

Ashmere Derbyshire Limited

Heanor 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heanor Park Care Home is a residential care home providing personal care to 29 older people at the time of the inspection. The service can support up to 60 people. The home has four separate living environments in the home, each with different seating areas, kitchen and a designated themed room including a shop, cinema and library. On the second floor, there are six supported living self-contained studio bedrooms. There is an enclosed landscaped garden on the ground floor; some of the ground floor bedrooms have a private patio. All bedrooms are en-suite.

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

Positive and caring relationships had been developed between people and the staff. People felt staff were compassionate and they had developed meaningful relationships with them. People felt valued and respected by staff, and relatives spoke of the peace of mind they enjoyed knowing their family members were so well looked after for by staff who really cared. People were treated with dignity and respect by staff who went the extra mile to ensure they lived their life independently and as fully as possible. Staff valued people's differences and responded to each person's wishes and people's diversity was fully recognised and promoted. Staff were proud of the care and support they delivered.

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. People were not restricted due to perceived risk and supported to try different experiences. People received their prescribed medicines at the right time and there were systems in place to ensure these were safely managed. The staffing was organised to enable people to spend time with staff; they were not rushed and enjoyed discussing their interests and spending time together.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them. The management team took suitable actions following any incidents and learning was shared with staff.

The home had been designed to support people living with dementia. Consideration had been given to facilities in each area and there was intelligent lighting, which changed in intensity during the day to reflect the natural passage of time.

People benefitted from receiving a service from staff who were well trained. The care planning focused on people's individual needs and preferences. People were supported to make their own decisions and staff respected their choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The manager completed assessments to make sure people's needs could be met and individualised care

plans were developed with people and reviewed when their needs changed to ensure it reflected their wishes. Staff knew people well, and promptly identified when people's needs changed, seeking professional advice where needed. People knew how to raise complaints and were confident that where shortfalls were identified, actions would be taken.

Staff were proud of the service and felt well supported by the management team. The management team promoted strong values and people, relatives and staff felt the service was well managed. There were processes in place for people to express their views and opinions about the service provided. People spoke highly of the management team who were always available and supportive. The management team were committed to developing the new service to meet people's diverse needs.

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

Rating at last inspection

This service was registered with us on 11 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the when the service was registered.

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

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

Heanor 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff, the manager and area manager. We observed the care and support being provided and reviewed a range of records. This included six people's care records, medicine records, recruitment record and a variety of records in relation to the management of the service.

After the inspection

We spoke with seven relatives for their views about the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt staff supported them effectively and they had no concerns about their safety. One relative told us, "People are very well looked after by the staff. I am confident they care for them very well and security and safeguarding arrangements are good."
- Staff knew how to recognise possible abuse or neglect and understood the procedure to report any concerns. Staff had received training for managing safeguards and information about how to make referrals were clearly displayed to ensure there was no delay.
- Staff confirmed they would have no hesitation reporting any concerns and were aware of whistleblowing procedures and how to use them.

Assessing risk, safety monitoring and management

- People had electronic care plans, and these showed that where potential risks for people had been identified and steps taken to minimise them. People were supported to take responsible risks and we saw people were encouraged to maintain their independence.
- People's mobility and support need to move with equipment had been assessed. Where people needed support to move, we saw this was done with compassion and staff ensured that people were correctly positioned before moving.
- Risks associated with the safety of the environment and equipment were identified and managed to ensure people were safe. Fire alarm checks were carried out and staff knew how to help people in the event of a fire.

Staffing and recruitment

- People felt there were enough staff to keep them safe and staff were always available when they needed them.
- There were sufficient numbers of staff to meet the needs of people and to ensure their safety. Staff worked in different areas of the home and staffing levels were monitored for each area.
- New staff were safely recruited, and checks were carried out to ensure new staff were suitable to work with people.

Using medicines safely

- People received their medicines as prescribed and we saw staff took time to ensure people understood what the medicines were for.
- An electronic medicine system was used, and we saw there was a photograph of each person, a record of their medicines and when they needed to be administered.

- Some people had been prescribed medicines to be taken 'as required' to help to manage pain or acute health conditions. We saw there were clear guidance in place for staff to understand when this should be given and how people may show they were in pain if they were unable to tell the staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager had ensured that lessons were learned and reflected on where improvements were needed. Discussions had taken place with staff to review how the COVID-19 pandemic had been managed and how improvements could have been made.
- People and staff had felt supported and reviewed procedures to support with how COVID-19 was managed and to support with winter pressures.
- The manager was responsive to any concerns and learning was shared with staff. When accidents did happen, these were analysed to reduce the risk of recurrence and to learn lessons.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed before they started to use the service and used as the basis for develop an individualised care plan.
- People felt staff listened to how they wanted to be supported and this was recorded in their electronic care plan. People knew they had a plan and were confident it reflected how they wanted to be supported.
- Relatives felt the staff provided effective care and support and understood what was important to them. One relative told us, "I have faith in the staff, the ones I have met are brilliant and lovely."

Staff support: induction, training, skills and experience

- People felt staff supported them in the way they wanted and were confident they had received the training they needed. One relative told us, "Nothing short of impressed, I am more than happy."
- New members of staff completed an induction and were given the opportunity to complete the care certificate, to develop the skills and knowledge needed to provide people with safe and effective care.
- Staff received regular supervisions and appraisals to ensure they were meeting the requirements of their role and offered support to develop their skills and knowledge.

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

- There was a pictorial menu to support people to choose meals and people were provided with a varied diet and there was a choice of food and drink. Fresh food and cakes were available around the home for people to eat, as well as drinks.
- Staff sat with people when having a drink and joined in conversations. Drinks and cakes were offered throughout the day to ensure people who were unable to make them, had enough to eat and drink.
- Where people had been losing weight, or at risk of dehydration, staff recorded what they were eating and drinking and what additional steps were being taken to minimise the risk.
- Some people had nutritional supplements, or a thickening agent used in their meals and drinks when required. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours. One relative told us, "The staff go out of their way to help them. When [Name] moved in, they were finding it very difficult to eat. The chef went and got some special food moulds looking like fish and chips and they were really pleased with that."

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

- People felt the staff supported them to keep well. One relative told us, "The staff are really looking after them well and they seem to be very comfortable. Their weight has gone up, which is good, and their leg

ulcers are being looked after well. We don't have to worry anymore."

- Staff worked well with health and social care professionals and reported any concerns they had about people's health and wellbeing to the manager. Staff also received additional training to meet specific needs. One relative told us, "The district nurse trained the staff in how to change the catheter, all the staff are now trained in it. I was impressed."
- With people's consent, relatives were contacted about important events and incidents, which people valued. One relative told us, "They are always consulting me. Their hearing aids stopped working and they made arrangements for them to go to hospital to get that sorted."

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

- The home had been designed in line with best practice guidance and demonstrated consideration for the needs of people living with dementia. There were four separate living areas in the home, each with their own lounges and kitchen area. Each area had a different facility, which included a cinema, a shop, and a library. One relative told us, "The facilities are stunning."
- The corridors were wide enough for people to safely pass and there were handrails for people to use or grab if they were unsteady. There was intelligent lighting which changed intensity throughout the day to match time passing. There was acoustic monitoring at night-time, which enabled staff to identify when people needed assistance without impacting on their privacy. All the bathrooms and toilets were easily accessible and easily identifiable.
- On the second floor there were self-contained studio rooms for people who wanted support only when requested. On the ground floor there were garden bedrooms, where people had their own private patio.

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.

- People made decisions about their care and what they wanted, and we saw staff clearly explained and sought consent prior to any care being given. People were given time to understand any decision and time to express themselves.
- The staff understood capacity was assumed, and decision specific capacity assessments were completed where concerns around capacity were identified.
- A best interest decision was made and where there were concerns that people may be restricted; applications to lawfully deprive people of their liberty had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People benefitted from a provider and staff team who were committed to ensuring they received a service which was exceptionally caring. Staff understood people's personal circumstances and what was important to them and people and relatives praised the care and support that was delivered. One relative told us, "We can't believe the care they have, sometimes it has moved us to tears. The care that is given to us, and to them."
- People and their relatives praised the kindness, emotional support and the caring nature of the staff which exceeded their expectations. Staff demonstrated they went the 'extra mile' to ensure people received an exceptional service. For example, one relative told us, "On a number of occasions, the senior care stayed on shift and waited for them to come back from hospital and make them a cup of tea and welcome them back home."
- People were encouraged to talk about what was important to them and about experiences they wanted to have. The staff spent time with people and their families and knew about their personal histories and made sure people knew these experiences were valued. For example, one person planned to watch the wedding of a family member; staff suggested they all dress for the wedding and make it a special occasion in the home; the person was thrilled and was heard enthusiastically planning the event with others. One relative told us, "The staff do lots of things and they do everything very well, like going out of their way to be kind and polite to people. They are always very kind and pleasant to talk with and they have patience and make people feel important." Another relative told us, "They encourage them to come out of their room and engage in conversation. I am amazed how different they are; they are happy and settled."
- Staff were passionate about providing excellent care and spoke about people with warmth and kindness and were proud of their role and the impact. One relative told us, "The staff are all very kind and approachable, to help and to deal with any queries. They love [Name] and our family is delighted with the care they give. They think very highly of them; we feel very privileged that they are looked after so well. We have always been so worried about what would happen."
- Staff recognised the importance people placed on their dolls and understood the value of 'doll therapy'. Doll therapy is a recognised intervention for people living with dementia to help with depression and agitation. The dolls provide a source of comfort or meet a person's need to care for someone else. The demonstrated a sensitive and caring approach and we saw staff supporting people's doll's with respect and making sure people knew they were being well looked after. We saw this helped people feel comfortable and relaxed whilst eating their meals, knowing their 'baby' was safe.

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

- The staff were exceptional at helping people to express themselves and people felt valued and important. The staff were passionate about their work and we saw they actively listened to what people had to say. The staffing was organised in order that all staff could spend time with people including sitting with people and chatting when having a drink together. People were relaxed, given opportunities to express themselves and felt able to express their views.
- There was a relaxed, welcoming atmosphere in the home and staff were patient and considerate with people and listened to their needs. People were always involved in any decisions about their care and staff encouraged people to explore their care and support options. People's care plans showed they were consulted about changes to their care, how decisions were made, and the support offered. Regular reviews of people's support involving people, their relatives and other professionals took place.
- Staff used people's preferred names, spoke clearly and concentrated on one subject at a time. This supported people to engage in meaningful conversation. When people approached the staff, they were happy, relaxed and confident in their company.
- People told us that the staff supported and encouraged them to maintain and develop independence, by doing as much as they could for themselves. People were therefore engaged in an activity that was meaningful and personal to them.

Respecting and promoting people's privacy, dignity and independence

- Staff provided dignified care and supported people respectfully. One relative told us the staff were always concerned with how people looked and said, "[Name] often she pulls their skirt up a bit, and the staff covered them up and was very professional. They do their nails and hair. I know that they really look after them because their skin is good too." Another relative told us, "The staff treat us both with respect and dignity."
- People were supported to maintain relationships with family and friends. Staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. One relative told us, "They know them well and they talk to me like they are one of their family. The staff could not be more kind or caring than they are, I could not praise them enough."
- People's well-being was enhanced as the staff had explored different ways people could continue to maintain relationships with people who were important to them. People had access to the intranet to email people, to use virtual calling apps to speak and see family and friends and access to social media sites to keep in touch with people.
- People's independence was promoted, and staff were committed to ensuring people's rights were upheld. The staff ensured people remained control of their lives and facilitated their wishes. One relative told us, "They need a lot of support but they still they encourage them to dress themselves, choose clothes, and encourage them to eat. They have a favourite pair of trousers, and they wash them very quickly so they can wear them again the next day, which they appreciate."
- There were specialist staff who had receiving additional training to understand and support people living with dementia. The staff understood the potential effect that the symptoms of dementia may have on people's behaviour, relationships and mood and was able to respond to any changes. The staff also provided additional support to care staff to ensure people received support to manage any risks or concerns. This enabled the whole staff team to provide the support they needed.
- An acoustic monitoring system was installed in the home. This is an assistive monitoring system where a sound detecting device non-obtrusively listens to people sleeping and triggers an alert for staff to respond as required, when sound exceeds or falls below an individual's set noise level. This meant people benefitted from not having their sleep disturbed by staff checking throughout the night, less sleep disturbance and greater privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Where people chose to move into the home an individual support plan was developed which included information about how they wanted to be supported. An electronic support plan was used in the home and staff recorded any support when it had been delivered. Staff reported the system helped them to record accurate information as it was easy to review.
- People knew they had a care plan and where their needs had changed, the plan was updated to reflect this.
- People's care was reviewed to ensure the plans continued to reflect how they wanted to be supported. People and their relatives were encouraged to be involved in the reviews to ensure people continued to receive personalised care.

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's communication needs were assessed when they moved into the home to review how information should be shared with them.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it. This included photographs celebrating events and a photo menu.

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

- Staff took time to help people feel important and staff valued people's differences and responded to each person's wishes.
- People and relatives spoke positively about the support they had received during the COVID-19 pandemic to keep in contact with friends and family when they were unable to visit, including using social media and internet facilities.
- Different areas had been designed to accommodate visiting in line with government guidance including a visiting pod and a separate lounge area.
- There were dedicated activity staff who organised group and individual sessions in the home and to go out. We saw people laughing and enjoying organised events and told us there was always something to keep busy. One relative told us, "It is positive, happy and relaxed. I joined in a singing and dancing group. People were happy and that is what comes over. People look happy and cared for."

- All the staff took responsibility for engaging people with their interests. One relative told us a member of staff brought their guitar in and they have played together, which they enjoyed.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns and make complaints if needed and were confident any concerns would be addressed promptly.
- The provider had a clear complaints procedure and while people knew how to make a complaint, they told us they had not needed to as any small concerns were dealt with straight away. One relative told us, "I think the care is excellent, it seems to be very well run. All the staff are very efficient and kind to deal with. Any problems and they phone me up right away, they are very keen to sort any issues out."

End of life care and support

- There was nobody receiving end of life care; however, people's support plan recorded their preferences about how they wanted to be supported during the end of their life and after care arrangements.
- Where people had expressed their views regarding receiving any treatment including resuscitation, this was recorded including how staff could ensure their dignity was maintained and their preferences upheld.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 provider and manager were committed to providing a quality individualised service for people and they communicated this to staff. The staff team were motivated to care for people and took pride in the work they did. Staff felt involved and confident to give feedback and make suggestions on improving care.
- Staff had regular supervisions and comprehensive training which ensured they provided the care and support people wanted and they could develop additional skills to enhance people's care.
- Senior managers visited the service and completed quality checks which were then shared with the manager to action any necessary improvements. We saw these always involved talking with people, visitors and staff.
- The manager had a clear understanding about the duty of candour and told us they encouraged staff to be open and honest in their feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People felt the home was well managed. One relative told us, "We are astounded at how well it is run; I cannot express how happy we are with it. We talk to other people who have parents in care, and they haven't got what we have." Another relative told us, "This is my first experience of care homes, we are all very happy with it, and feel very lucky that they are there."
- The manager had a good understanding of their legal responsibilities towards the people they supported and had a passion for delivering person-centred care and continuing to develop the service.
- The manager and senior staff worked alongside the staff team and assessed the service provision and spoke with people to ensure the support reflected their expectations.
- Quality monitoring systems were in place to review the service provision. These audits included reviews of any accidents or incidents, complaints or compliments and a general overview of all care records and recruitment records.

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

- People, relatives and staff had given positive feedback about the service and how it operated through questionnaires and feedback. The results were reviewed to identify where any improvements could be made and fed back to people.

- There were regular meetings for people to seek their views and involve them in the management of the home. People told us staff listened to what they said and acted on their comments.

Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care through monitoring the care provision, for example with any falls or accidents. Staff told us this helped prevent future incidents and referrals were made to health care professional for assessment or to review if any equipment was needed.
- The staff understood their roles and responsibilities and senior staff explained their role and the leadership they provided during a shift. This included monitoring and checking people received their expected care and records were completed.

Working in partnership with others

- The manager worked with other professionals to achieve good outcomes for people, including weekly meetings and reviews to ensure people's care was reviewed.
- Where concerns were identified, prompt action was taken when people to ensure people remained safe and well.