

Ashmere Derbyshire Limited

Codnor Park Care Home

Inspection report

88 Glass House Hill
Codnor
Ripley
Derbyshire
DE5 9QT

Date of inspection visit:
12 August 2019

Date of publication:
04 September 2019

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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

Codnor Park Care Home is a residential care home for up to 40 people which provides accommodation and personal care to older people in one adapted building. At the time of our inspection there were 31 people living there.

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

People continued to receive safe care. People were protected from abuse and risks to people's health and wellbeing were assessed, managed and regularly reviewed. There were enough staff to ensure that people's needs were met safely. People received their medicines as prescribed and there were practices in place to ensure prevention and control of infection protected people. Lessons had been learnt following analysis of incidents.

The care given was effective. The premises were being refurbished to meet the needs of people using the service. People's needs and expected outcomes were assessed and regularly reviewed. People were supported by staff who had relevant training, skills and experience to care for them. People had access to sufficient food and drink throughout the day. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing.

People were supported to have maximum choice and control of their lives and 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 staff were caring, and we received positive feedback from people and their relatives. People had supportive and meaningful relationships with staff. People's independence was promoted, and staff responded promptly to any discomfort and understood people's needs.

The staff and provider continued to be responsive. People had personalised care plans that promoted independence. Staff identified people's information and communication needs by assessing them. People were encouraged to participate in meaningful activities and access the community to avoid social isolation. People and relatives knew how to make a complaint and felt confident they would be listened to. People's preferences and choices in relation to end of life care had been explored.

The service was now well-led. All staff shared the positive culture and vision to support people's health and wellbeing. There was a clear line of organisation; staff were clear what their individual and team responsibilities were. The registered manager understood their duty of candour and responsibilities of registration with us. People, their relatives and visiting health and social care professionals were involved in improvement of the service. Regular audits took place to measure the success of the service and to continue to develop it. The provider was transparent, open and collaborative with external agencies.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Codnor 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 (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

An inspector and an assistant inspector completed the inspection.

Service and service type

Codnor 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. 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 CQC. 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. The registered manager was on annual leave at the time of the inspection.

Notice of inspection

This inspection was unannounced.

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 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the area manager, senior care workers, care workers and the kitchen staff. We also spoke with a visiting healthcare professional to gain their feedback.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including accidents and incidents reports, complaints and quality audits.

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 safeguard people from the risk of abuse

- People were protected from abuse and people told us they felt safe. A relative told us, "I feel [name] is much safer here than at home."
- Staff were able to tell us what constituted abuse and their responsibility to keep people safe. One staff member told us, "I would speak to the manager or the local authority if I had concerns."
- Staff told us they were aware of the safeguarding policy and felt confident they would be supported if they were to raise any concerns.
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- Risk assessments were person-centred and considered people's communication needs and promoted their independence. For example, one person wanted to walk as much as possible, so staff supported them to walk down the corridor safely, following behind with a wheelchair if needed.
- We saw staff supported people in line with care plans. For example, when one person required equipment to transfer to a wheelchair.
- Staff used electronic care plans on mobile devices which meant they could quickly access risk assessments before supporting people. A staff member told us, "The care plans are great for getting information quickly in an emergency or when healthcare professionals visit."
- We read clear positive behaviour support plans for people who behave in a way that may challenge others. The emphasis of these plans was protecting people's dignity and rights and minimising restrictions.
- Staff had received fire safety training and a recent inspection by the fire service was satisfactory. Each person had an evacuation plan which identified their individual needs if an emergency was to occur.
- Records showed us staff regularly checked the environment for risk and regularly serviced and maintained equipment.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person told us, "There is always someone about." A visiting health professional told us, "I feel the staffing levels are good here."
- We saw staff were present in communal areas and answered any call bells promptly.
- People spoke highly of the staff. A relative told us, "I am certainly happy with the care. The staff are lovely."
- Staff told us managers would adjust staffing levels if needed and we saw this was the case when looking

through a dependency tool.

- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people.
- Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Some people were prescribed 'as required' medication and there were suitable assessments and guidance in place to support staff to administer these.
- We observed staff administering medicines and staff took their time to explain what each medicine was for and offered a choice of drink to take them with.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- We observed the premises to have a high standard of cleanliness and hygiene.
- We saw staff wore personal protective equipment such as gloves and aprons when appropriate.
- The kitchen was clean and organised, and the provider had received a food hygiene rating of 5 from the Food Standards Agency.

Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- The management team kept a record of accidents and incidents which included falls and behaviours that challenge. There was a clear description of the incident, actions taken, and lessons learnt.
- A staff member told us how the stock count of medicines was being interrupted at night-time and this had led to a medicines error. The staff member told us how the management had identified and learnt from this, as they were looking into an extra member of staff for each shift that requires a stock count.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to protect people against the risks associated with unsafe or unsuitable premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People were involved in decisions about the premises and environment.
- The provider was in the middle of a complete refurbishment of the building and staff told us how people's needs and views had been considered during this process. New carpets and bathrooms had been installed to ensure no hazards of falls.
- Despite continued building work, the provider had ensured the environment met people's needs and was safe.
- People were able to access an outdoor space and a new garden room had been built in offering a new quiet space, which some people told us they enjoyed.
- We saw people's bedrooms were decorated with personal items and staff told us how the bedrooms continued to be refurbished as and when they became empty.
- A new lift had been installed which enabled people to move between floors. A staff member told us, "The refurbishments mean it is a lot better than it used to be." A relative told us, "I feel a lot has improved."
- There was a dedicated maintenance team in place, and throughout the inspection, we saw members of the team attend to minor problems in a timely manner, for example when a door was not shutting properly. A staff member told us how a portal system for maintenance problems had helped with response times.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans demonstrated staff assessed people's needs and expected outcomes and regularly reviewed this. Staff recorded people's likes and dislikes and respected their choices.
- Care records were detailed and promoted independence. For example, one person's care record detailed how they liked to have an alcoholic drink before bed.
- We saw staff had supported people in line with each person's likes and dislikes. One staff member told us, "I try to encourage people to be independent. I always make sure people have the jewellery they prefer on."

- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff felt their training equipped them to be able to carry out their role. A staff member told us, "I have received every bit of training I have ever needed from this company." Another staff member told us, "They are on the ball with training. We have regular updates with everything."
- Training records showed us staff were regularly updated with core training and had access to specialist training if they wanted to attend.
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so. A staff member told us, "The induction here was brilliant. I was buddied with someone for my first week."
- Staff had ongoing support through supervision and appraisals. A staff member told us, "we have supervisions regularly and I think these are really worthwhile."

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to sufficient food and drink throughout the day.
- We saw people were offered a choice of drink at multiple times of the day and there was also a hydration station, so people could get a drink independently if they wished to.
- People were able to exercise genuine choice with their meals. One person told us, "There is usually a choice, including a vegetarian option if you want it."
- We observed lunchtime to be a pleasant experience and staff had presented the food in an appetising way. Condiments were made available and tables were decorated with clean tablecloths.
- Staff showed understanding of people's dietary needs and these were clearly documented in care records.
- Staff monitored people's weights and any other dietary needs. Referrals to other healthcare professionals were made when necessary, for example when people were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received good outcomes for their health and wellbeing.
- Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. A visiting healthcare professional told us, "They are quite responsive here. They are hot on spotting things and informing us when they need to."
- Care records had details about referrals to external agencies. For example, one person had several falls and was referred for extra input from a falls specialist.
- A relative told us how the care staff had improved their relative's wellbeing. They said, "The care here has been excellent. I have been so impressed in how they have improved [name]. They never used to do anything and now they get involved in the activities."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions. One staff member told us, "You should always assume capacity."
- When people did not have the capacity to consent to some decisions, we saw clear and appropriate assessments had taken place. Care plans clearly guided staff on how the person's needs should be met.
- Where people were under the local authority restriction of a DoLS, we saw the appropriate information had been recorded and shared with staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 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

- People had supportive and meaningful relationships with staff.
- A relative told us, "The staff show friendship and companionship rather than being aloof." One person told us, "They look after me well here."
- We saw people were treated with kindness and respect during all interactions throughout our inspection. Staff took time to explain what was happening when someone was being supported to eat. A relative told us, "They know how best to speak to people here."
- Staff had time to care and a staff member told us, "We go above and beyond here for people." Another staff member told us, "The care staff have plenty of time to care."
- Care records were written using respectful and dignified language.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff. One person told us, "I enjoy it here. I would not change anything." A relative told us, "I cannot speak highly enough of the staff. I would be quite happy to come and live here in the future." Another relative told us, "They treat people with so much dignity."
- People were supported to be as independent as possible. One staff member told us, "I know [name] likes their independence when using the toilet so I just stand with them and say I am here if you need me."
- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- We saw staff responded promptly to any discomfort and understood people's needs. Staff were observed to be discreet when supporting a person who needed to use the toilet.
- People were involved in their care and we saw one person being asked what type and level of pain relief they would like during a medicines round.
- Care records had details about advocates in use and we saw information about advocacy was available and accessible for people.

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 has 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

- People had personalised care plans that promoted independence and with a focus on likes and dislikes.
- Care plans were regularly updated and reviewed by staff in conjunction with people.
- We read care plans which showed protected characteristics were considered for everybody. For example, people had care plans which included sexual and cultural needs.
- The electronic care plans had a one-page summary which was quick to access. This included information around mobility and allergies but also personalised information such as how someone would have liked their cup of tea.
- Staff were able to read the last 48 hours of daily notes and a handover was held to discuss any concerns at each shift change.

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.

- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs.
- We saw surveys used pictorial answer possibilities for those people who could not read text. We also saw a pictorial communication board was available if needed.

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

- People were encouraged to participate in meaningful activities and access the community to avoid social isolation.
- There were two activity coordinators employed by the provider. On the day of our inspection, we saw people participate in a seated exercise class, bingo and book-folding. A relative told us, "There are some good activities here. [Name] enjoyed going to the zoo recently."
- People's religious needs were considered when arranging activities and a staff member told us a local church denomination visit regularly to perform a service.
- A staff member told us there are days out arranged regularly for people to access the community. They told us, "We have two minibuses and a group of people go swimming and others go to the cinema." People were also able to go out with families if they wished.

- One person was encouraged to take their pet out and was regularly supported by staff to do this.
- Friends and relatives were able to visit without restriction. One relative told us, "I am made to feel very welcome when I visit."

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt confident they would be listened to. One person told us, "I have never had to make a complaint but feel confident one would be acted on properly." A relative told us, "They are always very amenable to suggestions."
- Records showed us complaints were addressed, reviewed and followed up appropriately by the registered manager.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Care records showed people's preferences and choices in relation to end of life care had been explored by staff. End of life care plans included preferences relating to protected characteristics for example, one person's care plan gave detail about their religious needs at the end of their life.

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

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

- There was a clear statement of purpose and all staff shared the positive culture and vision to support people's health and wellbeing. A statement of purpose explains what a provider does, where they do it and who they do it for.
- When new staff joined the service, part of the induction included a focus on the provider's values and visions. A staff member told us, "It is a homely home here and we are like one big family."
- Staff, relatives and people spoke highly of the management team. One staff member told us, "We have lovely management here." Another staff member told us, "I always feel like I can go to the manager." A relative told us, "I have met the managers and they all seem very lovely."
- The management team welcomed feedback and a visiting healthcare professional told us, "The manager is good. Any concerns I raise are addressed within that day which is good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was a clear line of organisation; staff were clear what their individual and team responsibilities were.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- We saw the rating from the last inspection was visible in the home and on the provider's website.
- The registered manager also understood their duty of candour. We read any complaints were followed up with a letter to those concerned explaining each investigation.
- The provider and their team supported the registered manager by regularly visiting and supporting them.

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

- People, their relatives and visiting health and social care professionals were invited to give feedback. The provider then used this information to inform changes.
- Resident meetings were held, and the registered manager used a 'you said, we did' approach to communicate improvements that had been made.
- Concerns around staffing levels in communal areas had been raised during a resident's meeting and we

saw on the day of the inspection that these concerns had been addressed and there was always at least one member of staff in the communal areas.

- The provider had good links with the community. They recently started hosting bistro nights where relatives and members of the public could join people using the service to eat different cuisines.

Continuous learning and improving care

- Regular audits took place to measure the success of the service and to continue to develop it.
- One audit that was done regularly was based around mealtime experience. A staff member told us how this had improved the quality of breakfast for people.
- We read staff meeting minutes and these showed any suggestions for improvement were taken forward.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A healthcare professional told us, "Anything I ask with the care they will do." On the day of our visit, we saw the care staff working together with a visiting healthcare professional.