chased up by senior staff.

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

- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink this was provided. Records of food and drink taken were kept by staff.
- People were weighed as regularly as needed. Staff made referrals to the dietician or speech and language therapist when required and staff followed their advice.
- Food provided was of a high quality and freshly made. Relatives told us; "Food is brilliant [name] isn't interested in food at all but says it is OK which means it is wonderful" and "The chef is excellent. He really understands peoples' needs. [Name] needs a special diet and he knew and understood even before the formal assessment by the speech therapist (SALT team)" and "The food is good [name] is eating well. There is plenty of choice and they have tasting and testing for the different menus."

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

- The home is newly purpose built. The staff and registered manager had created a safe and homely environment, where people were supported and encouraged to move about freely.
- People's rooms were spacious and had ensuite facilities. People had been supported to personalise their room, some had brought their own furniture.
- Furnishings, carpets and rooms were decorated plainly, which can help people living with dementia to find their way round. Some people had memory boxes outside their rooms to help them find them.

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

- Care records included details about people's health needs and preferences. Staff understood people's specific support needs in relation to long term health conditions.
- Care records included information about health professionals, consultants and health services involved with the person. We saw their advice and guidance had been included in care records.
- Feedback we received from a community-based health professional assured us the staff sought their support when needed; and they followed any advice.

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 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.

- The registered manager had submitted appropriate applications for DoLS authorisations.
- Care records included mental capacity assessments, a recent quality audit by the local authority had identified some areas for improvement. We saw this advice had been acted on. Staff were following the principles of the MCA.
- People with capacity, had been supported to make their own decisions in relation to health professionals' advice. We saw an example where one person declined to have a modified diet. Staff had supported the person with their decision by ensuring they understood the risks.
- Staff understood the importance of consent. We saw staff asked people's permission before offering support. Relatives told us they had been consulted and involved.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We saw people were treated with dignity and respect. The registered manager ensured people's human rights, life-style choices, religious and cultural diversity were upheld.
- Staff spoke to people politely and with patience, allowing them time to respond and had formed positive relationships with people and knew them well
- There was lots of laughter and friendly chatter going on and people were assisted in an unrushed manner that promoted their dignity and individuality. We saw staff were kind and compassionate. Relatives commented; "The staff are lovely, they go the extra mile and they are so kind. They make it feel like a proper home rather than a business and it ranks amongst the best I have seen."

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

- People were often supported to express their views and make decisions by their families or representatives. Advocacy services were also available to support people should they want this. Advocacy services help people to access information, explore their care choices and promote their rights.
- People told us they felt comfortable talking to the registered manager and staff about their care and sharing their opinions. One person told us, "I have 24/7 care and attention here and am always asked what I want, no one ever tells me I have to do anything I do not want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's personal space and privacy. We saw them using people's preferred names and knocking on doors, asking permission to enter people's rooms.
- People were encouraged to be as independent as they could be. This was reflected in their care plans. Staff were clear about the importance of making sure people followed their preferred routines and attended to their own care where possible.
- There were appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff we spoke with understood people's needs well and it was clear those who lived at the home were supported to make day to day choices. Care plans had been reviewed regularly to ensure current information was available for the staff team.
- Staff understood the importance of person-centred care. Care records were written respectfully and included detailed information about people's preferences and lifestyles. We saw how playing a ballet on the large screen in the lounge was really appreciated and fully absorbed people's attention.
- A relative said; "From the beginning the staff have been wonderful. Going in [name] was very resistant and the registered manager managed it, they were wonderful. We were on the phone really often and the girls (carers) were great and so kind and helpful. The Home is really responsive, it's calm and comfortable and they are all really helpful."

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.

- The provider had met this standard.
- Communication assessments ensured staff understood the most effective way to support people to communicate.

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 registered manager and staff made sure people were supported to maintain and renew their important relationships with family and friends. Care plans captured personal preferences and histories and the choices and decisions that people could make for themselves.
- We saw people taking part in activities of their choice both individually and in groups. One person told us "I should have done this years ago, coming here has given me a new lease of life, there is always plenty to do and I have made some new friends."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and had a clear process for the recording and monitoring of complaints or concerns raised.
- We looked at complaints received in the last year. The registered manager promoted an open culture

where concerns were addressed at any early stage and learnt from.

- People told us they knew how to make a formal complaint. One person told us, "I know I can make a complaint if I am not satisfied but I see the manager to talk to most days so it's not really an issue."

End of life care and support

- People's end of life care and support was considered. The home worked with local GPs, district nurses and the 'hospice at home' to help make sure appropriate care was provided as a person approached the end of life. This promoted a team approach so appropriate care and treatment could be provided as a person approached the end of their life.
- The registered manager was developing links with the local hospice to help the service develop their educational programmes and give staff support. Staff were being supported to undertake additional training in this area to develop their skills and provide a resource for other staff.
- On the day of the inspection staff were supporting a person at the end of life. This was done discreetly and calmly so other people living there were not aware.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was accessible in the home and promoted a positive and open culture. They had a clear vision of the future development needs of the service and communicated this well to staff.
- A relative told us "The [registered manager] is really dedicated, their team of carers work for them and there is a great team spirit. I can talk to them anytime the door is always open"
- Staff we spoke with praised the management of the home. Comments included; "It's the best run place I have worked in." and "The registered manager and deputy are very approachable. I have good support from the team."

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 obligations in relation to the duty of candour. Relatives told us they had been kept informed of any incidents involving their relations.
- Notifications had been submitted to the appropriate agencies when required, including CQC and local authority safeguarding.

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

- The provider had quality monitoring systems to monitor the quality and effectiveness of the service being delivered.
- Audit records we looked at showed that where any issues had been identified, these had been addressed and rectified. This helped ensure the staff could learn from any incidents to avoid reoccurrence.
- The provider and registered manager were also in the process of reviewing the current auditing systems to increase the effectiveness of their oversight further.

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

- The registered manager welcomed feedback and acted when needed, for example from reviews and suggestions from people. People and relatives were given the opportunity to give their feedback on the service on an informal daily basis, at home Zoom meetings, during care reviews and using surveys.
- One relative told us; "We have had relatives meetings by zoom once or twice. For me this is a blessing as I live so far away. I would like more, we haven't had any for a while and I wouldn't want them to stop"

- Staff meetings were held which helped ensure staff were kept up to date and had opportunities to raise any issues.

Continuous learning and improving care; Working in partnership with others

- Quality monitoring systems covered a range of areas of service provision to inform practice and prompt changes. This included regular audits and checks on medication, environment, fire, maintenance and care records.
- The provider had a career development programme to support staff to progress through the organisation. Some staff were being supported to complete qualifications in health and social care.
- In response to feedback from a recent local authority audit the provider was introducing champions from the staff team to provide additional support to other staff around key areas of practice, including safeguarding, dementia and dignity.
- The registered manager attended home manager forums to share skills and experience with other care services.
- The home worked in partnership with a variety of other agencies. This included; the local authority, commissioners and health practitioners.