Bupa Care Homes

Ashley Park Nursing Home

Inspection report

The Street, West Clandon
Guildford, Surrey, GU4 7SU
Tel: 01483 331955
Website: www.bupa.co.uk/care-homes

Date of inspection visit: 17 November 2014 and 09 December 2014
Date of publication: 14/05/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on the 17 November and the 09 December 2014 and was unannounced.

Ashley Park Nursing Home provides personal and nursing care, and is registered to accommodate up to 30 people some of whom are living with dementia. The home is a large period building with accommodation arranged over three floors, set in extensive gardens overlooking woodlands.

At the time of our inspection there was no registered manager in post. We were informed by the area manager that the registered manager had left the service two days prior to the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was clean and welcoming; however we found poor standards of cleanliness in the sluice rooms on all three floors of the home. We looked at infection control audits that had been completed and found that the sluice rooms had not been included.

Staff told us they had received the training they needed to do their jobs well. We found that the home had no records of staff appraisals, one to one sessions or

Summary of findings

supervision sessions. Some staff told us they had informal supervision which was not documented, and other staff told us they had not received supervision for at least one year. This meant that the provider had not provided opportunities for staff to discuss their personal development needs.

Records we looked at showed that the provider had not provided opportunities and support for staff to discuss their personal development needs and to have these meetings recorded for audit purposes. People and their relatives had opportunities to give their views about the service they received. At the time of the inspection the provider did not have a registered manager in post, however the interim manager promoted an open and inclusive culture.

People told us they felt safe in the home because of the way staff cared for them. We observed that people were supported in a timely manner with their personal care needs. We saw that people were supported at lunch time to have their meal in a relaxed and calm manner.

We looked at the staff rota and saw there was sufficient staff with appropriate skills and experience to meet people's care needs. Staff we spoke with said they were supported by the management team, and had received the required training to enable them to do their jobs and meet people`s care needs. People were supported to maintain good health and to access healthcare professionals when required. Relatives told us they felt there was generally enough staff to meet their relative's needs.

People and their relatives told us they were included in reviews in relation to their care needs. People's reviews and risk assessments were up to date and provided information for staff about how people wanted to receive their care. We saw that people were asked for their consent; before personal care took place. We saw that people received their care how they wanted to receive it and in positive ways that met their individual preferences.

Staff knew the people they were supporting, and provided opportunities for people to make choices about how they spent their day. People were supported and encouraged to maintain their independence, and people told us the staff were caring.

People were treated with kindness and respect. We saw that during meal times in communal areas staff took the time to speak with people they were supporting. We observed positive interactions and people appeared to enjoy speaking to staff. People had a choice of meals, snacks and drinks, and could request an alternative meal if they did not want the meal that had been offered on the menu. People had been included in planning the menu and had the freedom to change their minds if they so wished.

We saw that people`s medicines were managed safely and were administered and stored in a safe and appropriate manner. Staff had received the training that they needed to administer medicines in a safe manner.

We found safe systems in place for recruiting new members of staff, and found staff had relevant documents in place for safe recruitment. We found that staff were aware of the safeguarding procedures and of their responsibility of protecting people from harm, and were confident in reporting abuse to the home manager.

We have made a recommendation about infection control and how staffs are supported to report concerns to the manager about infection control.

We have made a recommendation about staff supervision, and staff are supported to be involved in supervision and appraisals.

We have made a recommendation about further guidance and support for the management team around staff development and maintenance audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe

The provider had not ensured that infection control cleaning processes were followed through; this meant people were not fully protected against the risk of infection.

There were enough staff to meet people's needs and ensure they were safe. There were robust recruitment procedures in place.

Medicines were managed and administered safely; staff received training to administer medicines appropriately.

Staffs were aware of the homes emergency procedures and knew what to do in the event of an emergency to keep people safe.

Is the service effective?

Requires Improvement

This service was not always effective

Staff had not received supervision in a consistent manner, and sessions had not been documented.

People were supported by staff that were appropriately skilled and trained to meet their needs.

People were provided with a variety of nutritional balanced meals. They were provided with the opportunity to choose what meals were provided.

Staff and the manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

This service was caring.

People said they were well cared for, we saw that staff were caring and treated people with dignity and respect.

People`s independence was respected and promoted. Staff took the time to supported people to make every day choices and respected the decisions that they made.

Staff respected people`s privacy and dignity when providing care, and obtained people's consent before supporting them.

Is the service responsive?

Good

This service was responsive.

People received care that met their needs. People`s individual care needs had been assessed and were reviewed and monitored on a regular basis.

Summary of findings

People and their relatives were asked to complete annual questionnaires and surveys to give their opinion and views about the service.

The provider had an appropriate complaints procedure in place.

Is the service well-led?

This service was not always well led

The provider had not ensured that the infection control audit included all areas of the home was part of the quality assurance process.

Staff supervision was not part of the homes quality assurance process.

On the day of the inspection the home did not have a registered manager in place. The provider had put in place an interim manager.

People and their relatives had been asked to complete questionnaires to give their views and opinions about the service.

Requires Improvement

Ashley Park Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 17 November 2014 and 9 December 2014 and was unannounced.

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection we spoke to a health care professional from local district nurses services, to obtain their views on how the service was run. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, for example what the service does well, and any improvements they intend to make. Before the inspection we examined previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We looked at people's care records including their pre-admission assessments, care plans, and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at staff recruitment files, meeting records and documents in relation to the monitoring of the service.

We observed the care and support provided by staff in all communal areas of the home to help us understand the people's experience of living in the home. We did not use Short Observational Framework (SOFI) however we observed people throughout the day. We spoke with five people, one relative, seven members of staff, the manager, and a health care professional. We looked at five care records, three staff recruitment files and other documents and records that helped us gain an understanding of how the service was run.

The service was last inspected on 24 April 2013 and there were no concerns raised.

Requires Improvement

Is the service safe?

Our findings

People in the home were not safe because they were not protected against the risk of infection.

We found that the sluice rooms on all three floors were not maintained and kept clean. We looked at the home`s infection control audit which had been completed on a three monthly basis and found that the sluice rooms had not been included. We saw that the housekeeping staff kept the home clean and tidy but the cleaning of the sluice rooms had not been included on their schedule. Staff told us they had received infection control training, but they had not reported to the manager that the sluice rooms had not been cleaned.

Staff acknowledged that the sluice rooms were not in a condition to keep people safe from the risk of infection, and that they had not raised cleanliness as a concern with the manager. They told us "Sometimes, there is only one cleaner on duty for the whole home, and they do not do enough hours". We looked at the housekeeping rota and saw that at times there was one staff on duty. We discuss this with the manager; who acknowledged that the sluice rooms had not been cleaned. They told us the cleanliness of the sluice rooms would be included on the homes cleaning rota, and also on the homes infection control audit.

People were protected from harm by staff that had a good understanding of what they would do if they suspected abuse or if they had any concerns about the care or treatment people received. Staff told us "If I saw an incident I would report it to the manager and record what I saw". One person told us "I feel completely safe". Another said "I feel safe living here, the staff are very good". One relative told us "I go home rest assured that my family member is looked after". They told us they would speak to the manager if they needed to raise any concerns. There was information displayed in several areas of the home so that people, visitors and staff would know who to contact to raise any concerns. Staff had received up to date safeguarding training which they told us helped them to understand who to report concerns to. There were clear policies and procedures in available for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments which ensured people were kept safe. These were regularly reviewed to ensure staff were made aware of any changes in people's needs, and helped keep them safe from harm. We looked at risk assessments and action plans for people who were independent, and were able to go out into the gardens independently or go for walks in the community, and found that they had been updated on a regular basis.

People's care records included risk assessments for people who were at risk of falls, had mobility problems, and who may be at risk of developing pressure sores. Staff told us they were aware of people's risk assessments and the actions they needed to take to minimise risk and keep people safe. For example where people were at risk of pressure sores staff would regularly reposition people, and also use pressure relieving equipment. We found that there was equipment available to help keep people safe which were regularly serviced and maintained. We saw that where people needed specialist equipment such as special wheelchairs for supporting people safely, this was available and used by staff appropriately.

Our observations throughout the inspection told us that there were enough staff to meet people's needs and keep them safe. We did not observe people waiting for staff. We saw that staff attended to people's needs in different areas of the home in a timely way. We looked at the staff rota and found that there were sufficient staff on each shift to keep people safe and meet their needs. People told us that at times they had to wait for staff. One person told us "They can't be everywhere at once". Another said "Sometimes we have to wait, not all the time". Staff told us "We are short sometimes, but people's care needs are being met". The manager told us that the staffing levels were dependent on people's needs, and the home had a system in place to cover staff absence at short notice.

Staff had been recruited safely through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS) service. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. We found that staff records also had proof of identity, references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

Requires Improvement

Is the service safe?

People's medicines were appropriately managed and were administered in a safe manner. There were appropriate procedures in place for recording the administration and disposal of medicines. Medicines were kept securely in a locked room and were administered from a lockable trolley. There were systems in place to ensure that people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Only qualified nursing staff were responsible for administering medicines and they had received up to date training.

Staff knew what to do in the event of an incident or an accident, and these were recorded and investigated where necessary. There were up to date plans for responding to an emergency and any untoward events. Staffs were aware of the homes evacuation plans, and told us they knew who they were responsible for in the event of an emergency, and how to keep people safe.

We recommend that the service finds out about further advice and support for staff in relation to infection control, and reporting to the manager any concerns they have about infection control audits.

Requires Improvement

Is the service effective?

Our findings

We found that the home had no records of supervision or appraisal for staff. Some staff told us they had received informal supervision and felt that they could ask for additional training if they required it. Other staff told us that they had not received supervision for over a year, and felt they had no access to additional training. This meant that staff were not provided with the opportunity to discuss their personal learning and development needs. Staff development or clinical needs were not monitored or recorded to enable staff to access further training to enable them to meet people's needs in an effective manner. We spoke to the interim manager told us they were not able to find supervision notes for staff, but would now commence the process of ensuring that all staff received supervision.

Staff told us that had received a period of induction prior to starting work. Prior to them working alone they had undertaken training in areas such as safeguarding and manual handling. Staff told us they shadowed experienced members of staff to gain experience to enable them to do their jobs effectively. Records we looked at confirmed that staff had received training in areas such as safeguarding, food hygiene, and moving and handling, and infection control. Staff told us they had received training in dementia care to enable to have a greater understanding of how to meet the needs of people who may have dementia. We observed the staff and saw they interacted with people in a way that demonstrated they had understood the training they had received. For example we saw staff moved people who were unable to do so themselves appropriately.

Staff told us that they held daily hand over meetings at shift changes to provide them with updates about people's care needs. We saw records of these meetings. Staff told us these meetings were useful and supported them to care for people, especially if there had been any changes to their needs and welfare. They told us these meetings also provided relevant information to care for people on an on-going basis.

Staff and the manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. There were completed capacity assessments in people's care records to ensure they consented to the care and treatment they received. Where appropriate the views of people's family members were also sought. For day to day decisions we observed that staff asked people for their consent before they carried out any tasks and they explained to people what was happening and why.

There had been one application made in relation to the Deprivation of Liberty (DoLS). These safeguards protect the rights of people by ensuring that any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect people from harm. The manager knew how to make an application if needed. We saw that people were able to access any communal areas of the home when they wanted to and without restriction.

We observed that people were provided with opportunities to consent to their care. People told us they were able to make their own choices on a daily basis about how they spent their day, and make choices and decisions and be as independent as they wanted. We spoke to the manager who told us they understood their responsibility to ensure people's liberty was not restricted.

People told us that they liked the food that was provided. One person said "The food is good, there is always a good choice, staff come over to chat and to see if we enjoyed the food. There's too much of it really". We observed that people were offered pre-lunch drinks such as, beer, wine, and fruit juice. Where people did not want the meal that they had previously ordered, we saw that staff offered them an alternative. We looked at people's care records which showed their diets and nutritional needs were monitored and recorded and were up to date.

There was equipment such as plate guards available to support people to eat independently. The menu for the day was displayed outside the dining room in large pictures with easy read writing. People were asked in the morning what they would like to eat, and give choice of two main meals and alternatives such as sandwiches or omelettes. People told us someone came in the morning to ask them what they wanted to eat for lunch and supper.

Staff told us if they had any concerns relating to people's health needs they would take appropriate action to make sure people's health was maintained. When necessary people would be referred to health care professionals such

Requires Improvement

Is the service effective?

as the GP or community district nursing team. Records we looked at confirmed that people had regular access to health care professionals and had attended regular appointments in relation to their health needs.

We recommend that the service consider current guidance on supervision and appraisals for staff, based on best practice.

Good

Is the service caring?

Our findings

People spoke positively about the home, and people told us the care they received was good. People made positive comments regarding the caring aspects of the staff, and people were happy with the care they received. One person told us “The main thing is that I am looked after and the surrounding are beautiful” Another person said “Basically they are incredibly good and kind” One relative told us “yes its reasonably good”

People were supported by staff to make day to day choices about their care. For example we observed staff speaking with people and asking them what they wanted to eat and what drinks they wanted to have. At meal times staff supported people in a calm and relaxed manner, and went at people’s individual pace. We observed that staff supported people who decided to have their meals in their rooms. Staff engaged with people in conversation prior to providing care and support, and spoke with them throughout their meals.

Staff knew people well because they had read their care records and they had been caring for them for some time, which meant they knew people’s individual preference’s well. For example some people enjoyed bird and deer watching, and staff supported these people to view these animals in the garden or from their rooms. We observed that people who preferred to remain in their rooms were checked regularly by staff to ensure their care needs were met. It was clear that staff knew people well and was able to tell us about peoples preferences.

People were dressed appropriately in clean clothes and their appearance was maintained by staff. Staff told us they always made sure they knocked on people’s doors prior to entering their rooms and they closed the doors behind them. Staff told us that when they carried out personal care this was always done in a discreet manner. We observed that staff knocked on people’s doors and asked for permission to enter before they did so.

Staff supported people in kind, patient and sensitive manner. We observed a member of staff supporting someone with their hearing aid. They were kind and gentle offering warm responses. People we spoke with said the staff respected their dignity, and respected the decisions they made. One person said “I choose my own food, and my clothes. I like to stay in my room, however if I want to go anywhere, I ring my bell and someone takes me”. Another person who preferred to sometimes stay in their room told us staff were respectful and gave them privacy when they needed it. Another person said “Yes I have my room, I keep my door open, but I have privacy all the time”.

Staff we spoke with knew about people’s individual needs, and told us they had relevant information about people in their care records. Care records we looked at had peoples likes and dislikes and individual preferences were included in the assessment and review process. Staff engaged well with people, we observed that the interactions between them were positive which contributed to their well-being. We found that staff and the manager promoted a caring culture.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. One relative told us they attended regular meetings in the home and completed questions that enabled them to give their views. They told us they were involved in their family members care reviews, and staff always informed them if there were any changes to people’s health or well-being.

Good

Is the service responsive?

Our findings

There was a large activities room for people on the ground floor that was sectioned off into different areas. There was an active area where people could exercise in their wheelchairs. During the inspection the home had a pet therapy 'pat the dog' session. We observed that people enjoyed this and were entertained by the dog. There were areas for baking, cooking, and hairdressing. There was an area for crafts; people were involved in what the papers say session. The manager told us there were several people in the home that had the tabloid newspapers delivered to them at the home.

People could choose what activities they attended. Some people choose to spend some of time in their room looking at wild life through their windows. If they choose to they could go into the garden to sit and watch the wildlife outside. One person said, "I am always told about the activities, but I prefer to sometimes stay in my own room, it has a particularly stunning outlook, but I do go downstairs for lunch". Another person said, "I like to stay in my room, and go down for lunch, and if I am not feeling well I just say to the staff I'm having lunch in my room"

The provider had established good links to the community. The interim manager told us that once per month the local primary school visits to take part in various activities. For example sports day which included people and their families playing `skittles` and `who could throw the ball furthest`. The provider organised special events for people such as veterans day where people were invited to the local veterans annual tea party. Once per week a volunteer visits the home to play the piano, and there are trips to the local library. We saw photographs where the provider invited the local community to the home to take part in `Party in the park`. There were food stalls and vintage cars and activities games in the grounds of the home. We saw photographs where people attended and appeared to be happy.

We looked at care records and saw they had been reviewed and updated on a regular basis. We found that people's risk assessments were in place, and had involved their family members. We saw that people were referred to health care professionals who supported staff to meet people's needs. We spoke with the community tissue viability district nurse who told us the home provided good care and there were no concerns. People told us that their family members dealt with their care plans. One relative said, "yes, we go through it every so often. One person said, "yes I do, my daughter talks to the manager about it". People were involved in deciding what activities were provided and their views sought on what trips or activities should happen in the summer months.

We looked at care records with risk assessments for people who were able to leave the home independently. We saw that risk assessments and strategies were in place to support people who were independent. For example people had the use of mobile phones when they were out to contact the home for assistance in the event of an emergency.

Staff were knowledgeable about people`s care needs, and knew what people liked and disliked. People`s care records contained information for staff about what activities people liked and how they liked to spend their day, and what their care need were. People we spoke with told us the staff knew what they liked and disliked, and how they liked to spend their day. Staff told us they were familiar with people's preferences although they would always ask people what they wanted to do. We found that peoples care records were personalised, which meant people's care needs were met on an individual basis.

The home had a complaints policy in place, and was available and displayed where people, relatives and staff could access it. People told us they could make a complaint if they needed to and would speak to the manager if they were unhappy about anything. One person said "The trouble is I depend on my kind daughter, she deals with everything for me". The provider had formal procedures in place for dealing with complaints, which were formally recorded and dealt with in the appropriate manner.

The provider sent out annual satisfaction surveys to people and their relatives in October 2013. We saw that where people had raised concerns they were analysed and discussed at a relatives and residents meeting in March 2014. We discussed this with the manager, they said the feedback from the relative and residents meeting had been actioned and completed but had not yet been recorded on a final document.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection we were informed by the area manager that the registered manager had recently left the service. The provider had taken reasonable steps to rectify this situation. A new manager had been recruited and was waiting to commence working at the home. The provider had put in place an interim management team for the next three months to cover the period until the new manager arrived and completed their induction.

The interim manager had undertaken regular quality assurance audits of the home in areas such as infection control, staffing, medicines, equipment and health and safety to ensure that the service was providing good quality care. However we found that these quality assurance audits had not identified the issues around the lack of cleanliness in the sluice rooms and the lack of documentation and monitoring around staff supervision and appraisals. We found that staff were aware of the unclean standards found in the sluice rooms and had not reported to the manager that the sluice rooms had not been cleaned. This demonstrated that the homes internal quality assurance and clinical governance system was not effective, and staff were not aware of the potential risks that could compromise the quality of the service being provided.

The atmosphere in the home was warm and welcoming with an open and inclusive culture. Staff spoke to people in a kind and friendly way and we saw positive interactions. We saw that staff engaged with people, and took the time to speak with them and offered them choices about how they received their care. One relative told us that staff kept them up to date about any changes in the family members care needs. They said they were invited to care reviews which gave them an opportunity to give their views about the care their family members received, and they were involved in the care planning process. Staff sought their views and opinions about improving the service and how to promote good quality care. We found that people had access to health care professionals, and staff referred people who required support from their GP or the community district nurses.

People and their relatives had been asked by the provider to complete surveys and questionnaires, and to give feedback relating to the service. People told us they and their families completed the surveys. People told us that they were able to give their views and opinions about the service, and they received feedback about their opinions.

People told us they would be confident in speaking to the manager if they had any complaints and felt that their complaints about the service would be looked into and dealt with. Staff told us they felt supported by the management team, and could felt able to raise any concerns with them if needed. People and their relatives told us they knew what to do to raise any concerns and would speak to staff and the manager if they needed to do so.

We found that people had access to activities, and had access to the community. People were supported to live independent lives, in a dignified and respectful manner, and given choice as to how they would like to spend their day. We saw activities that people liked or disliked were recorded in their care records which meant staff had access to information about how people liked to be care for, which meant people's needs could be met in a personalised manner.

We recommend that the service seek support and training for the management team about staff development around supervision and appraisals, and maintenance audits around infection control.