

Ashton Care (Bognor Regis) Limited

Ashton Manor

Inspection report

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Bognor Regis
West Sussex
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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? | Outstanding ☆ |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Ashton Manor is a residential care home which can provide personal care and accommodation to up to 22 people who have a range of needs including mental health condition, older people and people living with dementia. At the time of the inspection there were 22 people living at the home in one adapted building and the accommodation was set across three floors and access to a lift and a range of communal areas including a dining room, lounge area, and enclosed garden. The home is situated in Bognor Regis and was in close proximity to local amenities and shops which people could easily access.

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

People received an exceptionally high standard of care, from a dedicated, skilled and passionate staff team. People spoke highly of their relationships with staff and the support they received. People's strengths and abilities were recognised and valued, and staff went to great lengths to ensure people had a sense of purpose and belonging.

People received safe care and treatment. There were clear systems in place to keep people safe from harm, and staff understood their role and responsibilities when concerns arose. Risks to people were identified and measures were put in place to reduce risks to people. People were supported to receive their medicines as prescribed. The provider ensured the environment was maintained and fit for purpose.

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 enjoyed the food provided and were given choices to meet their preferences. Staff told us they felt supported in their role and received training to maintain their skills and knowledge. Professionals told us people were supported to maintain their health and wellbeing and staff worked well with others involved in meetings people's needs.

People had opportunities to engage in a range of activities both inside and outside of the home. People had access to a minibus to access the local and wider community and people could join in with a range of planned events and outings. People told us they knew who they could speak to if they were concerned and that they would be listened to.

The service was well-led, and the registered manager and provider were committed to ensuring people received high quality care. The registered manager and staff worked well as a team to the benefit of people living in the home. The registered manager completed a range of audits to continually review and improve the experience of care people received.

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

Rating at last inspection

The last rating for this service was good (published 26 November 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This service was registered with us on 06/12/2018 and this was the first inspection to award a rating of this service following the change to the provider's legal entity.

Why we inspected

This was a planned inspection based on the provider's new registration date.

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 exceptionally caring.
Details are in our caring findings below.

Outstanding ☆

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

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

This inspection was carried out by one inspector.

Service and service type

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

The service had two managers registered with the CQC. 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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with

seven members of staff including the registered manager, care, domestic and activities staff and the chef. We also spoke with three visiting healthcare professionals who regularly visit the service. We reviewed three people's full care records and a range of care records for other people accessing the service. We reviewed multiple medication records and observed people's and staff engagement in communal areas of the home. We looked at a range of staff files in relation to recruitment, training and staff supervision. 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 sought feedback from the local authority, two social care professionals and one relative.

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.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with consistently told us they felt safe. One person commented, "I feel safe because I am with people and staff are friendly, supportive and fair." A relative told us, "[Family] feel [relative] is safe at the home, if anything goes wrong staff keep us well informed."
- There were clear systems in place to support staff to respond and report any concerns. This included sharing information with relevant agencies such as the local authority where appropriate to ensure people were safe. A professional told us, "Ashton Manor has been able to identify concerns quickly and addressed safety in an appropriate manner, such as request advice from social services if they have a concern regarding a resident's care and support needs".
- Staff we spoke with were clear on their roles and responsibilities to ensure people remained safe. Staff were confident any concerns they shared would be listened to and investigated where appropriate by the registered manager.
- We reviewed records which demonstrated the registered manager completed thorough investigations when concerns were shared. These included actions that had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. People had risk assessments in place which included information on steps staff should take to reduce or remove identified risks to people.
- Positive risk taking was encouraged. For example, where appropriate, people were encouraged to maintain their independence accessing the community. To manage this safely the registered manager created personal safety cards which people were encouraged to take out with them which included contact details for their home should they need to seek help.
- Environmental risks were assessed, monitored and reviewed regularly. Risk assessments included fire safety, Control of Substances Hazardous to Health, and water temperature monitoring and checks.
- In the event of an emergency, such as a fire, people had a personal emergency evacuation plan (PEEP) in place which was easily accessible.

Staffing and recruitment

- The provider sought the relevant pre-employment checks to ensure only suitable staff were recruited, which included Disclosure and Barring Service check's prior to commencing their role. This enabled the provider to check applicant's suitability for their role. However, we found one staff member's record did not contain a full employment history. The registered manager took immediate steps to address this during the inspection acted on feedback to improve the robustness of procedures.
- Staff were deployed effectively to meet people's needs. We reviewed staffing rotas which demonstrated

people had access to appropriate levels of support to meet their needs. One person commented, "There is always staff on hand to help us, there is enough staff."

- People were supported by a long-term, stable staff team and most staff had worked at the service for many years.

Using medicines safely

- People were supported to receive their medicines safely. There were clear systems in place to store, administer and dispose of medicines in line with best practice guidance.
- People received their medicines in a timely manner. Delegated staff who were appropriately trained supported people to take their medicines as prescribed.
- Where people's medicines were prescribed on an 'as required' basis such as pain relief, protocols were in place to ensure people were offered and supported to take these when needed.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. These included regular audits, use of suitable protective equipment such as disposable aprons and gloves, and promotion of hand hygiene.
- There were designated domestic staff who were responsible for maintaining different areas of the home and completing cleaning records when delegated daily, weekly and monthly tasks were complete.

Learning lessons when things go wrong

- The registered manager maintained oversight of all accidents and incidents at the home. This enabled them to identify potential patterns, themes or trends at the service and take appropriate action. Following a recent incident, a social care professional told us they were "confident that [staff] put measures in place to reduce the risks in future".
- There were regular meetings with managers from the provider's other services to share information, advice, safeguarding and best practice.

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.

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

- People's care and support assessments reflected guidance and input from other professionals involved in their support and welfare.
- Assessments explored a range of areas to establish the level of support people required to manage their day to day routines.
- People's care plans and information available to staff included effective use of best practice guidance. For example, people's needs were assessed using a range of nationally recognised assessment tools such as the Waterlow score. This assessment tool is used to estimate the risk of people developing pressure areas.

Staff support: induction, training, skills and experience

- Records of staff supervision demonstrated that not all staff received supervision within the provider's specified timeframe. However, all staff we spoke with consistently told us they felt supported in their roles and could access advice and guidance. One staff member commented, "I feel I get enough support, I will ask for supervision if its needed. I am very happy."
- Staff had access to a range of training to support them to be well equipped for their role and support them to deliver effective, high quality care and support.
- People were supported by staff who had been at the service for a number of years. However, there was a planned induction programme linked to the Care Certificate in place, if staff who were new to care were recruited in the future. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff rotas demonstrated a good skill mix of staff and senior staff and management were deployed daily. This meant people and staff could access advice and guidance from experienced staff.

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

- People spoke positively about the food on offer. Comments included, "The food is lovely, we get plenty of food", and, "I like scotch eggs, I spoke to the chef and he makes them."
- We saw the chef regularly consulted with people to ask their food preferences and people could make choices that were not on the planned menu and this was accommodated.
- We observed meal times were a relaxed and social affair. People could choose where they preferred to eat their meals which included the dining room, lounge or in their own rooms.
- People's care plans highlighted people's food preferences and included where relevant information to ensure people's nutrition was maintained.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We received consistently positive feedback staff worked well with other professionals. For example, one healthcare professional commented, "I have no concerns, staff seek advice at the right time for people."
- People's care records demonstrated that people were supported to make and maintain relevant health care appointments.
- Where advice was given by other professionals, this was clearly recorded in people's care plans for staff to encourage people to follow.

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

- People's bedrooms were personalised with their belongings such as posters, photos, and trinkets were on display.
- The registered manager told us they were exploring different options to redecorate and update one of the lounge areas. Residents meeting minutes demonstrated people had been consulted with to gain their ideas and feedback, and plans were in progress to create a games room following this feedback.
- People could access a lift to move between floors where this was required.
- The provider had an ongoing maintenance, repairs and redecoration programme for the service.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Where people were able to consent to their care and treatment, the provider used consent forms signed by people to demonstrate this. However, some people's records were not available in their files. The registered manager took immediate steps to address this and this was completed by the second day of the inspection.
- Where people had been assessed as lacking capacity to consent to their care and accommodation, records demonstrated the registered manager made relevant applications to the local authority. This ensured where people's inability to consent to their living arrangements had the potential to deprive them of their liberty, the appropriate authorisations were in place.
- Staff had a good understanding of mental capacity. Staff encouraged people to have choice in all aspects of their care and understood how to support people to make choices to have maximum freedom and control of their lives.

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 outstanding. This meant people were truly respected and valued as individuals. Ensuring people are well treated and supported; respecting equality and diversity

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

- Without exception, people told us staff were extremely caring, kind and compassionate. People's comments included, "Staff are wonderful, funny, and they help you, we're friends", and, "I will live here for the rest of my life, its lovely. Staff are applause worthy." A relative praised staffs' approach and relationship with their loved one and felt they were skilled at "treating [loved one] as a person".
- Staff were particularly skilled and creative in reflecting people's personal histories and backgrounds in the way they supported them. For example, a professional commented on a person's anxiety management plan, which saw staff engage with the person as an equal and recognised their previous professional employment history and skills. They told us, "We have agreed to get [person's name] to write some reports on the home, we hope this will help with [the person] needing to be at work. The team there are very kind and considerate and will go "over and above"."
- Staff's exceptionally caring approach with people was evident throughout the inspection. They engaged with people in ways which created a bubbly, vibrant and inclusive atmosphere. One of many examples we observed included a person playing the piano, while staff encouraged others to sing, clap and dance together. Staff were not phased when professionals visited and continued laughing and joking with people in a way that demonstrated their genuine care and affection for people they supported.
- There was a strong, visible person centred culture. Staff engaged with people in ways that encouraged them to recognise their strengths and abilities. For example, a person was very proud to share with us that staff had helped them have the confidence to sing. They said, "[Staff member] got me singing, she said I had a beautiful voice and I should sing at the garden party, I said I couldn't, and she said yes you can, and I did! I felt really important."
- The registered manager was committed to ensuring people received the highest standards of care from a highly motivated and dedicated caring team of staff, who were passionate in working with people to achieve positive outcomes. Professionals told us staff were extremely knowledgeable and skilled at working with people with mental health conditions. A professional commented, "The residents are very much cared for and they seem to be experiencing a better quality of life." This meant people received a level of care that focused on ensuring people had the right opportunities and support to live as fulfilling a life as possible.

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

- People were actively encouraged to be involved in all aspects of the care planning. For some people, where their perception of their needs differed from the support they required to keep them safe, staff were particularly skilled at managing conflict sensitively and respectfully. For example, people's care plans captured people's own perceptions of their strengths and abilities, but also provided staff with clear

guidance on the support that should be offered when this differed.

- People had regular reviews of their care and support needs and records demonstrated multi-professional reviews and meetings were held to ensure people had access to the right support. For example, where advocates were beneficial to ensure the person's views and voice were heard, this was encouraged.
- Staff were exceptionally skilled at providing care and support that respected people's decisions on how they wished to live their life and adapted their approach. For example, where people had long term needs such as addiction and substance misuse and chose not to engage with professionals, staff worked in partnership with people to put in place control measures to keep themselves and others safe.

Respecting and promoting people's privacy, dignity and independence

- People's care plans provided clear guidelines for staff to ensure the delivery of people's care respected and promoted their dignity and self-identity was embedded in all aspects of care. This included information on people's sexuality, relationships and how they liked to express themselves. For example, one person's care plan emphasised how they liked to maintain a feminine appearance, and the importance of them keeping their hair coloured. Another person's care plan recognised that it was important for the person to have a beard and wear a hat.
- A social care professional told us, "Management and carers know their residents well and support with dignity, kindness and respect, all the time promoting their identity and sense of belonging."
- Staff actively encouraged people to lead independent and autonomous lives as much as possible. A staff member spoke with pride about the work undertaken to support a person who found accessing the community anxiety provoking. They told us how they had supported the person to achieve their goal of going to a local shop independently by building up their confidence slowly and encouraging them to push themselves to take small steps to achieve this.
- Although meals were cooked and served by the home's chef, where people had the skill and ability to meet aspects of their own nutritional needs this was encouraged. People accessed the kitchen to make themselves drinks, snacks and meals and were encouraged by the chef to maintain good standards of food hygiene.
- People's privacy was fully respected. Staff were on hand to offer as little or as much support as people wished to engage with.

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

- Information in people's care plans was person centred. People's needs were assessed holistically and reflected their preferences, wishes, likes and dislikes.
- People were supported by dedicated staff who understood them and their needs well. This was echoed by professionals who commented, "[Staff] listen to [people's] needs and respond appropriately. [Staff] know their residents well and are able to support their needs", and, "I have always found all members of staff I have spoken with to have an excellent understanding of their residents care and support plans and know the residents well."
- Where people had a specific diagnosis, such as frontal lobe dementia or a mental health condition, care plans provided clear information for staff on what this was and what this meant for the person. This enabled staff to be responsive to people's needs and anticipate where people's needs may vary and what action they should take to ensure their needs were met.

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.

- Information was shared with people in a range of formats. This included display boards with information posters, guidance and photographs.
- People's care plans included information on people's communication needs and information for staff on the best way to engage with people.

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 spoke highly of the activities on offer. One person commented, "I like doing craft here with my friends." Another person told us how they had recently enjoyed a trip to the beach for fish and chips and had been to a comedy night. They said, "We went and saw Freddie Star (tribute act) last night, it made me laugh again. We had sherry too, very posh!"
- People had opportunities to engage in a range of activities in the home which included art and craft, jewellery making, and projects such as creating a mosaic table top.
- People were encouraged to access the local community independently where this was appropriate. However, people were also supported regularly by staff to go into the community for walks, shopping trips and weekly groups such as music and movement at a local centre. A relative commented, "I am happy the

(home) minibus is back, it's brilliant people can get out and about."

- A professional told us, "[staff] offer activities in the community which is very important for residents to feel they are contributing to society."
- Staff understood the importance of people maintaining important relationships. One person explained how staff supported them to use skype regularly to speak with their relative. Another person told us, "My family can come here anytime."

Improving care quality in response to complaints or concerns

- People we spoke with knew who they could share any concerns with and told us they felt staff would listen. A relative also told us they would be comfortable raising concerns if this was required.
- A social care professional told us, "If I did have any concerns then I would speak with the manager or [provider] and they would sort it out straight away with no hesitation."
- The provider had systems in place to record, respond to, follow up and close complaints. We reviewed complaints, concerns and feedback that had been raised in the last twelve months. Records demonstrated feedback had been responded to in line with the provider's policy and clearly identified steps that had been taken to address any concerns.
- The provider operated a separate complaints contact number which was held by a registered manager across all of their services. They told us this enabled people to feel at ease sharing any concerns they may have, if they did not want to approach a service directly.

End of life care and support

- Where people were happy to discuss their end of life care wishes, care plans in place captured details of how they would like their needs met. This included funeral arrangements and person details such as the music, hymns and relatives they would like involved.
- The registered manager told us their previous role at the provider's nursing home had given them a range of experiences and skills to ensure people's end of life care needs were met with compassion, sensitivity and they understood the importance of involving the right professionals at the right time.

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

- Effective leadership created a positive culture to ensure people had a purpose in life and to feel that they were contributing. Staff understood what was important for people to feel valued, and supported people to live as full a life as possible.
- The registered manager was committed to providing high quality, person centred care. Staff told us they worked well together as a team. Throughout the inspection it was clear staff and the management team shared the same values to put people at the heart of the service.
- There was an open culture and staff were confident that any issues they raised would be listened to. Staff consistently told us they felt supported by the provider and that they felt their contributions were valued. The registered manager told us staff "brought life and love" to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed regular monitoring of the service based around their regulatory requirements. This supported the service to continually review their performance and the standard of care people received. This included regular auditing of the home's health and safety, environment, medicines management, and people's care records.
- There was a clear management structure in place. Staff understood their roles and responsibilities and who they could access advice and support from. Staff knew people well, care was person-centred and focused on people's health and well-being.
- The registered manager ensured they notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- People were consulted and supported to be involved in decisions at the home such as menu planning, activity schedules and redecoration of the premises. This was encouraged through regular residents' meetings and daily interactions with the registered manager and staff.

- Staff's knowledge of mental health and specialist care and support people required enabled people to achieve good outcomes. A social care professional echoed this and told us, "[Staff] have a comprehensive knowledge of mental health, which is invaluable in a mental health/dementia residential home."
- A relative we spoke with praised the positive communication they had with staff and told us they felt fully informed and up dated on the care their loved one received.
- People were supported to live in an environment where they could come and go as they pleased where this was appropriate. People's right to privacy and autonomy was upheld and people were actively encouraged to make choices, even where staff acknowledged people's actions did not always lead people to the best possible outcomes.

Working in partnership with others

- People benefitted from partnership working with other local professionals, for example GPs, community nurses and social care professionals.
- We received consistently positive feedback from professionals that the registered manager and staff worked collaboratively with other professionals.
- Comments included, "I have [worked with] several [people] that have been placed there and been looked after very well. It is my view that the service is safe for people with a mental illness, they are looked after very well by the management and the staff", and, "[Staff] request advice from social services if they have a concern regarding a [persons] care and support needs or contact the appropriate health professional if a mental/physical health issue arises."

Continuous learning and improving care

- The registered manager embraced opportunities for continuous learning. For example, following a concern of increased incidents of verbal aggression towards staff, they completed a reflective review which identified staff were more accepting of certain behaviours as part of their caring role. The outcome of this enabled the registered manager to hold a staff meeting to reiterate the support that was available for staff and what actions they should take. We reviewed records which confirmed this.
- The provider kept up to date with new initiatives and the use of technology to improve their services. For example, senior staff had recently attended a training session to explore digital medicines management systems and were asked their views on the benefit this may have for managing people's medicines needs at the service.