

brighterkind (Quercus) Limited

Ashurst Park Care Home

Inspection report

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Tel: 01892709000

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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

This inspection took place on 10 January 2017 and was unannounced.

Ashurst Park Care Home provides nursing and personal care for up to 53 older people. At the time of our inspection, 44 people were living at the service.

There was not a registered manager in post. The service had a manager who was going through the registration process with the Care Quality commission. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident in reporting any concerns they had. People had risk assessments in place to enable staff to support them safely in any area of their lives where risk was present.

Staffing levels were adequate to meet people's current needs. There was a wide range of skilled staff working at the service which enabled people's needs to be met promptly and accurately. We saw rotas that confirmed staffing levels were consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff received induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were able to gain qualifications in care to improve their knowledge.

Medicines were stored in a locked trolley, within a locked room. Administration of medication was on time and accurate. Recording systems were completely accurate and disposal systems were in place and safe.

Staff felt well supported by the registered manager and senior team, and had regular one to one supervisions. Systems were in place to make sure that staff were able to voice concerns and feedback on the service.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. A variety of fresh food was prepared and cooked on a daily basis. Drinks and snacks were offered to people regularly. People's food and fluid intake was monitored where necessary. People had access to the healthcare they

required and medical professionals visited the service regularly and as needed.

Staff treated people with warmth, kindness, dignity and respect, and spent time getting to know them and their specific needs and wishes. The staff created a friendly and open atmosphere for people to enjoy spending time in. People told us they got on well with staff and enjoyed interacting with them.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People told us that staff talked to them about their own care and offered them choices. Relatives of people we spoke with were involved in making decisions about care, when the person themselves were not able to.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed. The service regularly conducted detailed audits across all areas of the service to enable quality to be monitored consistently.

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 was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see him when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Ashurst 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 took place on 10 January and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with six people who used the service, five relatives of people that used the service, two support workers, A maintenance staff member, two senior support workers, one nurse, the manager who was going through the process of becoming the registered manager, and the regional quality manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe living within the service. One person said, "Yes I'm safe. I have not ever had anything to worry about or feel unsafe." A relative told us, "This is a very safe home for [person's name] to live in. I am here nearly every day visiting and I have never had any concerns about the safety of the environment or the way the staff support people." All the other people we spoke with made similarly positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member told us, "I would not hesitate to report any signs of abuse, although I have never had to do so. I am aware of the procedure and would contact the local safeguarding team or the Care Quality Commission if I needed to. It's made very clear to us that we must report anything we feel is not right." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedure and we saw that they had received training in these areas. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required.

Risk assessments were formulated to cover any areas of risk that were present within a person's life. A relative of a person said, "I'm very happy that the written documents make sense and help staff to keep [person's name] safe and sound." We saw that where a risk was identified within a person's care plan, a risk assessment would follow. The assessments we saw outlined the risk, the staffing level required to manage the risk, any equipment required, and then described the appropriate actions that should be taken. Risk assessments were in place to cover areas such as moving and handling, bed rail safety, choking, skin integrity and more. The information was kept relevant and up to date and was regularly reviewed by senior staff.

We saw that fire safety equipment was regularly checked and that fire drill procedures evacuation plans were present and up to date. The service employed a maintenance person who took the lead role in ensuring that all fire safety equipment was regularly checked. We found that environmental risk assessments had taken place within the service.

Staff were recruited safely into their roles. All the staff we spoke with told us that they had to undergo a full Disclosure and Barring Service check (DBS) and have two references before they started work within the service. This was to ensure they were suitable and safe to work with people who lived at the home. The staff we spoke with confirmed that they had gone through these pre-employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. We saw that the provider was updating the DBS checks for staff to make sure that they continued to have a staff team that was suitable to work within the service.

There were enough staff within the service to meet people's needs promptly and efficiently. One person said, "Yes there are lots of staff here". A relative said, "It really very good here. You can always see that there are staff around and at hand to help people out. It's staffed very well." The manager told us, "We do not currently use any agency staff, we are able to use our own staff to cover any shifts." During our inspection we

saw that there were enough staff on shift to support people with their needs. We observed that staff were not rushed, and had time to talk to people and interact in a positive and calm manner. We saw staff rotas which showed us that shifts were being covered by a consistent amount of staff that was never lower than the minimum amount of staff needed to run the service safely, as assessed by the manager.

Medication was administered safely. We saw that the medication was stored in a locked trolley within a locked room, with temperature monitoring in place. Some medication was stored in a refrigerator as required, and controlled medication was stored in a separate locked cabinet. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by senior staff. All medication was administered by either nurses or senior nurse assistants.

Is the service effective?

Our findings

People told us the staff were well trained and were able to support them the way they needed. One person said, "I think the staff are good, they know what to do." A relative said, "I think the service here is excellent, the staff are very good at their job and very professional." Our observations confirmed that staff used their knowledge to ensure that care was delivered appropriately

Staff members all went through mandatory induction training before starting work. A staff member said, "I started with the mandatory training courses, then a few days supernumerary to the team so I could shadow and observe others. My probation period was three months." All the staff we spoke with told us they felt the training was good and enabled them to confidently carry out their roles. One staff member said, "The training is very good. We have some in house trainers so there is always someone on hand if we need to ask anything." The manager showed us a training matrix that showed all the staff had attended a variety of training, as well as scheduled training for the year ahead that staff would be taking part in.

Staff received regular supervision and told us that they felt well supported within their roles. One staff member told us, "I have supervisions with my manager on a regular basis. I can approach anyone more senior than me for help on a daily basis as well. I am well supported." We looked at supervision records that showed us subjects such as general performance, training, attitude and communication were discussed. We also saw that yearly appraisals took place to discuss each staff members progress and set targets for the future.

People told us that staff gained their consent before carrying out any care tasks. One person said, "Yes they always ask first." A relative told us, "I have no doubt that the staff always gain consent. [Person's name] would tell us if that wasn't happening and we would do something about it." During our inspection, we observed staff interacting with people and asking their permission before providing any support.

The mental capacity act (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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had received training in MCA. During our inspection we saw that a training officer was in attendance supporting and training staff about the DoLS procedure. The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for several residents. He had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People were given support to maintain a healthy and balanced diet and had choices within the food and drink they ate. One person said, "The food is very nice, I think the chef is pretty good." A relative told us,

"[Person's name] tells me if she has not liked what's on offer at lunch, and that they make up an alternative for her instead. She wouldn't be left without anything." During our inspection we saw that the service took pride in providing a quality dining experience for people. Menu options were clear for people to view and the dining area had been set out and decorated well. Drinks machines were also available for people and staff to use. We saw within team meeting minutes that staff were reminded to keep a high standard of dining experience for people, and make sure that tables were set out correctly and kept clean. People who needed it, were supported to eat and drink within their own rooms. Where required, people had their weight, and food and fluid intake monitored for health reasons.

People were supported to access health services. One person told us, "Obviously we have nurses that are employed here, but the doctor can come and see me when I need it. I know I can ask the staff to arrange appointments elsewhere if I need it to. The ambulance can come and transport me." One staff member said, "Doctors come in and see people, as do speech and language therapists and various others. We are looking to get everyone under one doctor, so that it is more consistent for people." People's health needs were documented and monitored in detail within their files. During our inspection we saw that a dentist was visiting a person for a pre booked appointment.

Is the service caring?

Our findings

People and relatives all told us that the staff had a friendly and caring approach. One person said, "The staff are very nice, they are good to me." A relative told us, "I would live here myself, without a doubt. The staff are fantastic towards the residents." Another relative told us, "We have had to move [Person's name] twice before coming here. We were so happy when we found this place. The staff are excellent and very caring. The management is superb and we are all reassured that [Person's name] is being cared for well." We saw that written compliments had been given to the service from relatives, one of which said, 'I truly could not wish for a better place for my mum to be at for her remaining time'. During our inspection we observed staff interacting with people in a caring manner. Staff took the time to talk with people and responded to questions and conversation in a warm and friendly way. For example, we saw a staff member approach a person who had completed a craft activity and say, "Well done, I am very proud of you, thank you for joining in". The staff member told us that the person did not normally join in with activities and that she was very pleased that they had chosen to that day.

The staff knew the individual preferences and personal history of the people within the service. Staff were able to talk to us about various individuals, the things that they liked, their family, and the support needs they required. We saw that staff were able to communicate in a caring and person centred manner to people with a wide range of differing needs and abilities.

People told us they felt involved in their own care and support. One person told us, "The staff always speak with me about everything. I am involved." A staff member said, "We regularly sit down and review things with people or relatives when required. We also have a 'resident of the day' scheme where we focus on each residents files in detail and make sure all things are updated for them." The people we spoke with all felt that the system in place was effective in keeping track of their care needs and preferences.

People's privacy and dignity was respected by the staff. One relative told us, "I think they are very respectful of [person's name]. Her privacy is always taken very seriously." We saw that written within some team meeting minutes was discussion and learning about positive communication and appropriate terminology to use with people and their relatives. This meant that staff could convey dignity, privacy and respect at all times when communicating with people. During our inspection, We saw that the staff were knocking on people's door before entering and were mindful of people's privacy.

We spoke to relatives of people that used the service who told us that they could come and go whenever they wanted to. We saw that many family members of people were able to come in and out of the service during the day of our inspection. Some family members spent time with their relatives in their rooms, and others used one of the many communal areas within the home to sit and play games. Staff all addressed family members by name and had a good rapport with everyone that came in and out of the service.

Is the service responsive?

Our findings

People had their needs assessed before moving in to the service. A relative we spoke with said, "We went through the assessment process with the previous manager. It was for them to make sure they could meet the needs of [Person's name], and for us to see if it was the right service." We saw assessment paperwork within people's files that showed how the process had taken place.

People received care that was personalised to their needs. One relative said, "I think they have done a good job in getting to know, [Person's name] in the short time she had been here." The care plans that we looked at contained information around people's preferences, likes and dislikes. The manager showed us that people and their relatives had been sent a request for information on their life history, in order to further increase the person-centred and individualised feel of each care plan.

We saw that daily notes were recorded by staff who were working with people so that all staff could be updated on the care that had been given. We also saw that there was 'Meaningful activity record' where staff could record conversations, positive activities and interactions they had with people. This meant that all staff could continue to learn and update people's likes, dislikes and personality.

People's care plans were regularly reviewed and updated as required. One staff member said, "If I notice that someone's needs have changed, I can inform a senior member of staff who I know will listen to me and make sure that changes are documented in care plans or risk assessments." A relative said, "The service regularly communicates with us when any changes occur and we informally review things regularly." More formal social work led reviews of people's care also took place as and when required.

People were able to express their thoughts in both residents and relatives meetings within the service. Residents meetings took place monthly, and relatives were invited in for meetings bi-monthly. We saw minutes from meetings that had taken place that covered various topics including housekeeping, staffing, food and activities. People's opinions were recorded and actions were collated as a result of things that people had said within the meetings.

People were supported to maintain social and family relationships that were important to them. A staff member said, "We get on very well with the families and make sure they feel comfortable when they are here." One relative said "I am here most days, it's like a second home. The staff are welcoming to everyone." We saw that various social activities had been held to enable people to socialise together. Most recently, we saw that a Christmas comedy performance had been put on for people and family to enjoy together.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. None of the people we spoke with had made any complaints, but told us they were confident that the manager would respond promptly if they did raise any concerns. A complaints folder was kept where all complaints could be recorded. We saw that actions and responses could be created and carried out for any complaint made.

Is the service well-led?

Our findings

People told us the manager was approachable and easy to talk to. A relative told us, "The manager is fairly new. When he came in he held a lovely meet and greet tea party so all the residents and family members could have chat with him about the service and get to know who was managing now." One staff member said, "We have had a lot of management changes over the past few years, but it now feels stable and positive again. I think the current manager is excellent and has a very clear vision about the quality of care that this service should provide." All the staff we spoke with told us that they felt well supported by the manager and that they enjoyed working at the service. During our inspection we saw that the manager was regularly interacting with people and staff and was present throughout the day. We saw that although the manager had only been in post for a couple of months, he addressed everyone by their name and clearly knew about people's likes, dislikes and preferences.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. One staff member said, "It's such a great team here now, we all work hard together and we all want the same thing for the residents. I think we are getting it right." We observed staff working well as a team, providing care in an organised and calm manner. When a person made a request, the staff were able to respond promptly and efficiently. We saw that the service had a staff structure that included a the manager, a deputy manager, nurses, senior nurse care assistants, senior carers and carers. There were also maintenance staff, domestic staff, admin and catering. All the staff we spoke with were well aware of their responsibilities. None of the staff we spoke with had any issues with the running of the service or the support they received.

The manager was aware of the needs of the people and staff. The manager told us that he had organised a 'H.R (Human resources) clinic' for staff. This involved someone from H.R within the company spending a long day at the service so that staff could drop in and speak with them. This focussed on giving the opportunity for staff to have confidential discussions around any H.R queries or issues they may have. The manager was able to express which areas of the service had recently improved, and which areas he was focusing on continuing to improve for the future. Our observations were that the relationships between the manager and the staff were open and transparent and that the manager had good knowledge of the staff team and the skill sets that people had.

We saw that accidents and incidents were recorded and appropriate actions had been taken. All the staff we spoke with knew how to respond to any accident or emergency, and understood the recording procedure. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings had been held for staff to share information and discuss the service. We saw minutes from these meeting that confirmed they were taking place and that a range of topics were being discussed such as staffing levels, residents issues, events, environmental issues and general service updates. We saw that staff meeting were being held monthly, and also 'flash' meetings were held daily for staff on shift to go over

every aspect of the daily running and planning for the service.

Quality questionnaires had been sent out to people, their relatives and staff members. We saw that the results had been collated by the service, with actions created from the information. The service carried out quality audits in several areas including medication, care planning, risk assessment, environment, and staff files. The service also had a monthly audit from a regional manager who looked at all areas of the service and compiled a report with recommendations for the manager to act upon. This meant the service was able to pick up any errors or problems quickly and correct them when required.