

Sanctuary Care Limited

# Ashwood Park Residential and Nursing Home

## Inspection report

Seaside Lane  
Easington Colliery  
Peterlee  
County Durham  
SR8 3XZ

Tel: 01915273300  
Website: [www.sanctuary-care.co.uk](http://www.sanctuary-care.co.uk)

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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

Ashwood Park Residential and Nursing Home is a care home that provides personal and nursing care for up to 65 people, some of whom are living with dementia. At the time of the inspection there were 64 people living in the home.

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

People felt safe living in the home and with the support received from staff. People and relatives spoke very highly of the staff and said they were kind, caring and patient. Relative's comments included, "The staff are kind, they are caring and they treat people as individuals and with dignity" and, "The staff are lovely with [family member]. It is a lovely, caring environment. The staff are nice and caring, there is never any shouting or saying 'wait a minute'. All the staff are patient from the manager down."

Staff safeguarded people from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Staff followed infection control processes and government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19. People and relatives told us, "It is very nice and clean. My room is cleaned every day" and, "I think it is clean. There are no smells, the floor is clean and the girls are often cleaning."

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access other health care professionals. 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.

People were well supported and cared for. Staff treated people with respect and supported them in a dignified manner and in line with their wishes. One person told us, "The staff are lovely. I love them all, not just one. They are very caring." People were encouraged to be independent, where it was safe to do so.

People had person-centred care plans that detailed how they wished to be supported. Staff knew how to communicate with people and most effective communication methods were detailed in care records. People and relatives had no complaints about the home but knew how to raise concerns. Any complaints received were fully investigated and actioned. People enjoyed a range of activities inside the home and accessed the local community.

The home was well managed. People and relatives were complimentary about the home and care people received. One person said, "I think the care is excellent here." The provider had an effective quality assurance process in place which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through meetings, surveys and reviews.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 15 September 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 5 April 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Ashwood Park Residential and Nursing 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 Health and Social Care Act 2008.

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

The inspection team was made up of one inspector and an Expert by Experience. 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

Ashwood Park Residential and Nursing 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 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 held about the service since it was registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people and ten relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, nurse in charge, senior care worker, activities co-ordinator, admin worker and two care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including three people's care records, medicines records and quality audits. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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

- Staff supported people to keep them safe. People and relatives told us, "Everything makes me feel safe; the staff around me and we are looked after well. The staff do everything they can for you" and, "[Family member] is very safe and well cared for. There has never been a problem."
- Staff were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training.
- Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way. One relative said, "[Family member] falls a lot and now he has a care plan. They have sorted exactly what he needs." They went on to explain additional safety measures put in place such as equipment to mitigate risk of falls.
- Management monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to safely support people. Comments from people and relatives included, "The staff are great, and they come immediately when you press the buzzer" and, "There are always lots of staff about and they seem to care."
- The registered manager determined staffing levels in line with people's needs.
- The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines. People and relatives told us, "The staff give me my medicine. Sometimes I have to wait as it takes two to give me the medication as I am on oral morphine" and, "[Family member] always gets his medication on time."
- Staff had received medicine's training and regularly had their competencies assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

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 supporting people living at the service to minimise the spread of

infection.

- 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 responding effectively to risks and signs of infection.
- 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.



# 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 received support. This meant the registered manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people. One person said, "One of the biggest things is that I go on a hoist and these girls all know how to use it and they know exactly what is needed." Staff felt they received enough training to carry out their roles effectively.
- Staff completed a comprehensive induction at the start of their employment which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals.

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

- Staff encouraged and supported people to maintain a balanced diet. People and relatives told us, "The food is very nice yes, there is a choice and we have biscuits and snacks" and, "[Family member] has lovely meals, gets a double breakfast in a morning and has lots of choices at other times."
- Staff knew people's dietary requirements and preferences. Care records detailed any specific dietary needs people had and what support they required. One staff member said, "We know the residents really well and know what diets they have and what foods they will and won't eat."
- Risks associated with eating and drinking, such as malnutrition, were fully assessed and safety measures were detailed in care plans. For example, dietician recommendations to boost people's calorie intake.

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

- People were supported to maintain their health. People and relatives told us, "When I am not well, they get a doctor straight away" and, "They got a doctor this week as [family member] had a chest infection and the let me know straight away."
- Staff assisted people to access support from health care professionals such as GPs, nurse practitioners, speech and language therapists, dieticians and dentists, when required. This engagement was documented

in care plans and recommendations were followed by staff.

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

- The home was appropriately decorated, adapted and designed to meet people's needs.
- People personalised their rooms with things important to them such as ornaments, pictures and family photos.

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 MCA 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 supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff had received MCA training and sought consent from people prior to providing support.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were respected, listened to and well cared for. People and relatives told us, "I am very happy, very comfortable. The girls are all lovely and will do anything for you" and, "The staff who look after [family member] are so patient, caring and loving."
- Equality, diversity and human rights policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly about people and interacted with them in a warm and friendly manner.

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

- People were involved in making decisions about their care. One person told us, "Yes I am involved. I tell staff what I want to do and how I want them to help me."
- Some people had relatives who advocated on their behalf which was clearly documented in care records. One relative told us, "We are involved in the decisions and the care plan about how [Family member] is cared for."
- Staff knew people's choices and preferences in relation to their care. Care plans detailed these. One person said, "Yes they do know me well. When I came in, they wrote things down about what I liked."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. People told us, "I get respect and dignity when they help me to the toilet" and, "The staff knock on the door, even though I keep it open, and they ask to come in."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored securely. Care files were electronic and encrypted. They could only be accessed by authorised staff.

# 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

- People received person-centred care which met their needs. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

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

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Care plans detailed alternative ways people may communicate such as using gestures and facial expressions, what these mean and how staff should support people.
- The provider was meeting the AIS. The registered manager told us that information was available in a variety of formats to meet people's needs.

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 enjoyed and took part in a range of activities in the home. Relatives told us, "They have lots of activities. During COVID-19 they went on an imaginary cruise where the staff got dressed up and they had Italian, Spanish and French food. They also have pizza nights and film nights in pyjamas [and with] hot chocolate. For the Queen's Jubilee they had lots of parties and buntings" and, "[Staff member] is really good. She is the entertainment person they have quizzes and parties."
- The home had a dedicated activities co-ordinator who was passionate about their role and tailored activities to what people wanted to do.
- People were supported to maintain and develop relationships, and to follow their own interests and social activities.

Improving care quality in response to complaints or concerns

- People and their relatives had no complaints about the home but knew how to raise concerns if needed. One relative said, "I have never had to complain but I would just phone up." Another relative told us they had previously made a complaint and the registered manager took action to rectify the issue.
- The provider had an up to date complaints policy and procedure in place.

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.
- At the time of the inspection there was no one receiving end of life care.

# 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

- The registered manager and staff promoted a positive culture in the home. People and relatives told us, "The manager is very good. She is good at helping you, she gets everything you need and she pops in every morning to say hello" and, "The staff are very caring and you can almost anything you want the staff are always there."
- The home was well-managed. A relative said, "It's the caring attitude. The manager is interested in the residents and is interested in us and what we have to say all the time. The staff work hard to make it a nice place for the residents."
- Staff told us they enjoyed working in the home and felt management were approachable. One staff member said, "I love my job, caring for the residents and making sure they are safe and comfortable."

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

- The provider and registered manager acted on the duty of candour. They conducted themselves in an open and honest way. Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via meetings, surveys and reviews.
- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, speech and language therapists and dieticians.