brighterkind (Quercus) Limited

Ashurst 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?	Good

Summary of findings

Overall summary

About the service
Ashurst Park Care Home is a residential care home with nursing for 53 older people.

At the time of this inspection there were 47 people living in the service. Some people lived with dementia and had special communication needs.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person said, "The staff here are very good and all of them are kind to me." Another person smiled and pointed in the direction of their bedroom when we used signed-assisted language to ask them about their home. A relative said, "In general, we're lucky to have a good home near to us and I know mum is safe here."

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed. There were enough nurses and care staff on duty and safe recruitment practices were in place. People were supported to take medicines safely and lessons had been learned when things had gone wrong. Good standards of hygiene were maintained and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The accommodation was well maintained, people's privacy was respected and confidential information was kept private.

People were consulted about their care, given information in an accessible way and supported to pursue their hobbies and interests. Complaints were quickly resolved and people were treated with compassion at the end of their lives so they had a dignified death.

Quality checks were completed and people had been consulted about the development of the service. Good team work was promoted, regulatory requirements had been met and joint working was promoted.

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

Rating at last inspection
The service was rated good at our last inspection (published 27 January 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Good

Is the service effective?

The service was effective.

Good

Is the service caring?

The service was caring.

Good

Is the service responsive?

The service was responsive.

Good

Is the service well-led?

The service was well-led.

Good

Ashurst Park 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 as part of our regulatory functions. This inspection checked whether the registered persons were 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.

Inspection team:
The inspection was completed by an inspector and a specialist professional advisor who was a nurse.

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

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

Notice of inspection
The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used 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. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people living in the service using sign-assisted language when necessary.

We spoke with three nurses, five care staff, a senior member of care staff, two activities coordinators, the maintenance manager and the head housekeeper. We also spoke with the deputy manager, registered manager, two residential support managers and the regional manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for 10 people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "I do feel very safe here because the staff are polite and caring." A relative said, "I've no concerns about mum being safe here. I'd soon know if something wasn't right."
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management
• Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included nurses and care staff assisting people to transfer by using hoists.
• People were supported to keep their skin healthy. This included people being provided with special air mattresses that reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence by correctly using aids prescribed by community nurses. Nurses regularly checked to ensure people had not developed a urinary infection.
• A person said. "I need a lot of help these days and the staff here are good with me. I've no complaints." Another person who preferred to spend most of their time in their bedroom said, "I don't much like much company but the staff pop in to see me and so I don't feel ignored."
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The service was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. There were suitable systems for ordering, storing, administering and disposing of medicines.
• There were suitable arrangements for obtaining medicines from the pharmacist. This involved nurses

checking the medicines held in stock for each person so they could be re-ordered when necessary.
• Medicines were stored correctly in a clean and secure treatment room that was temperature-controlled. Medicines that required cool storage were kept in special refrigerators.
• Nurses and senior care staff who administered medicines had received training. We saw medicines being administered in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets on the dot every day."
• There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
• The clinical services manager regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment
• The registered manager had calculated how many nurses and care staff needed to be present given the care needs of each person. However, three relatives said that often there were not enough care staff on duty to quickly provide people with all the care they needed. One of them said, "I think the care staff can be rushed and sometimes when I use the call bell for mum it's a long wait until someone comes. They come in the end."
• We concluded there were enough nurses and care staff on duty. Records showed that planned shifts were being reliably filled. On most occasions we saw people promptly being assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. However, on the first day of the inspection we told the registered manager about the reservations some relatives had raised about the number of care staff on duty. By the second day of the inspection visit the number of care staff deployed had been increased.
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered manager could identify what assurances needed to be obtained about applicants' previous good conduct.
• References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Preventing and controlling infection
• There were suitable measures to prevent and control infection. Nurses and care staff were correctly following guidance about how to maintain good standards of hygiene. A relative said, "This place is spotless. You just can't fault the cleanliness."
• Nurses and care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.
•Audits had been completed to check suitable standards of hygiene were being maintained.

Learning lessons when things go wrong
• Accidents, near misses and other incidents were analysed so lessons could be learned and improvements made. An audit tool identified what had happened and what needed to be done to reduce the likelihood of the same thing reoccurring. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was arranging for a person to see their doctor if they appeared to have

become unsteady on their feet due to being unwell.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager and/or deputy manager met each person before they moved into the service. This was to establish the care needed and to ensure the service could meet the person's needs.
• The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of nurses and care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New nurses and care staff received introductory training before they provided people with care. Care staff had also received refresher training to keep their knowledge and skills up to date. Nurses had been supported to complete ongoing training in clinical subjects to maintain their registration with their professional body.
• Nurses and care staff knew how to care for the people in the right way. An example of this was nurses correctly applying, checking and changing specialist dressings. Another example was care staff supporting people to maintain good oral hygiene, use hearing aids correctly and put shoes and slippers on securely. A relative said, "I'm sure the nurses and care staff know what they're doing and I always find mum looking neat and clean. She's well cared for here. It's just that the staffing levels can be an issue."
• Nurses and care staff had been given training and guidance and knew how to support people if they became distressed and placed themselves and/or other people at risk of harm. An example of this was a member of care staff who reassured a person who was anxious about when their daughter would visit them. The member of care staff reminded the person they usually received visitors at the weekend.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is very good and there's more than enough of it for sure." A relative said, "I think the meals are very good and they look nice."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much some people ate and drank so they could check that enough nutrition and hydration was being taken.
• Speech and language therapists had been contacted when people were at risk of choking. Nurses and care

staff were following the advice they had been given including blending food and thickening drinks so they were easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included nurses passing on important information when a person was admitted to hospital.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see chiropodists, dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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 make 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 the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the registered manager liaising with a person's relatives when it was necessary for bed rails to be fitted to reduce the risk of the person rolling onto the floor.
• Some people had made advanced decisions about the care they wanted to receive. Others had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
• Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs
• The accommodation was designed and adapted to meet people's needs and expectations. There was a passenger lift that gave step-free access to all parts of the accommodation.
• There was enough communal space and each person occupied their own bedroom. The accommodation was well decorated, light and had a fresh atmosphere. There were signs to identify communal bathrooms and toilets and to indicate who occupied each bedroom.
• There was a safe-zone garden that was fenced so people could enjoy it without the risk of becoming lost.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Promoting people's privacy, dignity and independence

• People were positive about the care they received. A person who had special communication needs smiled and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like the staff well enough. They always seem to be in a good mood." A relative said, "I can't really fault the staff because they're genuinely kind."

• People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair. People were supported to be as independent as they wished. A person said, "The staff don't take over, they help me when I ask and leave me to it when I ask."

• People's right to privacy was respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care nurses and care staff closed the door and covered up people as much as possible.

• Communal bathrooms and toilets had working locks on the doors.

• Nurses and care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

• Private information was kept confidential. Nurses and care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Nurses and care staff went into one of their offices when discussing a person's care.

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

• People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a member of care staff showing a person two cardigans they often liked to wear so they could choose between them. A person said, "It's up to me what I do each day. There are no rules as such here. I do as I please."

• All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Nurses and care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed in consultation with each person so they accurately reflected people's changing needs and wishes.

• People received personalised care that was responsive to their needs. We saw people being supported to move about their home and being assisted to use the bathroom when they wished. Call bells were placed next to people so they were easy to use.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People had information presented to them in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.

• When necessary care staff quietly repeated explanations they had given to a person about their care. When a person had not understood what had been said care staff used other means to engage a person's interests. An example was a member of care staff who thought that a person who lived with dementia might appreciate being assisted to go to the toilet. The member of care staff discreetly pointed in the direction of a nearby toilet and asked the person if they wanted to 'freshen-up' before taking lunch. The person was pleased to be assisted to leave the lounge to use the toilet.

• Menus were written in larger print and there were also menu cards that had pictures of the meals a person could choose to have. There were signs on communal bathroom and toilet doors to help people find the right room. In addition, people had been supported to personalise the outside of their bedroom door so it was easier to identify which bedroom they occupied.

• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. The complaints procedure used graphics to explain how concerns could be raised and how they would be investigated.

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

• Care staff regularly called on people who were resting in their bedroom. They did this to make sure they were comfortable and had everything they needed.
• People had been supported to keep in touch with their families. With each person's agreement the nurses and senior care staff contacted family members to let them know about any important developments in the care being provided. The service had an internet connection and so people could use emails and other media platforms to keep in touch with their families.
• People were supported to pursue their hobbies and interests. There were 'Magic Moments' activities coordinators who invited people to enjoy small group activities. These included gentle exercises, crafts and gardening. The activities coordinators also provided people with individual support to enjoy activities such as reading the newspaper, puzzles and nail care. There were entertainers who called to the service and the opportunity to go on trips out.

Improving care quality in response to complaints or concerns
• The complaints procedure reassured people about their right to make a complaint. A relative said, "There's an open feeling in the service and I don't think they'd be defensive if I suggested something wasn't quite right."
• There was a procedure for the registered manager to follow when managing complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The regional manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
• Records showed the service had received one complaint in the 12 months preceding our inspection visit and this had quickly been resolved.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service held 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
• People and their relatives considered the service to be well run. A person said, "I think it's quite well organised as things runs smoothly on most days." A relative said, "Yes it's well run and I think the staff get on well together."
• Quality checks had been completed so people reliably received safe care and treatment to meet their needs and expectations. These checks included the provision already described in this report concerning the delivery of care, management of medicines, learning lessons from incidents and health and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been invited to comment on their experience of living in the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented including changes to the menu.
• The service subscribed to a social media platform that can be used by anyone to submit anonymous feedback of their experience of using the service. The most recent three posts on the website were all positive about the care and facilities provided in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Nurses and care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Heads of department and nurses attended a daily 'flash meeting' with the registered manager to review how the service was performing.
• Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager had established a culture in the service that emphasised the importance of providing people with person-centred care. A relative said, "I do think the residents come first here and I've never seen any unkindness. I do think on some day they need more care staff."

• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.

• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with nursing and personal care.

• The registered manager attended a registered managers' forum to share and learn from examples of best practice in the provision of residential care for older people.