

Carebase (Sewardstone) Limited

Ashbrook Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 28 and 29 July 2015.

Ashbrook Court is registered to provide accommodation for 70 older people who require personal or nursing care. People may also have needs associated with dementia. There were 67 people living at the service on the day of our inspection, including one person who was in hospital.

The manager had made application to be registered with the commission as required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 13 August 2014 we found that the provider was not meeting the requirements of the law in relation to treating people with respect, ensuring there were enough staff deployed to meet people's needs and

Summary of findings

the safe storage, recording and management of medicines. An action plan was provided on 6 October 2014 and this confirmed the actions to be taken by the provider to achieve compliance.

Our observations at this inspection showed that the improvements had been made, however additional improvements were required to ensure that the provider acted in accordance with legal requirements.

Records were not always available to guide staff on how to meet people's assessed care needs and people did not always receive the support required to meet their individual needs.

Staff did not receive suitable training and support to enable them to meet people's needs. Staff performance was not monitored and appraised to ensure good practice was in place.

The provider's systems to check on the quality and safety of the service provided were not always effective in identifying and acting on areas needing improvement. Improving opportunities were being supported for people living and working in the service to say how they felt about the service and the care it provided.

Medicines were not consistently stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines safely. Risks to people's health and well-being were not always assessed to ensure people's safety.

Improvements were needed to the way people's ability to make decisions was considered so the provider fully met the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected people's nutritional needs and took into account their personal preferences or health care needs.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs. People's dignity and privacy was respected and they found the approach of staff to be kind and caring. Visitors felt welcome and people were supported to maintain relationships. People had varied levels of opportunity to participate in social activities and positive interactions.

The provider had a clear complaints procedure in place. People felt able to express their views and be listened to.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not consistently safe.

Medicines were not always safely managed and risk management plans were not always in place to support people safely.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff were not provided with training, supervision and appraisal that enabled them to meet people's needs well.

Guidance was not being followed to ensure that restrictions on people's rights were consistently assessed or reviewed regularly.

People's nutritional needs were assessed and monitored to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Staff were kind and caring in their approach to people. Visitors were welcomed and people were supported to maintain relationships.

Good



Is the service responsive?

The service was not consistently responsive.

People's care was not always planned so that staff had guidance to follow to provide people with consistent person centred care.

The service had appropriate arrangements in place to deal with comments and complaints.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well led.

The provider's systems to assess the quality of the service were not always effective in identifying areas where improvement was required. Monitoring was not fully effective to ensure required actions were followed up promptly.

The presence of a permanent manager offered greater stability and continuity of leadership in the service. People knew the manager, found them to be approachable and to be improving the service.

Improving opportunities for people and staff to express their views were being introduced.

Requires improvement



Ashbrook Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 July 2015 and was unannounced.

The inspection team consisted of two inspectors on 28 July 2015 and 29 July 2015. In addition, the inspectors were accompanied by an End of Life Care specialist advisor and an expert by experience on 28 July 2015. An expert by experience is a person who had personal experience of caring for older people and people living with dementia.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with 11 people who used the service, five visitors, a health professional, 18 members of staff, the manager and the provider's representative.

We reviewed 18 people's care and medicines records. We looked at the service's staff training plan, four staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

At our inspection of the service in August 2014 we found that aspects of the storage and disposal of medicines required improvement. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. An action plan was provided on 6 October 2014 and this confirmed the actions to be taken by the provider to achieve compliance. Documentation viewed and our observations at this inspection showed that the improvements had been made.

At this inspection, we saw that the medication storage rooms and trolleys were kept locked and there were safe systems for the disposal of medicines. However, we found some topical creams stored in bedrooms that were easily available to people not authorised to have access to them. During a medication round the nurse was observed to directly handle one person's medication. This meant that poor hygiene methods were being used and there was a potential risk of cross-infection. One person's medication administration records (MAR) showed that while they had been prescribed 21 tablets there were 23 entries for administration on the MAR. We saw one occasion where the timing of a person's medicine was not recorded accurately to ensure they did not receive their next medicine too soon. The records could not be relied upon to ensure people received their medicines safely and as prescribed. The manager confirmed these issues would be addressed immediately to ensure people's safety.

At our inspection of the service in August 2014, we found that the provider did not have effective arrangements in place to cover vacancies to ensure there were sufficient staff to meet people's needs. We also found that staff were not effectively organised and deployed. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. An action plan was provided on 6 October 2014 and this confirmed the actions to be taken by the provider to achieve compliance. We found at this inspection that the improvements had been made.

At this inspection we found that people were supported by sufficient numbers staff to meet their needs. We saw many examples throughout the day of staff spending quality time with people on a one to one basis, as well as completing the necessary care tasks. People told us that staff were available when they needed them. One person said, "They

do come when you call them so that is fine." Another person said, "Staff are around when you need them or you can ring the bell and they come." A visitor told us that, while there were not always enough familiar permanent staff available in their view, agency staff were used to provide cover. A staff member said, "Staffing levels work. It is also much better now as we use less agency staff use but we do have agency staff if we need it."

The number of staff advised as required by the manager were seen to be on duty during our inspection. Records confirmed that the stated staffing levels had been consistently maintained. While people's dependency needs were assessed monthly, there was no clear system to calculate and review the number of staff required to meet people's changing needs. The manager told us that should they, or staff, identify changes in a people's needs then additional staff would be allocated and deployed to ensure people's needs were safely met. Staff confirmed that there were now sufficient staff to meet people's needs and that agency staff were routinely provided to cover any vacancies. They also told us that additional permanent staff had been and were being recruited, which was confirmed by the manager.

Staff were appropriately deployed and allocated clear tasks and responsibilities at the start of each shift. This included monitoring of communal areas. Records showed that the manager had recently met with staff to remind them of this as a way to help keep people safe from falls. A visitor told us, "Yes, there always seems plenty of staff and very helpful as well."

The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies. People's care plans did not always include information on how to manage individual risks, such as in relation to falls or nutrition or offer staff planned actions to limit their impact and keep people safe.

All the people we spoke with told us they, or their relative, felt safe and secure living in the service. One person said, "I do feel safe here. The staff are gentle when they help me with moving. They do fire alarm checks. It is very important to me that the buzzer is here and the staff are close if I do not feel well." One visitor told us they felt that their friend was safer now that they were living in the service. They went on to say, "[Person] seems quite settled, I know [person] is in good hands." Another visitor told us their

Is the service safe?

relative could not press the emergency button so half hourly checks were put in place to ensure that they person was safe. Records showed that these checks had been completed.

People had access to information on the way the way they could expect to be treated and who to speak with if they felt concerned for themselves or others. Clear information posters were displayed where people would see them. Staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report

any suspected abuse and confirmed they would do this without hesitation to protect people. The manager had responded to any concerns raised and had acted to ensure people's safety.

People were protected by a robust staff recruitment process. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed. Records were also in place relating to checks for agency staff. The helped to ensure people were being supported by staff who were suitable to do so.

Is the service effective?

Our findings

Staff told us that their training provided them with the knowledge they needed to meet people's needs safely. Records provided by the manager confirmed that staff had received training and updates. This included training on medicines, dementia awareness, nutrition and moving and handling people.

However, staff did not always use the learning from their training effectively. On the first day of our inspection, we observed a staff member move a person in a portable chair without footplates in place. This placed the person at potential risk of injury from skin tears or fractures as their feet were dragged on the floor. On the second day of our inspection we saw another staff member wheel a person, who was seated on a walking aid and not in a wheelchair, at speed along a corridor. The person was not suitably supported on this walking aid and was holding on tightly. The person was at risk of being of falling off and sustaining an injury as there were no footplates in place. The person was unable to tell us verbally their view on this experience. The manager confirmed that was not in line with safe, competent and expected staff practice.

At lunchtime in Redwood unit, some staff did not demonstrate suitable skill in communication and supporting people living with dementia. They did not explain to people what food they were being served to help people to understand and make sense of the meal experience. A staff member outpaced one person by trying to put too much food too frequently into the person's mouth. Another person was not offered a drink with their meal. This showed that staff did not always have the knowledge and skills to support and encourage people to eat and drink well in line with their plan of care so as to support good nutrition. A senior member of staff who came into the dining room took appropriate steps to address this and to ensure people were supported.

Staff told us they felt supported in their role, however they also confirmed they had not had regular formal supervision or appraisal for some time, especially while there had been no permanent manager in the service. The manager told us of the plans they had implemented to address this since coming into post. However, the poor practice and skills

levels we observed showed that staff had not received suitable training, ongoing supervision and appraisal to make sure they were competent for their role and that their competence was maintained.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a basic understanding of the Act. We saw assessments of people's capacity in care records and best interest decisions for day to day care and support. Most staff sought people's consent throughout the day. However, there were occasions where people were not asked, for example, if they would like to wear an apron to protect their clothes at lunchtime, it was simply put on them.

The manager told us that appropriate applications had been made to the local authority for DoLS assessments. Evidence was not available to show that, where in place, these had been reviewed where required. The arrangements for the administration of covert medication, that is medication given in a disguised way, had been assessed for individual people. Records showed that this had been agreed as in their best interests by appropriate people involved in their lives including the Pharmacist and GP. Clear decision-making guidance was not available, however the clinical lead nurse had acted to protect people's rights by refusing to accept forms that made important decisions about people. This was because the forms had not been completed properly by another health professional and did not include consultation with the person or those who could properly act on their behalf.

People told us that staff asked permission before supporting them. One person said, "They always tell me what they're going to do." They went on to say that, if they pressed the button, carers asked what the person wished them to do and then explained how they are going to do it.

People's comments about the choice and quality of the food and drinks available were positive overall. People's nutritional needs were assessed and monitored to ensure their wellbeing. We observed the breakfast and lunchtime meal service in each of the four units. In all but one unit identified above, we saw that people were offered choices and were given the support they needed in a positive way.

People told us that their healthcare needs were responded to promptly and that staff helped to access the services

Is the service effective?

that they needed. One person said, “If you are not well, the nurse will ask the doctor to come in.” A relative spoke positively about the treatment that a person had received while living in the service. The relative told us that the person’s condition, which they had had for many years, had cleared up and that another condition was much improved due to the treatment provided by staff at the service.

Another visitor told us the staff kept them informed of any health care issues with the person and the outcomes of any appointments. A health professional told us that staff clearly knew the needs of the people they supported in the service, monitored their health effectively and called the health professional in an appropriate and timely way.

Is the service caring?

Our findings

At our inspection of the service in August 2014, we found that some staff did not respect people in the way they spoke with people or recorded in their care records. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. An action plan was provided on 6 October 2014 and this confirmed the actions to be taken by the provider to achieve compliance.

We found at this inspection that the improvements had been made. Staff addressed people by their preferred names and spoke with them in a way appropriate to the person's stage of life. Records were written in a respectful and person centred way using appropriate language. People were not sure as to whether they had been involved in their care plans. A visitor told us however that the staff had talked to both of them about the person's care plan, that they had signed the care plan and that an 'All about me' form had been completed with the visitor and the person.

People told us that they were able to make decisions and choices about their day to day lives. This included where to spend their time, what to eat and drink. One person said, "I

make decisions for myself. If I don't want something, I don't have it." Another person told us that they were able to spend time in different parts of the service and had the codes for the doors to support them to do so.

People told us they had positive relationships with the staff and that were caring and respectful. One person said, "I've got a lovely bunch of girls. They make sure I'm alright." A visitor told us of the good relationship their relative had with staff and said, "Staff have a bit of a laugh with [person]." Overall, staff interacted with people in a positive way. One person told us, "The carers come in and have a chat when they're not too busy. On the whole, they're very good girls." We saw one member of staff go into a person's room and say, "I just came to say hi because I haven't seen you today."

People's privacy and dignity was respected. A visitor told us that their family member was always well presented which respected their dignity. We saw that, if people were in their bedrooms, staff knocked on the door and waited to be invited in before entering the room. We noted that staff closed people's doors before providing any personal care to them. Visitors told us they felt welcome to visit any time. People could entertain their visitors in the privacy of their own room.

Is the service responsive?

Our findings

People's needs had been assessed. However, the assessments had not always been used effectively in planning people's care. Care plans and relevant risk assessments had not been developed for three of the people whose records we requested, despite the people having been living in the service for several days. This meant that staff did not have clear guidance on each person's specific needs to enable them to respond to these effectively. The manager confirmed that this was not in line with the provider's policy and would be addressed immediately.

One person's assessment, for example, stated they were unsteady on their feet and so at risk of falls, could be confused and had been agitated and displayed some behaviours that challenged in the past. Records showed that the person had been very distressed on occasions since being in the service, had damaged the physical environment and been physically and verbally abusive of others. There was no information on the staff interventions to ensure the person received consistent support that met their individual needs.

While no care plan was available for one person, staff had completed a record of care given to say that the person had received 'All personal care given as per care plan'. The person was unable to tell us what care they had received. There was photographic evidence of the person's skin ulcers. The date of these had been crossed out and written over without a signature to explain the alterations, the reasons for them or how the person's wounds were to be cared for. Consent to the care plans and risk assessments was recorded as signed for by a relative although the care plans and risk assessments had not been completed.

Discussions with a nurse indicated a person had pain when touched and so a stronger pain killer was prescribed by the GP at the time of our inspection. Care records did not note the stated change to the person's pain levels. A formal chart for assessing and monitoring pain, used where people were not always able to verbally tell staff of this feeling, was in place and indicated that the person had mild pain only. The person's pain care plan had last been reviewed in June 2015. This meant that there was conflicting information about the person's pain levels and the information could not be relied upon to ensure the person's pain was effectively managed in line with their needs.

Where care was planned, people did not receive care that was responsive to their needs. People at risk of developing pressure ulcers needed their pressure relieving mattress to be at a setting appropriate to their individual weight. While these were recorded as checked by staff each day, some of those we looked at were clearly not at the correct settings. This increased people's risk of skin breakdown. One person's care plan advised staff that the person could sit themselves more upright if staff prompted them so the person could eat independently. It also stated that this was required as the person was at risk of pulmonary aspiration (entry of materials such as food or fluid into the lower respiratory tract). The person sat so low in their chair at lunchtime they were almost laying down and so it was more difficult for them to eat and drink easily. Staff did not prompt the person to sit up throughout the lunchtime meal we observed and so did not provide the level of support identified as needed by the person.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's experienced varying levels of social interaction and opportunities. A weekly plan of activities was available that included daily visits to people in their own room as well as planned group activities. We saw that staff in some units took opportunity to provide people with positive experiences as they arose, for example a member of staff responded to a person who wished to dance; they both danced, sang and laughed together. Other people spent much of their time cared for in bed and were unable to tell us about their experience of social opportunities. The provider had a system for recording activities for individual people. We looked at this log which showed that some people had not had any recorded social activity provided for several days on occasions. One person's log recorded that their only activity for a period of one month was watching television in their room.

People had access to a clear complaints procedure and they felt able to use it. Information on how to make a complaint was displayed in the service. The complaints policy gave timescales for responses and actions so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints received. We saw that these were clearly logged and were responded to in a timely way.

Is the service responsive?

People told us they had no complaints but would be able to say if they did and were confident their comments would be listened to. One person said, “I can either ask a carer or I can ask management. If I’m worried about anything, I ask management to come and talk to me here [person’s

bedroom].” The person told us how the manager had supported them in expressing their dissatisfaction with an external organisation. A visitor said, “I have no complaints about this home.” Another visitor said ‘If we have concerns you can speak to any member of staff.’

Is the service well-led?

Our findings

The provider's external systems to assess the quality and safety of the service were not robust so as to plan effective actions to bring about improvements. The provider had arranged for an external consultant to complete an audit of the service in June 2015. It identified a number of areas that required improvement including, for example, care and risk assessment records and reviews of deprivation of liberty authorisations. There was no action plan available in response to this to show the timescales for action and whether any improvements had been implemented to ensure people's safety and well-being.

The provider's representatives had also visited the service routinely and along with staff in the service completed a range of checks and audits. Spot checks of some care records had been completed two weeks prior to the inspection. Some areas were identified as 'non-compliant' including, for example, end of life care and pain management, and some were noted as being of 'high priority' and 'requiring immediate attention'. These had not been completed and senior staff were unable to give us an explanation for this. This meant that while a system was in place to identify issues, it was not effectively implemented to ensure continuous improvement in all areas.

The provider's system had not identified that people's care planning records were not completed promptly within the provider's own timescales or accurately maintained. People's care records were kept in the 'nurses' stations. Doors to these rooms, which were sited on main corridors inside the units, were found to be wedged fully open on several occasions throughout the two days of our inspection. People's information could be accessed by anyone visiting the service. This meant that the provider had failed to maintain accurate, complete and secure records, including of the care provided to people.

Further areas not addressed by the provider's quality assurance processes included ineffective staff training, supervision and support and medication administration shortfalls.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not had stable and consistent leadership with three managers in post in the past year. The current

manager had recently been employed at the service. They had promptly and successfully completed the registration process. CQC confirmed their registration as manager at the service shortly after our inspection. The manager was supported by a clinical lead nurse. Staff told us they felt the service was now being well led and this had improved since the new manager came into post. One staff member said, "[Manager] is strict and nice, a strong manager who listens and has time for you. [Manager] is out on the floor, that is the good thing; the manager is involved, checks what is happening and is leading."

The manager told us they had identified and improved a number of issues in the time they had worked in the service such as emergency procedures, staff culture and some staff training. They were aware that they needed more time to really get to know the service and to complete the work needed to ensure continuous improvements. The manager also told us of their plans to introduce ways for people and their families to be involved and have more of a voice. These included supporting the activity co-ordinator to set up and run meetings for people and their relatives as well as a support group for relatives. The manager had worked in the service on a Sunday and was looking at introducing a management presence in the service at weekends to support effective leadership.

There was an open and supportive culture in the service. Staff told us the management team were supportive, available and approachable. The manager had introduced staff meetings since coming into post. Records showed these were used to inform staff that they were valued and respected and also of the standard of practice the manager expected of them. Systems were developing to introduce staff supervision meetings. Staff reward schemes were in place to support good staff morale and a feeling of involvement in the service.

People and their visitors commented positively about the manager and the clinical nurse lead. People told us for example that they knew who the management team were, saw them around the home and found them approachable. One person had noted, "The manager seems to come round and say hello to everybody." Another person said, "Sometimes, when they're having meals, [the manager] comes up and helps. [The manager] always talks to you. If you have a question, the manager always has an answer."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider had not ensured that people's care was planned for so that staff had information to guide them on how each person's needs and preferences were to be met and ensured that the care provided was person centred and met the person's identified needs.

This was in breach of Regulation 9(1) and (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had not ensured that their established systems and processes were operated effectively and evaluated to assess and monitor the quality and safety of the service provided and to ensure continuous improvements.

This is a breach of Regulation 17 (1) &(2) (a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met: The registered provider had not ensured that staff had received suitable training, ongoing supervision and appraisal to make sure they were competent for their role and that their competence was maintained.

This section is primarily information for the provider

Action we have told the provider to take

This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.