brighterkind (Blair) Limited

Ashbourne Court Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service
Ashbourne Court Care Home is a care home providing personal and nursing care to up to 64 people. There were 59 people using the service when we inspected. The accommodation was arranged over three floors. The Charlton Unit provides residential and nursing care for people living with dementia. The Watermills Unit provides general nursing care and the Anton Unit provides residential care. There are no registered nurses based on this unit and people's nursing care needs are met by community healthcare services.

People's experience of using this service and what we found
Relatives and professionals described the end of life care as outstanding and expressed complete confidence in the skills of knowledge of staff in end of life care. People received person-centred care that truly recognised their individuality, exceeded expectations and achieved positive outcomes. There was a focus on providing activities which were meaningful to people and which provided enjoyment and occupation. People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

People consistently told us that staff were exceptionally kind, caring and compassionate and that they were respected by staff who valued them as a unique individual. Equality and diversity were embedded in the principles of the service. Staff demonstrated an inclusive culture and respected people's individuality and that of their colleagues.

People needs were assessed and planned for. Staff were well trained and well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. People's nutritional needs were met. The design and layout of the building met people's needs. 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. Action was being taken to ensure that best practice frameworks regarding consent were fully embedded.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Whilst there were sufficient numbers of staff available to meet people's needs, some of the feedback we received indicted that these were not always deployed effectively. The registered manager has acted to review this. Overall medicines were managed safely. The service was visibly clean throughout and no malodours were noted. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns. There were a range of robust systems in place to learn from safety events and lessons learnt were shared effectively with staff.

People benefited from a well led service and the registered manager and deputy manager had shaped a culture where people were at the heart of the service. There was a clear leadership and management structure in place which helped to ensure that staff at all levels were clear about their role and

responsibilities. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. People and their relatives were treated as partners and were actively consulted and involved on an ongoing basis about their care and wider issues within the home. Staff felt valued and were well motivated to provide the very best care to people.

Rating at last inspection
The last rating for this service was Good (November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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.

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

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 very responsive

Details are in our Responsive findings below.

Outstanding

Is the service well-led?

The service was very well-led

Details are in our Well-Led findings below.

Outstanding

Ashbourne Court Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team included a lead inspector, a second inspector, a specialist nurse advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of care service.

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

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

Notice of inspection
The inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. 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.

During the inspection we spoke with 33 people who used the service and either spoke with or received written feedback from 16 relatives. We spoke with the registered manager, deputy manager, regional manager, four registered nurses and four care workers. We also spoke with the chef and a staff member responsible for leading on activities. We reviewed the care records of 13 people. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Both during and following the inspection, we obtained feedback from nine health and social care professionals who worked closely with the home.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
- Staff assessed and planned for risks to people's health and wellbeing.
- People had risk assessments to help prevent the risk of falls, choking, weight loss, and skin damage. If people had more than three falls in a three-month period, then a specialist assessment was sought.
- There was evidence in most cases, that post falls protocols and observations were completed to monitor whether the person was experiencing any symptoms that might require a review by a healthcare professional. In some cases, it was not always possible to decipher from records exactly what checks had been made and we have recommended that the service review how and where this information is recorded.
- Care staff were well informed about people's risks and knew how to deliver their care safely.
- We observed staff undertaking moving and handling interventions safely.
- The maintenance of the environment and equipment within it were well managed.
- A full-time maintenance person was responsible for ensuring that regular checks of the premises and equipment used for people's care took place.
- Mattresses were checked daily to ensure they were set according to body weight and other risk factors. Bed rails were also checked daily to ensure they were fitted securely and did not present a risk to people.
- As part of the 'Resident of the day' process, checks were completed of the person's room including their call bell, window restrictors, electrical items and any other equipment used. Checks were also made of wheelchairs and walking aids.
- Suction machines were available and checked regularly. We did note that the parts needed to operate the machines were stored separately behind two locked doors. We recommended that this be reviewed to ensure that these machines were readily available in the event of an emergency
- Regular checks took place of the fire, water and electrical systems.
- Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.
- The service had a detailed business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

Staffing and recruitment
- Overall, there were sufficient numbers of staff, with the right skills and knowledge available to meet people's needs.
- Rotas showed that planned staffing levels were met. Gaps in the rota were filled by existing or bank staff and there had been no agency use at the home for five years. This helped to provide good continuity of care

for people.
● Staff were mostly positive about the staffing levels. Comments included, "We may be short some days, but generally it is fine" and "Now we have a hostess [to help with meals] that's been a big help, we can do care nicely and not rush".
● Feedback from people about staffing was mixed. Some people told us their requests for assistance were responded to promptly. For example, one person said, "The girls come when you press your bell, they are very good". Others felt this could improve. For example, one person told us, "The staff are very good, but like everywhere, they are short staffed. We could do with more, but I love them all".
Overall, we were confident that there were sufficient numbers of staff, but found that they had not always been deployed effectively. We were also concerned that there appeared to be a reliance upon leaving people in their wheelchairs rather than being transferred to an arm chair in between activities for example. We discussed this with the registered manager and deputy manager who in response provided revised guidance on how staff should be deployed across the units to ensure that they can provide an effective response to unforeseen events whilst meeting people's needs and supervising the communal areas. Staff have also been reminded that wheelchairs are only to be used for transporting people or if this is the person's preferred choice.
● Staff were recruited safely, and appropriate checks were completed.

Using medicines safely
● People were happy with the way in which their medicines were managed. For example, one person said, "Yes I get mine [medicines] on time and I can ask for something extra if I'm not feeling well. I did ask this morning…I feel better now".
● Medicines were stored securely in individual cabinets in people's rooms and only administered by staff that had been appropriately trained and assessed as competent to do this.
● We checked a sample of medicine administration records (MARs) and found that these were fully completed with no gaps or omissions.
● We did however, identify one medicines administration error which had not been picked up by the service. One person's injectable medicine had not been administered by the correct route. The service acted swiftly to address this with the person, staff and healthcare professionals. Additional training was undertaken by staff and learning points were taken on board for both the home and the prescriber to avoid similar incidents happening in the future.
● We observed a medicine round. This was managed in a person-centred manner.
● The use of homely remedies was well managed. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds.
● Two people were receiving oxygen therapy. This was stored correctly, and relevant risk assessments were in place.

Preventing and controlling infection
● The service was visibly clean throughout and no malodours were noted.
● Staff were observed to follow infection control procedures to ensure that people were protected against the risk of infection.
● Staff used a laundry chute to minimise the transport of soiled items through the home. This allowed soiled laundry to arrive in the 'soiled' area of the laundry and be placed directly into the washing machines. The laundry had separate in and out doors to minimise cross contamination.
● People told us their rooms were kept clean and tidy and this was confirmed by relatives. For example, comments included, "The standard of care and cleanliness is beyond reproach" and "The building itself is very welcoming, clean, tidy and well appointed".
● The kitchen was noted to be clean and relevant food safety records were completed in full. The local

council's environmental health inspectors had assessed the hygiene standards in the kitchen to be good or very good.

Systems and processes to safeguard people from the risk of abuse

● Each person told us they felt safe living at Ashbourne Court.

● Relatives told us staff had developed trusting and positive relationships both with them and their family members which helped to provide assurances about safety. For example, one relative said, "It is a great relief to know that [Person] is safe & being well looked after" and another said, "I wanted somewhere that I felt was safe, comfortable but most importantly caring, supportive and flexible so that my [family member] would be happy there. I saw straight away that Ashbourne met these requirements"

● The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

● Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and spoke passionately about not tolerating poor care.

● Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.

Learning lessons when things go wrong

● There were a range of systems in place to learn from safety events.

● The provider used a web-based incident and accident reporting system to report and monitor a comprehensive range of safety related events and near misses. This included infections, deaths, medicines errors and skin damage. Reports were produced to help identify any themes or trends in type or frequency of incidents.

● Post falls huddles were being completed to identify the potential cause of falls and help prevent this from happening again.

● There was evidence of a range of other remedial actions being taken in response to incidents and accidents, for example, one person was noted to have lost 3kg's of weight in one month. As a result they were referred to their GP and placed on weekly weight monitoring.

● Lessons learnt were shared with staff through supervisions, staff meetings and at the daily head of department and clinical governance meetings. One staff member said, "They tell us about mistakes and how not to do it in the future".

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good:People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● There was, overall, evidence that staff understood the importance of seeking people's consent, supporting them in the least restrictive way possible and to upholding their right to be involved in decisions. For example, one person's care plan described their decision to eat foods that might adversely affect the management of their diabetes. The person's capacity to consent to this had been explored and documented and then respected. The relative of a second person told us, "When my mum first arrived, she was unsettled and asked to leave. I was most impressed by how quickly the staff raised a DOLS request and tackled the issue of mental capacity. Mum has now settled and the DOLS is no longer required".
● In some cases, where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided. For example, the use of covert medicines (Giving medicines to people without their knowledge) was taking place in the context of existing legal and good practice frameworks including the MCA.
● Staff understood that people might have fluctuating capacity. For example, although one person had been assessed as requiring covert medicines, staff still tried to offer this to them overtly first and seek their involvement and consent to this. A staff member told us, "We always treat people as if they can make decisions, if they can't we have to help them or we can make decisions in their best interests".
● Consultations with relevant people had and continued to be undertaken to assist in reaching a shared

decision about what was in the person's best interests.
● However, there were some areas where best practice frameworks needed to be further embedded. In some cases, consent forms had not been signed by the person, but by a third party without it being evident that the person lacked capacity to give consent or that the third party had legal authority to sign on their behalf.
● Some of the mental capacity assessments contained conflicting information or did not cover all of the relevant areas. We discussed this with the registered manager who immediately developed an action plan to address the areas where best practice frameworks regarding consent could be further embedded.
● Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for. One person had two conditions attached to their DoLS authorisation which staff were able to demonstrate were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People and their relatives consistently told us the service provided effective care and that they would recommend the home to others. For example, one person told us when asked what the home did well, "Everything. This place is excellent and come from the bottom of my heart". one relative said, "I would not hesitate to, and do, recommend the home to others. In fact, we were recommended the home to ourselves and are so grateful we were". Another relative told us how prior to their family members admission to the home, they had had 22 admissions to hospital, a number of falls and infections, but that since their admission to the home a year ago, there had been just one fall which had been really well managed. They told us, "[Family member] is putting on weight, back to fighting fit. They suffer with their legs, but they keep it under control, they bathe them cream them, the consistency is there, we have just had the perfect year… it's a wonderful place".
● People had care plans which covered a range of needs, including, communication, mobility, nutrition, personal care, continence, and sleeping care plans. Whilst the care plans were detailed, and outcome focussed, they did not consistently reflect the person-centred knowledge demonstrated by the staff team and this is an area which could be developed further.
● Care plans for people with diabetes reflected how to respond to residents who showed symptoms of low or high blood glucose levels and catheter care was provided in line with guidance issued by the National institute for Health and Care Excellence (NICE).
● The service worked in partnership with other organisations and ensured that staff were trained to follow best practice guidance. For example, staff worked effectively with the local tissue viability service to ensure the effective management of wounds. This was confirmed by a community healthcare professional who told us how one person's skin integrity had "Really improved". They went on to say, "There are no problems with skin integrity here".
● Nationally recognised tools were being used to assess people's risk of skin deterioration or poor nutrition. Weight loss was audited weekly and actions taken in response.
● Pain assessment tools were used to help staff interpret changes that could indicate undertreated pain in people living with cognitive impairment.
● Staff used national initiatives designed to support homes to recognise, using clinical observations, that a resident may be deteriorating and to support staff escalating any concerns quickly to health care professionals.
● Care plans contained a range of 'How to' guides which described a best practice approach to a range of care tasks. This served as an accessible resource to all staff.
● Action was being taken to update all nutrition care plans in line with the International Dysphagia Diet Standardised Initiative (IDDSI). This is an international standardised framework that consists of a continuum of levels from 0 -7 and includes texture descriptors and testing methods for both drink thickness and food texture levels.

● The leadership team had contributed to the development of best practice in end of life care. They had been part of a quality improvement project along with NHS England, Hampshire Hospitals Foundation Trust and West Hampshire Clinical Commissioning Group aimed at increasing confidence and expertise within the staff. A healthcare professional told us that the learning from this project had resulted in improved outcomes for people using the service which included, expediating smooth discharges to the care home from hospital, weekly clinical reviews and prevention of readmissions to hospital as people deteriorated.

Staff support: induction, training, skills and experience

● People received effective care from well trained and well supported staff who had the necessary skills and knowledge to perform their roles and meet their responsibilities. One person told us, "I don't know if they are trained or not, but they can certainly do what they need to well".

● New staff received a suitable induction which included some essential training and an opportunity to shadow more experienced staff. A member of staff told us that during their induction, everyone was supportive and really helped them. They said, "I don't think there has been a bad moment".

● Staff completed a range of training. Some of this was deemed mandatory by the provider. This included health and safety, infection control, fire safety, nutrition, safeguarding, moving and handling, information governance and the MCA. This was mostly refreshed on an annual basis and the completion rates were generally good.

● The provider also offered additional training to staff in areas relevant to the needs of people using the service such as equality and diversity, positive behaviour support, dementia awareness and falls management. The completion rates for this training were more variable but the registered manager provided assurances that addition sessions were being organised over coming months to address this.

● The registered nurses were able to undertake training in a range of clinical skills such as tissue viability, venepuncture, verification of death and catheterisation. Again, completion rates for this were variable, but feedback from healthcare professionals about the clinical skills of staff was very positive and, in many cases, had been supported through the completion of informal or non-accredited training.

● Clinical governance meetings were held and used to reflect upon the effectiveness of clinical care.

● Staff were positive about the training provided. Comments included, "I have had all the training I need" and "They do training well, they will cover your shifts, you can ask for more training in supervision to make you better".

● Records showed that most staff had received regular supervision and an appraisal.

● All staff felt well supported and able to seek additional advice from the leadership team at any time. For example, one staff member said "It is really nice to work here; the manager always supports us, and we can ring them anytime. The unit managers are helpful. We know we can support each other. We do not use agency nurses and we have regular training and development. We have one to one supervision monthly and group supervision where we can discuss issues and update ourselves".

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

● People were supported to eat and drink sufficient amounts to maintain a balanced diet.

● Upon admission a food passport was completed which described the person's food preferences and any dietary requirements.

● Drinks and fresh fruit were readily available throughout the day and we observed people being offered supplements where weight loss was a concern. A relative told us, "[Family member] can't help herself to drinks, but there's a drinks chart in her room and I can see she has plenty to drink".

● To help encourage good hydration and to ensure that food and drink was presented in an attractive manner, morning coffee was offered in china cups and saucers unless safety concerns meant this was not possible.

● The meals were provided by an external contractor. We observed the lunch time meal during our

inspection. The menu included three main course options, one of which was vegetarian. Tables were laid with menus, clean cloths and were set with matching cutlery, glasses, condiments and flowers.
● Adapted cutlery was made available for some, although not all the people who may have benefitted from this and on Charlton Unit some people were observed to be struggling to eat as they had only been provided with a fork. We recommend that people's individual needs for adapted cutlery are reviewed.
● The food looked and smelled appetising and there was a quiet atmosphere. Each person we asked told us they had enjoyed their lunch.
● Where people needed modified diets, these were presented in an attractive manner with each item individually pureed so that the person might still experience the taste of each food.
● Assistance with eating and drinking was provided in a discreet and empathic manner.
● Some people chose to eat in their rooms. Where this was the case, special attention had been taken to ensure that their meals were well presented. Staff were observed to support people eating in their rooms in a person centred and safe manner, following the guidance in their nutrition plans.
● We did note, however, that one person's meal was not fully in line with their prescribed dietary needs. We brought this to the attention of the registered manager who undertook a thorough review and investigation to ensure that lessons were learnt and communicated with all staff to help prevent any further occurrences of a similar nature.
● Most people commented positively about the food in the home. One person said, "The food is very good, and always lots to choose from".

Adapting service, design, decoration to meet people's needs
● The service was generally in good condition throughout and there was an ongoing programme of maintenance and decoration. For example, the kitchenettes on two of the floors were being refurbished and there were plans to replace the carpets in the corridors and lounges and to replace the arm chairs in all lounges.
● The layout of the service met people's needs. Bedrooms were spacious, and each had its own ensuite shower room. The corridors were light and provided plenty of room for people to walk freely or to be assisted by staff.
● On Charlton unit appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas.
The corridor had areas of informal seating enabling people who liked to walk to rest for a while. ● The corridors were divided into small sections, each having their own theme. The themes included, sport, music and the cinema. There was also a nautical area. Each area had items such as musical instruments and sports equipment, all of which could be used as talking points for reminiscing.
● Facilities included a pleasant hairdressing salon. We observed one person, walking with the hairdresser, they told us, "I love having my hair done here. I go upstairs and its lovely having the freedom to do it".
● People were encouraged to personalise their rooms. We met one family who had been encouraged to do this prior to their family member moving in, they told us it was "Fantastic to have his things here and make him feel at home".
● There were some outdoor spaces. These included a patio area and a decking area. Plans were in place to develop a path through to a newly built summer house.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked effectively with people, their relatives and other professionals to ensure that people received consistent, timely, coordinated, person-centred care and support when they were first admitted to the home. For example, a social care professional who told us, "They are always very thorough in their pre-admission assessments including contact's with other professionals prior to making final offers for respite or permanent placements".

● A relative spoke positively about how staff had made the transition to Ashbourne Court as seamless as possible. They told us, "This has been a major change in her life and the team at Ashbourne Court have been excellent in managing this transition, providing sympathetic support and care. The professionalism shown by the whole team has made a difficult circumstance much easier than it could be. I have been impressed by Ashbourne Court in all areas and am confident that they are able to provide the care my mother needs to get the most from life going forward".

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

● Staff had developed good relationships with six local GP practices who visited the home on request but also to undertake annual reviews of people living with dementia. Feedback from these surgeries indicated that staff promptly identified issues that could affect people's health and wellbeing and sought appropriate advice and showed a good understanding of the urgency of the medical review required.

● Records showed that people were also referred to a range of other community health care services when necessary. This included, tissue viability nurses, speech and language therapists and community mental health teams.

● Opticians visited, and during our visit, one person was receiving a visit from a dentist for treatment.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People consistently told us that staff were exceptionally kind, caring and compassionate and that they were respected by staff who valued them as a unique individual.
- People's comments included, "I love it here and I'm very happy, the staff are lovely", "Nothing is too much trouble for the staff" and "The best thing is the friendships I have made". One person told us, "We are all friends, I think of them all that way… they're wonderful, they really do care here".
- Relatives told us staff provided care and support that was compassionate and person-centred. Their comments included, "All the staff are amazing they are so kind caring", "[Person] now sees this place as home which is very satisfying…. The kindness from [Registered manager] down to the cleaners is great, everyone has a smile and [Family member] responds to this". Another relative told us, "I have been very impressed with the kindness, sensitivity, friendliness and professionalism of the management & staff".
- The service had received numerous compliments thanking and praising staff for their caring and person-centred approach.
- We observed that all staff demonstrated empathy for people, smiled at them, said hello when passing or stopped for a chat which people readily responded to. One staff member was seen sitting with a person, stroking their cheek and hair which seemed to be a comfort to the person. Another person had been unwell in the morning but was later feeling better and had come to the lounge. We heard several staff asking them how they were feeling.
- We saw a registered nurse who had been on leave enter one of the lounges, they went around greeting each person by name, gently using touch to convey their regard or shaking their hand. They told one person how lovely their hair looked. People responded positively to this.
- The registered manager was committed to employing staff who demonstrated the ability to be compassionate, caring and person-centred. To assist with this, prospective staff were invited to spend some time with people so that the leadership team could see how they interacted with people. The registered manager told us, "We are watching to see when they interact whether it is from the heart".
- Equality and diversity were embedded in the principles of the service. Staff demonstrated an inclusive culture and respected people's individuality and that of their colleagues.
- The service provided opportunities for staff to reflect upon how they might best meet the needs of the lesbian, gay, bisexual and transgender [LGBT] community living within the home. For example, the registered manager had used material produced by a national organisation to stimulate discussion around this area during staff meetings.

● People were supported to follow their faith and beliefs. One person showed us their bible, saying that they had the opportunity to attend communion within the home on a regular basis.

Supporting people to express their views and be involved in making decisions about their care
● Where people could make decisions about their care, they were encouraged to do so, and this helped them to feel that they had control over their lives. For example, one person told us, "Yes this morning, I didn't want to go down to the lounge and they understood that and let me rest". A staff member told us, "You don't just put clothes on them, we give them options, ask which colour would you like today".
● People were encouraged to direct how they spent their time. For example, an activity coordinator told us, "The whole ethos here is about what they want to do. Every Monday we do a 'Welcome to the week' discussion, we go through the weekly planner. See what they want to do, which is usually more sport. I enjoy the learning, these people have the best sense of humour, they have views, it's coming together".
● At lunchtime, staff spoke with people to offer a choice of fruit juices, choices of meals, sauces and desserts. Where people were less able to communicate their food choices, staff used a variety of methods to support this, using both the menu as reference and showing people items such as juice cartons.
● When providing choices about dessert, one person was unable to express their choice from the options given. The staff member chose a combination of the choices so that the person could enjoy a smaller amount of both options.
● Staff ensured that people were able to access advice, support and advocacy.
● Visitors and relatives told us they felt welcomed at the service and were supported by staff and the management team. For example, one relative said, "The staff are all lovely and kind to [family member] and helpful to me and always give me help, advice and support and give me comfort that if they are at all concerned about him that they give me a call. And visa-versa if I have any concerns re him". Another relative said, "Myself and my husband visit every day and feel part of the large family that is Ashbourne Court".
● Relatives and friends could visit without restrictions, share a meal with their family members and were encouraged to be fully involved in their family members care and take part in the monthly care reviews that took place. One family member told us, "We get involved, my brother and I are doing the summer BBQ as we want to put something back".

Respecting and promoting people's privacy, dignity and independence
● People and their relatives told us staff always treated people with respect and dignity.
It was evident that staff took great care to ensure that people felt good about themselves. Each person was nicely dressed with their hair well-groomed and their nails clean for example.
● Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people covered when delivering personal care. We observed staff seeking people's permission to enter their room to perform maintenance jobs.
● Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
● Staff understood the importance of supporting people to maintain their independence and this was supported by effective care planning. One staff member told us, "instead of just doing it for them, if they manage we just assist, if they are struggling, you would help". A relative spoke of this saying, "The residents are well motivated, cared for and are encouraged to be independent however with a keen eye over them for safety purposes".

Outstanding ☆

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● The service worked closely with a range of healthcare professionals to provide outstanding end of life care. This helped to ensure that people had a comfortable and dignified death.

● The local hospice commissioned two beds at the home and the local Clinical Commissioning Group a third bed specifically for end of life care.

● A representative from the hospice spoke of the willingness and flexibility of the leadership team to provide a rapid response to requests for new admissions in order to prevent people dying in hospital or other less appropriate settings. There was evidence that staff went the extra mile to try to facilitate this. For example, a person was admitted by the management team even though funding for the placement had not been agreed. Whilst this was later agreed, the registered manager told us that their priority was people's comfort and care. In another example, staff worked hard to try and arrange the admission of a person with a rare form of terminal illness which required significant input from the registered nursing team. Many other services had declined to take this person, but the team at Ashbourne Court were willing to facilitate this despite the demands this would make on their registered nursing team.

● A palliative care specialist expressed to us their complete confidence in the skills of knowledge of staff in end of life care. They told us, "I shadow shifts and support 1-1 training in end of life care practices, their care is fantastic… and people have a good end of life".

● Staff provided support for the relatives of people who were dying which included access to a family room where they could stay close by. One family member told us, how staff had helped them to understand how best to talk to their family member about their death and dying which had been really helpful.

● The family of a person who had recently passed away at the service told us, "The staff have been brilliant, they went out of their way to make sure my mum had everything she wanted and needed in her last days, even her favourite biscuits. I want you to know how kind they all have been and helped us all". Other comments included, "They are fantastic and couldn't do enough for [Family member], especially in relation to her personal care and when assisting her they didn't make her feel embarrassed or uncomfortable…. All decisions were discussed with us including going to hospital and we were glad when they agreed that mum didn't need to go to hospital but would stay here until she died".

● Many of the compliments received by the service related to the quality and tenderness of the end of life care provided. For example, one read, 'The care staff are wonderful, compassionate, courteous and so kind, not only to [Person] but the whole family…. The trained nursing staff always made time to communicate a changing situation and were efficient in organising extra medical input when required. Sadly [Person] passed away this month, but during her time there we felt lucky to have found such a lovely place for her to

be well cared for'.
● Another relative had written, 'My [family member] was in Ashbourne Court for 6 months until he passed away…. The care he received was outstanding, the support and care we as a family received was also outstanding. It is a struggle to put into words how amazing the staff are. The biggest compliment I can give them is I consider them close family friends rather than staff doing a job'.
● ReSPECT forms were used to help people explore and record their wishes about their clinical care at the end of their life. These forms recorded personalised recommendations for the person's clinical care in a future emergency in which they are unable to make or express choices. These included instructions about whether the person wanted to be resuscitated. In one example, the form had been used to help a person document their decisions about their end of life care, this had allowed them to prioritise their wish to have their comfort maintained with non-invasive, life sustaining, treatment. A second person who had been living with a life limiting for some time was supported to express and record their wish not to be readmitted back in to hospital for any treatment or surgery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People and their relatives told us that staff provided person-centred care that truly recognised people's individuality, exceeded expectations and achieved positive outcomes. For example, one relative told us, "Every aspect of [family members] care at Ashbourne is exceptional. Consequently, [Person's] quality of life has improved beyond measure both mentally and physically and he is back to being his old cheerful self". Another relative told us their family member had had "A year of marvellous care, everyone is so lovely, nothing is too much trouble".
● Feedback from health and social care professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care. For example, one health care professional told us, "There is a reason why we commission the beds [Ashbourne Court], they are good, the feedback about them is amazing, I think they are excellent, we would not send end of life people here if they were not getting outstanding care.
● Staff in all roles were highly motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing. For example, one staff member told us, how they had brought their dog in for one person who was dying. They had been really sleepy but when they saw the dog, the person had smiled and stroked the dog. The staff member told us, "It was a bit of a teary moment, but to be a part of that is amazing".
● At lunch time, staff were consistently attentive and recognised when people needed additional assistance and provided this in a discreet manner.
● Staff had a comprehensive knowledge of people's needs and preferences and were able to speak with us at length about these.
● Daily records were kept of the support people had received. Where additional monitoring arrangements were in place such as food and fluid charts or repositioning charts, these were fully completed and demonstrated that staff were taking action to prevent a decline in people's health and wellbeing.
● The feedback from people and their relatives consistently demonstrated that staff were skilled in recognising if people were becoming unwell and promptly sought medical advice. For example, staff had recognised that one person was experiencing side effects from one of their medicines. They sought a review of this following which the medicine was altered, and the person's behaviour stabilised contributed to them having a better quality of life. A family member told us, "When mum felt unwell, staff were quick to arrange a GP visit".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The service currently employed two dedicated staff to provide activities and were recruiting for a third staff member to lead this team. The activity staff were very passionate about their role and demonstrated a desire to tailor activities to people's individual preferences. For example, one staff member told us, "We are about living life even though they are in care homes, they can learn new things. It's about having something to look forward. One resident is teaching me to knit, I have learnt from them".

● Some of the planned activities for June 2019 included quizzes, crafts for calmness, slipper soccer followed by meditation and baking. People could also take part in knitting and gardening groups. Each morning there was a discussion on current affairs using the days newspapers.

● The activities team also spent time visiting people cared for in their rooms to provide one to one time. A member of staff told us, "We have a few residents who chose not to come to the activities, so we take things to them. We have a beauty therapist who comes in and does [person's] nails, she enjoys it and looks forward to it".

● People had boxes in their room which contained objects which could be used by staff to stimulate discussion about their known interests. For example, one person used to enjoy playing golf. Their box contained trophies they had won playing golf. We were told how talking about these made the person 'So happy with big smiles'. Staff ensured that other items meaningful to people were made available. For example, staff ensured one person had a tray of gin and tonic and that another person's store of their favourite sweets were replenished when their family were away as the person enjoyed this so much. Staff also ensured that people's preferred foods or objects were brought in as prizes for games so that should they win, they were getting a prize meaningful to them.

● A range of external entertainers provided musical entertainment and shops visited allowing people to be measured for and purchase new shoes for example.

● Yoga classes were provided both for people able to stand but also those who wished or needed to remain seated and some staff members had been trained to deliver gentle exercise.

● A local heritage group also visited to run reminiscence sessions at the home.

● Some activities were arranged in the community including trips out the local garden centres and other places of interest. We were told how one person who had been struggling to settle in the home, had joined in a trip to a local museum. When they returned to the home, the person had cried with happiness, telling staff they had just had the "Best day and not laughed so much ever".

● There was a focus on providing activities which were meaningful to people. For example, staff had developed a 'Wishing well' programme to enable people to express a wish to try something new or undertake a particular activity they enjoyed. We were told about examples which had had a positive impact on the people concerned, for example, one person had expressed a wish to visit a pub in the village they had been brought up. The registered manager assisted with this trip and they were also joined by people the person had known in their childhood. The registered manager told us it had been a very positive experience for the person. Another person had wanted to visit the Caribbean which had not really been possible due to their poor health, so instead, staff had recreated the Caribbean for a day on the unit. On another occasion, the entire ground floor had enjoyed a fish and chip supper.

● The provider had recently launched a 'Magic Moment' App that had been designed to enable people, with staff support, to stay in regular touch with family members by sending video and text messages and sharing photos and stories on smartphones or tablets. One relative living abroad was able to use the App to send stories and pictures to their family member and communicate ideas for activities that the person might enjoy. When another relative went on a long holiday they used the App to stay in touch with their family member.

● People were generally positive about the activities provided. One person said, "We have fun here". Another person said, "We have animals come in sometimes, I enjoy that. I'm looking forward to yoga this afternoon".

● Relatives also told us that the activities were usually very good and helped their family members live a fulfilling life. For example, one relative said, "The activities on offer are amazing and it is good to see that

Mum has a full and varied day now". Another relative told us, "The home has been without an activities coordinator for a while, but despite this there seem to be a variety of activities on offer...there is always something going on".

Meeting people's communication needs

● People's communication needs were identified and planned for. People had a 'Communication and Information Preferences' plan. This described how the person communicated and how information might best be presented to them to help them understand this. For example, we saw that one person who was blind needed staff to read any written information to them such as meeting minutes. The plans also described whether people were able to express pain.

● This was in line with the 'Accessible Information Standard'. This framework was put in place from August 2016 and made it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given.

Improving care quality in response to complaints or concerns

● People were provided with handbooks which included information on how to raise concerns or complaints.

● People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed. For example, person said, "It's not a problem to raise concerns here". A relative said, "Yes, they [Leadership team] are open to suggestion. If we have any quibbles we go straight to the nurse's station".

● Concerns or complaints raised had been responded to appropriately and learning shared with the staff team.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as 'Good'. At this inspection this key question has improved to outstanding.

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People benefited from an exceptionally well led service and the registered manager and deputy manager had worked tirelessly to shape a culture where people really were at the heart of the service. For example, we observed the registered manager walking around the home greeting people. One person when they saw the registered manager, held out their arms and warmly greeted them. The registered manager stopped and chatted with them about their wellbeing and pain management and told them how nice it was to see them back from hospital. This was a genuine and spontaneous interaction, which clearly showed that the person knew and valued their relationship with the registered manager. Another person told us, "Yes I know [Registered manager] and the deputy, we're on first name terms. They come around to see us and ask us if everything is alright". Another person told us the registered manager "Makes it very friendly here".

● Relatives spoke of the strong person-centred approach of the leadership team. For example, one relative said, "[Registered manager] leads from the front, he always has a cheery smile. I know it is a business, but it is run in such a way that it doesn't feel like it, it's run by people who really want to be here, everything is outstanding". Another person said, "[Registered and deputy manager] are the roots, it is run properly, they are amazing chaps, they make you feel welcome, they are always around and checking, they are not hidden away".

● The leadership teams person-centred focus was also evident in all the staff team who were observed to be motivated to care for people in the best way possible. Staff were constantly seen to be smiling, positive and friendly in their approach to people. For example, non-care staff, stopped to speak with people and enjoy some light-hearted chat and laughter.

● The provider and registered manager encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to Duty of Candour and following incidents or accidents, had ensured that all relevant people were informed, and every opportunity used to support organisational learning.

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

● There was a positive energy throughout the home and the leadership team were all extremely passionate about their role and took complete ownership for the quality and safety of the care provided.

● The feedback about the registered manager and deputy manager was consistently very positive and

demonstrated that people, their relatives and health care professionals had complete faith and confidence in their ability to ensure the delivery of high-quality care.
● The registered manager is a registered nurse and is supported by a deputy manager who is also a registered mental health nurse. Both had been in post for over eight years which brought strong continuity of leadership to the home and demonstrated their commitment to the service and to driving continuous improvements and the provision of outstanding care.
● They had developed a senior leadership team who were all very competent, knowledgeable and ably supported the inspection team throughout the inspection.
● The leadership team were supported by the provider who had a range of systems in place to ensure the smooth operation of the home and to support good communication. We observed consistently effective and constructive engagement between the leadership team and staff. For example, daily meetings took place with all departments to discuss a range of issues relating to people's care and the running of the home. We observed that all staff took an active part in these daily briefings and were thanked for their contribution to the high levels of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were treated as partners and were actively consulted and involved on an ongoing basis about their care and wider issues within the home.
● Regular residents and relatives' meetings were held and very well attended. The minutes of these meetings reflected that honest and inclusive discussions were held and where ever possible, actions taken in response. A relative told us, "We're all included here, you can talk to the staff and they listen".
● People were involved in the recruitment of new staff and were able to provide feedback about their suitability for the role. One person had reflected how much they valued being part of this process as they used to work in a care home setting and felt they had useful opinions to share. The deputy manager told us of plans to appoint people as ambassadors that potential staff would meet with as part of the recruitment process.
● The food menus were changed seasonally with people's views being sought on every new menu to ensure that these reflected people's wishes.
● Annual surveys were used to seek feedback from people and their relatives about the quality of service provided. The results of these were largely positive. The common themes for improvement were the lack of car parking space and the need for areas of the home to be refurbished, which we noted there was an action plan in place to address.
● Staff were very well supported, and the registered manager worked in a collaborative and open way with the whole staff team. For example, the PIR produced by the registered manager had been developed and shared with each staff member.
● The provider encouraged an inclusive environment. Staff were referred to as 'Team members' rather than by their role and all staff told us they felt valued and that teamwork and morale were good.
● Staff meetings were held regularly during which staff could discuss matters affecting people using the service or recruitment and staffing matters. They were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles.
● Each day as part of their walkaround of the home, the registered manager spoke to staff to seek their feedback. He was observed to interact with staff in a positive manner and thank them for their contribution and hard work. This helped to ensure that staff felt valued. One staff member told us, "They are really good leaders, they do care and take their job seriously, this home matters to them, I feel they are brilliant, they are very softly spoken, talk to you nicely. They are really good, they greet you and have a smile on their face. I feel valued here, that's why I love the job".

● Staff understood, and were committed to, the values promoted by the registered manager and provider. The daily meetings were used to reflect upon a specific value and how this might practically be used to positively impact on people's care and staff practice that day.
● Additional training was undertaken by 'Champions'. 'Pacesetter' champions were responsible for promoting the provider's values within the home, helping to create a positive culture within the home. Our observations, and the feedback we received from people and their relatives, demonstrated that staff supported people in a manner that was in keeping with these values which included 'Choosing to be happy' and 'Do it from the heart'. A staff member commented positively upon how this approach impacted on the care and support provided saying, "it has changed me a lot in my approach since I know about the values, for example "Make Every Moment Matter" …. I learned to find time by stopping from whatever I am doing (it could be a show around or anything else which could be equally important for me or others) but I try to find a little moment for my residents by listening and helping them with their query".
● Champions also led on areas such as tissue viability. This enabled staff to seek prompt advice and support about pressure ulcers for example. This had minimised the number of external referrals that had been needed to the tissue viability team who told us, "[Staff] diligently follow treatment plans and liaise by email with regular updates and photographs… they have followed guidance and recommendations and achieved some excellent results in terms of tissue viability and the patient's wellbeing working in partnership".
● The registered manager understood the integral role played by effective supervision and appraisal as a tool for developing the skills and competence of staff and ensuring high-quality care. They personally completed the appraisals for the large staff team and used a specific tool to assist with identifying what mattered most to staff and how engaged they were with their role.
● The provider operated an employee of the month scheme to recognise staff for their contribution to the service. The winner was chosen by the registered manager but nominated by their colleagues based upon how well they had demonstrated the provider's values. For example, one staff member had been nominated due to 'working hard with a big smile'.
● The provider and registered manager supported and encouraged staff at all levels to develop and progress their careers through the organisation. This helped wherever possible to support good staff retention meaning that agency staff had not been required in the service for five years. The registered manager and deputy manager were also supported to continue to develop their management and leadership skills and had attended a range of internal and external training programmes to support this.
● The service was very much part of the local community. A children's nursery regularly visited the home allowing people to enjoy crafts and games alongside the children. The local coop supported the home and had for example, on Mother's Day, brought all of their unsold flowers to the home for people. The local British Legion held their meetings at the home and in return held talks for people on subjects of interest.
● The service provided placements for young people undertaking health and social care qualifications enabling them to gain practice experience of a care home environment.

Continuous learning and improving care
● The provider and registered manager were committed to the ongoing improvement of the service and to providing outstanding care.
● There was evidence of a culture of learning from concerns. For example, the provider had noted that there had been an increase in the number of reported chest infections and had sought further assurances from the registered manager about how this was being managed.
● Following significant events, detailed root cause analyses were undertaken to establish any contributing factors and identify learning.
● Governance was well embedded within the service. Each month a number of audits were undertaken to ensure that the provider and registered manager had oversight of the quality of care and support being provided. These included key areas such as the environment, tissue viability, activities and nutrition. These

audits included speaking with people and staff to seek their views and ideas about how the service might improve.

● The provider undertook a range of checks to measure the service against the fundamental standards.

● The deputy manager was undertaking training to become a dementia champion. This was being rolled out to staff, visitors and professionals to further develop Ashbourne Court as a dementia friendly community.

● Where our inspection highlighted areas where improvements could be made, the registered manager was receptive to our feedback and has already taken a range of actions to address these.

● A number of professional journals were available for staff to use for updating their clinical knowledge.

Working in partnership with others

● The service had a track record of working in partnership with others to improve people's care. These are described elsewhere in this report.

● External professionals were extremely complimentary about the working relationship they had with the registered manager and staff.

● One healthcare professional said, "They provide fantastic end of life care, what separates this home from others is openness, it's friendly and they will ask for help. If they have a concern they will pick up the phone, there is a relationship of trust".

● Another health care professional spoke of it being a "Pleasure to work with them", whilst a social care professional told us, "I have full confidence that the Ashbourne Court staff team hold, as a high priority, the health and well-being of their residents".

● To ensure that people received better joined up care when they transferred in or out of the service, the service used the 'Red Bag Scheme'. This required staff to pack a dedicated red bag that included information about the person's key needs, their medication, as well as day-of-discharge clothes and other personal items. It helped to facilitate a smoother handover of care between the care home and ambulance or hospital staff.