

Bupa Care Homes (BNH) Limited

# Ashley Park Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### Care service description

Ashley Park Care Home is a care home that provides care, support and accommodation for a maximum of 30 older people some of whom are living with dementia. 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 inspection took place on the 7 November 2018. At the time of the inspection 26 people were living at the service.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We found the service had improved in the Well Led domain.

### Why the service is rated good

The service had a strong, visible person-centred culture and was exceptional at helping people to live their lives to the fullest. People, their relatives and staff told us the registered manager and all of the senior staff were caring, friendly and approachable. The registered manager and senior management took a personal interest in people and knew them well. They went above and beyond to ensure that people were supported in a way that benefitted them.

The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The registered manager was proactive with regard to how people's support could be improved.

People told us that they felt safe at the service. Staff understood what they needed to do if they suspected abuse as appropriate systems were in place. There were sufficient levels of staff to provide support to people when it was needed. The recruitment of staff was robust to ensure that only suitable staff were employed.

Staff care for people ensured that all of the risks were managed well. Equipment at the service was regularly serviced and appropriate checks were carried out. The provider had procedures in place to ensure people remained safe in an emergency. The service was clean and well maintained.

People were supported with their health needs. People were provided with health and nutritious meals and people had choices of what they wanted to eat and drink. When people were at risk of dehydration and

malnutrition this was managed well by staff. Staff received training and supervision specific to their role.

Staff treated people in a caring and dignified way. We saw that people were encouraged to be independent and staff respected people's choices around care. Staff understood the principles of the Mental Capacity Act 2005 and what they needed to do if they suspected a person lacked capacity.

People's needs had been assessed both before and after admission to the service. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. There was end of life care planning with people. People chose how they spent their time and could take part in activities if they wanted to. Staff worked well together and communicated changes to people's needs to each other.

People told us that they would speak to staff if they had any concerns. There was a complaints procedure should anyone wish to complain. We saw that complaints were investigated and responded to. Notification were sent to the CQC where appropriate.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The leadership team went above and beyond to ensure that people had the best level of care. People, relatives and staff felt that the leadership of the home was exceptional.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The registered manager strived for excellence to ensure that people lives were lived to the fullest.

There were appropriate systems in place that monitored the safety and quality of the service. Where people's views were gained these were used to improve the quality of the service.

Staff understood the ethos of the service and bought into the values demonstrated by management. People and staff thought the registered manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

# Ashley Park Care 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 was planned to check 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 site visit took place on 7 November 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we had about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the regional director, nine people, two relatives and eight members of staff. We looked at a sample of five care records of people who used the service, medicine administration records and training, supervision and four recruitment records for staff. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service.

## Is the service safe?

### Our findings

When we last inspected Ashley Park we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

People told us that they felt safe. One person told us, "They [staff] lock all the windows at night; the staff are exceptionally good." Relatives said that their family members were safe at the service. One told us, "I know she [their family member] is safe. It's because of the staff without exception. They have the resident's wellbeing at the heart of everything." Staff understood what they needed to do if they suspected any type of abuse. Staff had received training and we saw that notifications had been sent to the CQC where appropriate.

Care plans were in place to manage risks to people that contained assessments related to risks and steps staff should take. Staff were knowledgeable about the risks to people and steps they would take to ensure people's safety. One told us, "If I was worried about someone swallowing or not weight bearing I would ask for a risk assessment to be done. It would be recorded in the handover notes."

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. Where accidents and incidents occurred, staff responded appropriately to reduce further risks. One person said, "If I stand up I'm more likely to fall over. They [staff] warn me not to do it." One member of staff said of one person's mobility risk, "When she [the person] first arrived she had bed rails. These were restrictive. They [staff] removed them and replaced them with crash mats which means she's still safe, but it's nicer for her."

There were sufficient staff to ensure that people received care when they needed it. One person said, "Oh crumbs there is plenty of them [staff]." When people used their call bells staff responded in a timely way. The registered manager assessed people's needs regularly to ensure that appropriate levels of staff were on duty.

The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

The service was clean and well maintained. Staff followed good infection control procedures. One told us, "I collect the laundry. We use the red bags for soiled items and they get washed at a higher temperature."

Medicines were managed in a safe way and people told us that they received their medicines when needed. One person said, "You get to know what's to be given. You learn what pills are for." Staff were regularly competency assessed to ensure that they continued to administer medicines in a safe way.

Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs) were written to help ensure people continued to receive the care they needed in an emergency.

## Is the service effective?

### Our findings

When we last inspected Ashley Park we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed both before and after admission to the home to use as a baseline for developing people's care plans. Guidance was sought from health care professionals and incorporated into people's care plans to guide staff about the most effective ways to care for people. We saw that people were able to access the GP, dentist, optician and physiotherapist. One relative said, "The staff are very quick to ring me if there is any little change (in their family members health)."

Staff were training and supported in their role. One member of staff said, "I had induction for five days and got all of my training done." They said, "I have regular supervisions and any problems I know who I can turn to." We saw that staff were provided with regular updated training including clinical training for nursing staff. We saw that staff worked well together and provided support where needed. One member of staff said, "We are a team and we all look out for each other."

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 Safeguarding (DoLS). We saw the service continued to work within these principles. There was evidence in people's care plans that consent was obtained appropriately.

People told us that they liked the food. One person said, "The food is very good and it is nicely served." Another person said, "The lunch is lovely. There is no problem with the food here." A third said, "[Staff are] always coming with a cup of tea. Quite happy with what I have."

People were supported with their nutritional needs. We saw that people had plates guards and large-handled cutlery if they needed this. Staff had a good understanding of people's nutritional needs. The chef told us that people who were on a soft or pureed diet would be given the same choice. They said, "I usually give them [people] tasters so they can try a few." When people first moved in the chef met with them to go through their dietary needs including their likes and dislikes. Where people were nutritionally at risk staff monitored this and gained advice from health care professionals where needed.

The environment was set up to meet the needs of people. There were raised toilet seats in the bathrooms and hands rail along the corridors to assist with walking. People's rooms had pressure mattresses where necessary for people to reduce the risk of pressure sores.

# Is the service caring?

## Our findings

When we last inspected Ashley Park we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People were complimentary about the caring nature of staff. One person said, "They [staff] give tender, loving care. They are very good." Relatives were also positive about how staff were. One relative said, "The carers are saints. They provide gentle compassion."

Staff showed kindness and consideration towards the people that they cared for. We saw this in practice when we observed care being delivered by staff. We heard a member of staff speaking to one person whilst they were in their room. They were chatting away and laughing together a lot. The member of staff said, "Now, I'm going to wash your floor, is that okay with you?" The person appreciated the member of staff checking that it was okay with them. During lunch staff were tactile with people whilst encouraging them to eat. One relative told us that although their family member was not able to verbally communicate staff, "Talk to her as though she can respond which is nice."

People were involved in how they wanted their care to be provided. One person said, "I can make decisions about what I do." People told us that they were asked what time they wanted to get up and go to bed. People's past histories and hobbies were recorded in their care plans. One person was recorded as liking to read the newspaper and watching the news and we saw them doing both during the inspection.

People were supported with their independence. One person said, "They [staff] comb my hair if I want but I do it for myself." Another said, "They [staff] just come in I do the bed. I enjoy making my own bed." A third said, "I find it alright I'm independent. I call them [staff] when I want them." We saw people being encouraged to move independently whilst staff were keeping a close eye on them. People were able to personalise their rooms with things that were important to them. People had their own furnishings, ornaments and pictures.

People were treated with dignity and respect. One relative said, "Staff are always very respectful and caring towards mum." We heard one member of staff talking to a relative when they were visiting their family member. The member of staff ensured that the person was included in the conversation. We saw staff knocking on people's doors and waiting for them to respond before they entered the room. One member of staff said, "We treat people how we want to be treated. The residents come first."

People were able to practice their faith as religious ceremonies took place at the service. On Remembrance Sunday staff held a service for people to participate in. Relatives told us that they appreciated this being organised.

## Is the service responsive?

### Our findings

When we last inspected Ashley Park we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

There were detailed care records which outlined individual's care and support needs. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were recorded in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "The communication is very good. Any issues and I will get an email." We saw that there was specific guidance for people in relation to health conditions. For example, one person had a pacemaker fitted and there was a separate care plan in place so that they received the most appropriate care. One relative told us that their family member was cared for in bed and that, "She has never had a pressure sore."

We saw end of life care planning had taken place with people. In one care plan we read that a person had asked for a specific member of their church to undertake the service and that they wished for their family to be involved in their end of life care. Relatives of the bereaved had contacted the service to thank the staff at the home. One relative had written, "Thank all the staff that the care [person's name] received whilst she was with you." Another wrote, "Your whole team at the home showed her [their family member] tremendous kindness and care."

People had opportunities to participate in activities if they chose to and to pursue their interests. One person said, "We go to the garden room to do exercises, arranging flowers, pastry we do lots of things." Another said, "I have visitors and I have my books." We saw that other activities and events included the library, bonfire night, animal sanctuary visit, Holy Communion, hand massages, armchair Zumba and guitar and flute recitals.

Complaints and concerns were investigated and recorded with the actions taken. We saw that there was a complaints policy in place. People told us that if they unhappy with anything they would speak to staff. One person said, "If I'm unhappy about anything it's always sorted." Another told us, "Not unhappy with anything." We saw from recent complaints that the registered manager took action to resolve the concerns raised.

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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. At the time of the inspection the registered manager was on annual leave. Instead we were supported by the regional director and quality manager.

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything staff did. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good quality care. One relative fed back to the registered manager, "Thank you for all your efforts to make Ashley Park a better place, both materially and for those who live and work there. You are a very caring person and that was demonstrated when you visited my mother in hospital and helped to get her home." Another relative told us, "It's been excellent. I don't think she [their family member] would still be alive if it wasn't for the standard of care. I can't praise them highly enough and I am very happy I made the choice to send her here."

People and relatives were extremely complimentary about the leadership of the service. One person told us, "Every lunch he [the registered manager] comes around the table to see and ask if we are alright." One relative said, "[The registered manager] is delightful. He's instigated a really good newsletter and reinstated the regular residents and relatives meetings." Another told us, "[The registered manager] is exceptional. He has made my mother's life better. He has a charming and engaging personality."

The registered manager's and staff's focus on people achieving the best quality of life they could, continued in all areas of the service. There were examples of where the registered manager and the leadership team went above and beyond what was expected. One relative told us that their family member liked to play bridge and that two friends visited to play with their family member. They told us that, "[The registered manager] will make up the four and play with them. It's such a personal touch and she enjoys it." On another occasion it was arranged for a member of staff to support a person to their grand-daughter's wedding. Whilst on holiday in Italy the registered manager collected newspapers, local delicacies and magazines for a person at the service who was Italian. The person told us, "I like him [the registered manager]. He cares about us." A further example was where the registered manager had contacted a local authority for copies of photographs or past regimental magazines from the person's old regiment that they were part of before they retired. The registered manager said, "[Person] has dementia but we are very keen to stimulate his memory and assist him as he tells us that he has fond memories of the time with the Battalion."

The registered manager led by example and was extremely driven to provide excellent, person centred care to people. One health care professional who regularly visited the service fed back, "The leadership from [the registered manager and leadership team] allows staff to feel confident to be themselves, providing friendship and support to the residents. Care is provided at the highest level whilst allowing residents to remain active and independent where possible." One member of staff told us, "He [the registered manager] is so passionate and just wants to do good things for people."

People were involved in the running of the service. The registered manager consulted people in any changes that were taking place and took their views on board. A new lift was due to be installed at the service. However as other building work had been taking place people asked if there could be a delay to this until after Christmas. The registered manager said, "There is an overwhelming request to delay the lift installation until January 2019 and not before." As a result, the installation was delayed until the new year. There were regular resident's meetings where people could feed back any changes they wanted to see. One person told us, "He [the registered manager] asked us about the décor and what we thought. We suggest something and he does it. Instead of paint I wanted wallpaper on my wall. It made me feel valued and listened to. Made me feel my opinion was important." The person showed us their room that was newly decorated with wall paper. Another person said, "[The registered manager] speaks about what's going on and he listens to what we want."

Staff understood their role, what was expected of them, were happy in their work, were motivated and had confidence in the way the service is managed. Comments from them included, "He [the registered manager] is a good manager. He is an excellent man. He does everything for the residents. They come first, second and last", "I think he is amazing. He listens and gives time for me. He is loved by the residents and the staff. He brings a smile to their faces" and "I think he [the registered manager] is very good. Very approachable. I think he has come in and made changes for the good."

Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care to people. One member of staff was interviewed for "Older Person Day." She said, "I like my job. It made me feel valued that they noticed me. That I'm not at the end of my career. I believe it keeps me going." Another member of staff had been given an award for clinical excellence. They told us, "I am overwhelmed. So proud. They can see that I'm making a difference." A third said, "[The registered manager] has a touch of class about him. He actually came to see me on my induction and brought me my welcome pack. Such a personal approach meant a lot to me. His door is always open and he is so easy to talk to."

Staff felt valued and involved in the running of the service and they were empowered to voice their opinions. They said there was a positive ethos within the staff team. One member of staff said, "He [the registered manager] takes my opinions into account. Having a home manager where we can talk and resolve things together. I feel listened to and supported." Another member of staff said, "They [management] always ask my opinions and advice. I was involved in the new kitchen design. It made me feel that they value my opinion." One member of staff told us of being thanked, "It made me feel important. He [the registered manager] cares about us. When I have a problem, his door is open. He has time for us. He puts everything down and talks to us." Staff attended regular meetings and were invited to complete surveys each year to gain feedback.

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. The registered manager undertook care plan audits with a list of actions that we saw had been addressed. We saw that the leadership team ensured that staff had completed all of the training and they had achieved 100% compliance with all staff. There was a, "You said", "We did" notice board. People had asked for improvements to the path in the garden of the service and we saw that this had taken place. One person said, "They've made a lovely paved path right around the garden. I've gone walking on the path every now and then you can rest as there are benches." People and relatives had also mentioned that the out of hours phone was difficult to get through to. As a result, a mobile phone had been purchased which the nurse carried around with them.

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives both in and outside of the service. They worked with external organisations to help with this. The service had partnered with Community Christmas, a charity that helps to reduce isolation amongst local elderly people. The regional director said, "We know loneliness is a growing issue for elderly people at Christmas and all year round. It's great that we are in a position to support Community Christmas by opening our doors on Christmas Day to offer our elderly community somewhere they can enjoy a traditional Christmas dinner. I know our residents are looking forward to welcoming some new faces to the table on Christmas Day." We saw that the service held charity events for the McMillan cancer charity to raise funds and awareness and were also part of the membership of the National Institution for Health Research.

The PIR stated, "We would like to further develop the way we recognise a death in the home, especially for staff who would not have had the opportunity to attend the funeral by having an appropriate remembrance area so that everyone is aware if we have a resident who has passed away. The grieving process is important and gives all those in the home the opportunity to recognise and pay their respects to the person who has died." We found that this was taking place. We saw that the registered manager sent hand written letters to relatives when their family member had passed away.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns. The registered manager had also updated the CQC each quarter of plans to improve the quality of care to people. We found at this inspection that the service was meeting these actions.