

Bupa Care Homes (BNH) Limited

# Ashley Park Care Home

## Inspection report

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Tel: 01483331955

Date of inspection visit:  
20 April 2017

Date of publication:  
03 May 2017

### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 20 April 2017. Ashley Park Nursing Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. The accommodation is a large house arranged over three floors. The service also provides end of life care to people with the support of the local palliative care service. On the day of our visit 27 people lived at the service.

At the last inspection in April 2016, the service was rated Good however there were breaches in regulations around the Mental Capacity Act 2005 (MCA) and lack of training and supervisions with staff. At this inspection we found the service remained Good and the breaches had been met.

People's legal rights were protected as staff were acting in accordance with MCA. Staff gained people's consent prior to delivering care and understood the need to offer choices and respect people's decisions. People told us they were involved in decisions regarding their day to day care.

Staff received regular training and supervision to ensure they had the skills required to meet people's needs. Training was provided in line with the learning needs of staff to ensure their understanding.

People told us they enjoyed the food provided and choices were available. People's nutritional needs were met and the catering staff were informed of people's needs and preferences. People's weight was monitored and appropriate action taken where significant changes were identified.

People's healthcare needs were known to staff and appropriate referrals were made to healthcare professionals where required.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs however clinical supervision were required.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

# Ashley Park Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.<sup>1</sup> This was a focused inspection to ensure that the provider was meeting breaches identified at the previous inspection in April 2016.

This was an unannounced inspection which took place on 20 April 2017. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. As this was a focused inspection to look at previous breaches we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspections we spoke with the manager, the deputy manager, seven people and four members of staff. We looked at four care plans, supervision and appraisal records for staff, and mental capacity assessments for people who used the service.

The last inspection of this home was 14 April 2016 where we found two breaches in relation to the lack of mental capacity assessments and the lack of supervisions and training for staff. This was a focused inspection to follow up on these breaches.

# Is the service effective?

## Our findings

At our previous inspection the service was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not appropriate assessments of people's capacity and not all staff had an understanding of the Mental Capacity Act 2005 (MCA) and its principles. On this inspection this had improved.

We asked people whether staff asked their consent before providing care and they all confirmed that they did. One person said, "They (staff) always ask me for consent from anything to what clothes I want to wear to what care to provide." Another person told us, "On the whole staff do ask me, if they didn't I would say something. They are very good."

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. We saw MCA assessments had been completed where people were unable to make decisions for themselves. Best interest meetings took place with the appropriate health care professionals present when needed. The assessments were specific to the decision that needed to be made for example in relation to bed rails, sensor mats in people's rooms and lap belts.

Staff were able to describe the principles of MCA to us. One member of staff said, "It's about assessing if they have the capacity and know what they are agreeing to. Do they understand about their health and welfare and their finances. We have to ensure everything is in their best interests. We ask their consent before we do things." Another member of staff said, "We have to give people time, and try to help them understand decisions. Families are involved if best interest's decisions are made." Whilst a third said, "It is dependent on the person and their ability to make a decision. You always assume that someone has capacity."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the home. For example in relation to bed rails. Staff understood what it meant to deprive a person of their liberty and understood the need to assess a person's capacity first. One member of staff said, "It's to do with the MCA, where people are unable to make decisions for themselves, and their freedom is restricted to keep them safe." Another told us, "If it has been assessed that the person has not got capacity then you only consider restricting them if it's in their best interest."

People were satisfied with the care that they received. Comments included, "Staff are competent. New staff have to be shown what to do but that's fine", "Staff are very careful not to hurt me when they provide care", "I am looked after amazingly well", "Staff know what they are doing" and "I get good day and night care. I think they (staff) are well trained."

At our previous inspection the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received regular supervisions or appraisals and refresher training was not always provided to staff. On this inspection this had improved.

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All staff received the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up to date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. One member of staff told us, "We have had plenty of training, we have recently completed fire safety, moving and handling." Another told us, "We have online training as well. (The manager) has a sheet in his office to make sure we are up to date with our training." A third said, "When clinical training is requested we are provided with this."

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "During our supervisions we talk about our goals and aims of the home, and if we have any problems." Another member of staff said, "I get a lot of clinical support through supervisions. I really do feel supported." There was a clinical lead at the service that provided support to the nurses when needed. We saw that supervisions and appraisals took place with staff on a regular basis.

People told us that they had access to health care professionals when they needed them. Comments included, "I have seen the GP visit, and there is always a nurse on duty if I feel unwell", "They have a GP that comes in to visit every week. I have managed to start walking since moving in and my health has improved", "The nurses really look after me", "When I first came here I couldn't stand up. Now I can and I have exercises with the physio. Staff are very good at encouraging me." People's care records showed relevant health and social care professionals were involved with people's care. One member of staff told us, "One person has just come back from hospital. We are helping him day by day to get him back to how he was before." Another member of staff said, "We can contact health care professionals whenever we need to. If we feel someone is at risk we don't hesitate to contact the appropriate health care professional."

People were complimentary about the food at the service. One person told us, "The meals are great and I get a choice. I have a small appetite, and I have asked for small portions, which I usually get." Another person said, "The food is brilliant here, I like everything. There is something different to eat every day. They tell me what's on the menu and I have a choice. I get enough to eat and drink, they really look after you that way." A third told us, "The food is very good. I get a choice each day. Its tasty, things that I like."

Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done. One member of staff said, "If people are nutritionally at risk we keep a food diary and we look at the reasons why they may be losing weight." We saw that this was being done.