

brighterkind (Blair) Limited

Ashbourne Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashbourne Court is a care home providing personal and nursing care to up to 64 people. There were 57 people using the service when we inspected. The accommodation is arranged over three floors. The Charlton Unit cares for people living with dementia and is on the top floor. The Watermills unit is on the first floor and provides nursing care. The Anton Unit, on the ground floor, provides residential care and so the people on this unit are generally more independent. There are no registered nurses based on this unit and any nursing needs are met by the community nursing team.

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

The registered manager was well respected, and staff described him as a "Good leader", "Passionate" and "Dedicated". People and their relatives continued to have faith in his ability to ensure positive outcomes for people and the social activities met people's individual needs and helped them to lead as full a life as possible. There were effective quality assurance systems in place. There continued to be a culture within the service of promoting education and learning. People, their relatives and health and social care professionals were confident staff had the right competence, knowledge and experience to provide effective care. The leadership team and nursing staff collaborated with partner organisations effectively and this helped to ensure positive outcomes for people.

There were sufficient staff deployed to meet people's needs. People and their relatives told us the service provided safe care and risks were well managed. Medicines were managed safely and people, their relatives and professionals felt the service had responded well to the infection control challenges the virus presented. 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 were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.

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

Rating at last inspection

The last rating for this service was 'Outstanding' (published August 2019).

Why we inspected

The inspection was prompted in part due to a concern about a safety related incident which had occurred within the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at continued risk of harm from this concern. The provider has undertaken a thorough investigation. This had identified a number of learning outcomes and there is an action plan in place to address these.

Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from outstanding to good. This is based on the findings at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by 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 care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

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 sought feedback from health and social care professionals. We used all of this information to plan our inspection. 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

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with ten people who used the service, the registered manager, deputy manager and the regional support manager.

We reviewed seven people's care records. The medicines administration records for 20 people, four staff files and a variety of other records relating to the management of the service were also reviewed.

After the inspection

We received feedback from 10 relatives about the care provided and spoke, or received feedback, from 23 members of staff across a variety of roles. Five health and social care professionals also provided feedback about the service. We also continued to seek clarification from the provider to validate evidence found.

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. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs.
- Throughout the inspection, staff were busy and focussed but were observed to give people the time they needed in order for their needs to be met.
- A formal tool was used to plan staffing levels, and this was reviewed monthly to ensure staffing was adjusted in line with people's changing needs and the level of occupancy of the home.
- Rotas showed that planned staffing levels were met. Only 22 hours of agency staff had been required in the home within the last six months and the permanent and bank staff filled any gaps in the rotas which helped to ensure the best possible continuity for people.
- Some people felt there were ample staff to meet their needs. Others felt that there were times when they had had to wait too long for assistance from staff. We have fed this back to the registered manager and they and their deputy will continue to review call bell response times to ensure these are satisfactory and any anomalies investigated.
- Staff mostly felt that staffing levels were satisfactory. Comments included, "I feel that we are having adequate team strength to meet all the care needs of our residents during night" and "I believe that we always have sufficient staff on duty to meet residents' care needs and to spend quality time with them to prevent any isolation".
- Overall, we were assured that the required recruitment checks had been completed. In the case of one staff member a full employment history had not been documented. We were not assured that in the case of another staff member sufficient action had been taken to obtain a reference from their previous employer. The provider has told us that this will be done moving forward.

Assessing risk, safety monitoring and management;

- People and their relatives told us the service provided safe care. One person said, "I feel safe... I am not supposed to walk unaccompanied, as I have a history of falls. I've only fallen over once here" and another said, "I feel safe, it's a very nice comfortable place to be in". A relative said, "She is definitely safe, she is always well cared for, they don't take any chances with her mobility" and another relative said, "They are safety conscious, thorough procedures".
- The systems in place to monitor and respond to weight loss were robust and there was evidence that the registered manager had oversight of this as part of their clinical and quality governance processes.
- People's risk of choking or developing skin damage had been assessed and planned for and records showed that this support was being delivered in line with the care plan.
- Mobility care plans were in place and falls risk assessments considered a wide range of factors that could increase the risk of the person falling, for example, their medicines, nutrition and cognition.

- Post falls huddles and falls diaries were used to highlight when, or why, a person might be at increased risk of falls, allowing additional checks to be put in place.
- The provider was currently investigating the installation of sensor beams as an additional measure to alert staff that a person at risk of falling had started to mobilise.
- Risks were managed in the least restrictive way possible. For example, one person had been supported to continue to smoke independently. Another person was used to taking an alcoholic drink with their meal, but there was a concern that this was increasing their risk of falls. The risk was discussed with the person and it was agreed that non-alcoholic and low alcohol versions of their preferred drink be used instead.
- People's care records were, overall, accurate and complete; however, we did note some areas where improvements could be made. Some key information was only recorded in the monthly care plan evaluations and not updated in the care plan itself. We were concerned that this could mean that staff might overlook key information about risks to people's wellbeing and the most recent decisions and instructions regarding the person's care.
- Care plans were also currently handwritten, and it was difficult at times to read these. The provider told us that there were trials of electronic records underway within the organisation and it was hoped that if successful, these could be introduced within the service within the next 12 months.
- A range of health and safety checks were taking place to ensure that the building and the equipment within it were safe to use and had been serviced and maintained regularly.
- There continued to be a business continuity plan in place which set out the arrangements for dealing with foreseeable emergencies that could affect the running of the home. There was also a COVID-19 specific outbreak plan.

Using medicines safely

- Medicines were managed safely, and people were happy with the support provided. One person told us their insulin regime had been reviewed with the GP resulting in this being reduced.
- Each person's medicines administration record (MAR) contained all the information needed to support the safe administration of their medicines. Overall, these provided assurances that people received their oral medicines as prescribed. We did note one medicines administration error. We brought this to the attention of the registered manager. An investigation has taken place and remedial measures including a reflective supervision completed to support ongoing learning.
- Medicines, including controlled medicines, were stored and disposed of safely. All of the liquid medicines had a date of opening recorded and were within their expiry date.
- There was a clear procedure and records for the administration of homely remedies.
- Pain assessment tools continued to be used regularly to help staff identify untreated or unmanaged pain in people who were not able to express this.
- The use of covert medicines was taking place in line with legal frameworks.
- The topical medicines administration records (TMARs) viewed were completed fully, but we did note that not all topical creams and lotions in use had been marked with a date of opening. This is important to ensure that the topical medicines remain effective.
- Records showed that registered nurses administering medicines had undergone an assessment of their competency to do this safely.

Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we conducted a review of infection prevention and control (IPC) measures in the home.
- People, their relatives and professionals felt the service had responded well to the infection control challenges the virus presented. One relative said, "Very good COVID precautions, ultra-cautious at the start of the pandemic...we had outdoor visits in the garden in a marquee now we can visit her room, staff all wear

masks always".

- Staff had received relevant training and they and residents were regularly tested for COVID-19.
 - Visitors were screened for symptoms such as a raised temperature, and lateral flow testing was carried out before they were allowed to enter the home.
 - The provider had recently revised its visiting arrangements in line with Government guidance and there were now systems in place to enable indoor visiting by up to five named visitors.
 - Visits were organised via an online booking system and were staggered to minimise numbers in the home at any one time. Garden and window visits were also able to be booked in advance.
 - Communal areas had been rearranged to support social distancing.
 - The building was clean and there were enhanced cleaning practices with high touch areas such as door handles and surfaces cleaned several times a day by a dedicated domestic team.
 - A new machine was being trialled which took swabs around the home showing the rate of infection on the surfaces being cleaned. A member of the domestic team told us, "This is just brilliant, because it shows us where we as cleaners need to improve".
 - Feedback about the domestic team was very positive. One staff member told us, "Yes, we have appropriate number of housekeeping staff who has been doing absolutely amazing job".
 - All staff in high risk groups such as black and minority ethnic groups (BAME) had been risk assessed, and adjustments made where necessary.
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- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident that their family members were safe from abuse. One relative said, "Fantastic safety measures, no concerns about any form of abuse".
- The staff we spoke during the inspection all had a positive attitude to reporting concerns and not tolerating poor care. For example, one staff member told us, "I believe all of our team members treat each other and the residents with kindness and respect. Since I have been here, I have not noticed any concerns in regard to this, but I would be sure to relay any concerns to [Registered manager or deputy manager] if I did come across this."
- The staff we spoke with 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

- The provider had recently introduced a new web-based incident and accident reporting system. This enabled the registered manager to have oversight of a wide range of risks within the service and to ensure that mitigating actions were being taken and any themes or recurring risks were identified allowing further

remedial actions to be taken.

- Heads of departments meetings were held weekly to reflect on any new incidents or accidents that might have occurred or safeguarding concerns or other safety related events.

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 outstanding. At this inspection this key question has deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had recently been a significant incident at the service during which a staff member had not followed the guidance and risk assessments in place when supporting a person to transfer. The provider has fully investigated this incident and identified a number of actions and areas for learning and development to ensure that incidents of this nature do not happen again. For example, unit managers had recently been issued with a set of scenarios to use as tools when talking with staff about how to identify and challenge poor practice should they witness this.
- The registered manager was a registered nurse and had been in post for many years. He was well respected, and staff described him as a "Good leader", "Passionate" and "Dedicated". One staff member said, "We are the [Registered and deputy manager] fan club, the hours they put in, they go above and beyond, they really care for what they do, it's like they're family, you can go to them with anything, they don't just listen, they act, they are the dream team, you are not made to feel stupid". Another staff member wrote, '[Registered manager] does a great job as home manager... I believe he is a very good leader and is always keen for us to improve our service wherever we can. He recognises areas for improvement and informs team members about our action plans to improve'.
- People and their relatives continued to have faith in the registered manager's ability to achieve positive outcomes for people. One person said, "I think he does a good job. He makes sure the nursing staff are doing their jobs". A relative told us, "[Registered manager] is brilliant... it's a very well organised home... a well-oiled machine" and another relative told us the registered manager was "Extremely easy to approach, I have a lot of confidence in him, he is very respectful to residents and me".
- There were effective quality assurance systems in place. Each month a number of audits were undertaken. These included detailed care plan audits, health and safety and medicines audits.
- The provider also undertook regular audits to help ensure they maintained an oversight of the quality of care and any emerging risks. Their monthly visits included speaking with a number of people using the service and members of the staff team so that they were able to assess both the quality of care and the culture within the service.
- Newly introduced, a quality assurance review took place each month which assessed the home's performance against a number of standards and resulted in a report which indicated where there were risks to non-compliance with fundamental standards allowing remedial actions to be planned.
- Clinical governance meetings and heads of department meetings took place regularly and were

opportunities for constructive engagement, clinical audit, sharing of good practice and exploring ways to innovate in order to achieve the best possible outcomes for people. These meetings also helped to ensure that departments across the home were communicating effectively with one another.

- Regional meetings were held where managers from across a number of the providers homes came together to share learning and improve practice.
- The incidence of clinical risks such as infections and wounds was monitored carefully, specialist advice sought, and any learning identified and shared with the staff team. One staff member wrote, 'We have staff meetings regularly and we discuss about the areas that we are doing well and areas that we always have room for improvement. We use staff meetings to discuss lessons learned from incidents that has happened in the home, e.g. falls and ensure that this would not happen again'.
- A basic service improvement plan was in place and whilst the registered manager had a vision for what they wanted to achieve within the service this was yet to be clearly developed into a measurable plan of action and this is a work in progress. The registered manager's vision included the development of a specialist end of life unit within the home and further developments to the home's dementia strategy to further enrich people's lives.
- There continued to be a culture within the service of promoting education and learning. Staff from across all roles were encouraged to undertake additional qualifications. For example, one staff member was undertaking a nationally recognised qualification in administration.
- Each day the staff member in charge of a unit delivered a bite sized briefing on a specific topic to the staff team to develop their skills and knowledge.
- Documentation had been developed by the deputy manager to develop the skills of staff in care planning and undertaking mental capacity assessments.
- A set of clinical skills webinars was being introduced for registered nurses and plans were in place to access training on diabetes run by the local clinical commissioning group. Training in positive behaviour support had recently been introduced and 63% of staff had completed this.
- Staff felt the training programme provided was comprehensive. One staff member told us, "If I ever felt as though I had not received enough training on a particular topic, I would liaise with [Deputy manager] to arrange another training session for me to consolidate my knowledge". One registered nurse said, "We are provided with lots of training opportunities to improve and refresh our knowledge. I have requested for some trainings recently with the management and they have organised those for me".
- People and their relatives told us that they were confident staff had the right competence, knowledge and experience to meet their needs. For example, one person told us, "The nursing staff here I can't find any fault in them". Comments from relatives included, "The staff have a good understanding of her needs". A health care professional said, "I have full confidence in the knowledge and skills of the nurses at the home, on the top two floors and the carers on the lower floor".
- As with all care services, the Ashbourne Court leadership and staff team had faced many challenges over the last 14 months since the COVID pandemic started. Despite this, we heard lots of feedback about the leadership team and staff in all roles, going the extra mile to ensure that people received the care they needed. This had included staff working long hours to cover absent colleagues and staying overnight in the home to limit the risk of transmitting the virus. Staff who had had to shield continued to work remotely to help plan activities. One relative told us, "They [Staff] have been outstanding.... Little angels" and a local healthcare professional said, "I feel that the care that the staff gave their residents at the height of the pandemic went above and beyond normal care".
- Staff spoke of the emotional impact of the COVID-19 pandemic and its impact on morale. Reflective comments were, "Throughout the pandemic, morale has definitely been fluctuating amongst staff.... We have all worked extremely hard during this time which, to some extent, has made us feel a bit burnt out" and "It has been very tough, everyone has worked their socks off".
- We did observe periods during the inspection where staff did seem more subdued and saw a small

number of interactions which were more neutral in nature. However, there remained a positivity amongst the staff team. One staff member said, "I have worked in other care homes in the past and have never felt the positivity I feel at Ashbourne in those care homes. Our team is always welcoming, and I can always see a smile on them". Another staff member said, "Ashbourne Court has always been a positive place with positive vibes to work in".

- The registered manager and provider had also taken action to try and provide additional support to staff which included wellbeing supervisions and mental health guides to equip managers with the skills needed to effectively and confidently support employee mental health at work.

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

- People told us that the care staff team all treated them with kindness, respect and viewed them as an individual. One person said, "All the staff are approachable from upstairs to downstairs. The staff are very good indeed... The staff are nice and calm, you can sit down with them and tell them if you have any grievances or anything worrying you. They have an attitude that they are there to help you". Another person told us how he had won a box of chocolates for smiling.

- Relatives continued to speak of the strong person-centred culture within the home and spoke of the home being a welcoming, homely environment which was well managed and responsive to their family member's needs. Their comments included, "Mum says they are all really nice here. I always hear positive comments from her so I am really happy she is at Ashbourne Court" and "I would recommend Ashbourne Court 10-fold... I would go there myself if I needed to, you couldn't go to a better place".

- A health care professional who had weekly contact with the home told us, "The staff are uniformly courteous and polite and full of compassion and empathy for the residents of the home. The residents are treated with dignity and respect in all circumstances".

- Relatives told us that the social activities provided met people's individual needs and helped them to lead as full a life as possible. For example, one relative told us, "In particular, I think the activities team are exceptional. They are always keeping the residents busy, making sure that those who are on isolation are seen to as often as possible, as well as creating a really pleasant atmosphere for everyone at the home". Another relative said the "Activities team are exceptional, I could not give [Person] the level of stimulation and attention the staff give him, the music they do with him is lovely, they even ran a music festival for him, he looks so happy in the pictures they sent me".

- We observed that one of the people using the service was being supported by a member of the activities team to take part in a meditation session. We spoke to them afterwards, they pointed to the staff member and said, "They make me laugh". Another person told us, "We always have a laugh and a joke" when describing the staff.

- A member of the activities team told us about how they, and the care staff, used the memory boxes in people's rooms to stimulate memories, conversation and enjoyment. They said "With [Person] it's got to be photographic...she likes looking at the photos when she was younger. For [Person], we have pictures of the house he lived in, the bike he used ride, where he used to go fishing. One guy was really into his trains, so we got model trains for him to touch". They went on to tell us about a person who when they arrived at the home had been difficult to engage with. They said, "It took months, but we got her to trust us and got her to open up and talk to us, she would come out into the lounge reluctantly take part in activities but would then enjoy them... It's very much a loving and friendly home".

- The person-centred approach was evident across staff in all roles including the domestic, kitchen and administration staff. A member of the domestic team told us how they tried to make a resident's day by chatting to them or making them laugh and took pride in the process of cleaning the home so as to make it as inviting and comfortable as possible for the residents and their families and friends.

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

characteristics

- The provider, registered manager and deputy manager actively encouraged staff to give feedback on how the service might improve. One staff member told us, "I feel valued as a [role] by the team members and the management and my opinions and concerns are always respected" and another said, "Each and every team member's viewpoint is valued". Another staff member said, "I find the best part of my job is the level of appreciation that I get from Ashbourne. I find that at Ashbourne no one is discriminated and whoever it is they are appreciated for their expertise and it is well utilised".
- Staff meetings continued to take place during which staff were encouraged to share ideas but were also provided with key updates on areas such as changes to infection control procedures and visiting arrangements.
- Due to concerns from staff about the amount of paperwork that needed to be completed, a working group led by the provider, had been set up to look at ways in which documentation within the home could be improved to avoid duplication. Representatives from the senior care team at Ashbourne were part of this.
- The provider operated an employee of the month scheme, and provided other benefits, to recognise staff for their commitment to their role and to caring for people using the service.
- Relatives told us that they were invited to be involved in their family members' care in a meaningful way. For example, one relative said, "They [Staff] are so informative over the slightest things".
- The registered manager sent weekly newsletters to relatives and social media had been used effectively to help maintain the link between people and their relatives during the periods of lockdown. It was clear that families valued being able to see their family members baking, enjoying birthday celebrations and sharing memories with staff. Video calls were being used regularly to ensure that people could see and speak with their family. Action was being taken to boost the Wi-Fi signal to ensure more reliable connectivity all over the home.
- Surveys continued to be used to seek feedback from people and their relatives about the quality of care. In a recent survey undertaken by the provider across 180 of their homes, Ashbourne Court scored its highest ever satisfaction rating from people using the service and from their relatives. Ashbourne Court was particularly recognised for the respect staff showed to people and their relatives with 98% of those taking part saying they would recommend the home to others.
- The service was an important part of, and was valued by, its local community. A pen pal initiative had been developed whereby people exchanged postcards with people in the local community and with other care homes.
- During the pandemic, a local person had made bags for staff members to use for transporting their uniforms to and from the home.
- Local shops and superstores had contributed gifts as thanks for the hard work of staff.

Working in partnership with others

- The leadership team and nursing staff collaborated with partner organisations effectively and this helped to ensure positive outcomes for people.
- External professionals continued to be very complimentary about the working relationship they had with the registered manager and staff team.
- The local clinical commissioning group commissioned four beds at the home for people with a rapidly deteriorating condition or for those with on an end of life care pathway. A representative of the organisation told us, "As we have commissioned beds within the home we are in communication with them from the commissioning side, on feedback from others when referring a client they are always prompt in reply and open about if they can meet their needs and explain why they can't".
- Staff had been trained by the local primary care network to support the roll out of the COVID-19 vaccine to the residents.
- One health care professional told us, "I have a good professional working relationship with the deputy

manager...I feel the staff always refer patients in a timely fashion and are very aware of their resident's needs. All staff I speak to are knowledgeable about wound care and tissue viability... They follow any plan of care developed or discussed.... As a nursing home they are very good at identifying need for the patients and act well as an advocate representing their needs".

- Another health professional said, "The staff managed the nursing and care needs of the patients to a high standard and were responsive to communication from the therapy team on any goals or actions required from their staff. They were approachable and friendly and helpful in assisting in therapy/care needs when asked".

- The service had recently worked in collaboration with a health and social care staff to support the 'Discharge to Assess Scheme seven days a week. This initiative was used to relieve pressure on hospital beds during the peak of the COVID-19 pandemic. It allowed people who no longer required a hospital bed, but were in need of care services, to be discharged to the home whilst their longer-term care needs were assessed and planned for.