

Onetree Estates Limited

Ashbrook Nursing Home

Inspection report

217-219 Chase Cross Road
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Romford
Essex
RM5 3XS

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Ashbrook Nursing Home provides nursing and personal care to 48 people aged 65 and over at the time of the inspection. The service can support up to 70 people. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it.

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

The provider made improvements to the service following our last inspection. Medicines records were available and there were no gaps in them. The provider was aware of and had a plan to make some improvements in medicines. Risk assessments were in place to ensure risks to people were managed.

Staff received support, training and supervision to deliver effective care. As part of the recruitment processes, staff were checked to ensure they were safe to work with people. There were enough staff at the service.

Staff were kind, compassionate and caring. They treated people with respect and dignity by giving them choice and promoting their independence. People enjoyed activities within and outside the service.

All parts of the care home were very clean with no sign of offensive odours.

Care plans were personalised and were based on people's assessed needs. The service accepted people only if it was confident their needs could be met. Equality and diversity were part of the service which meant that any discriminatory practices were not tolerated.

There was a safeguarding system in place. Staff knew what adult safeguarding meant and the proper action to take if they became aware of an abuse.

The meals were nutritious and staff were available to support people who needed help with their food.

Staff worked with other professionals to support people to have access to social and healthcare service. People and relatives' views about the quality of the service were sought and helped improve the service. The provider welcomed complaints which meant people and relatives were able to raise their concerns.

The registered manager was open to ideas from people, relatives, staff and others and was committed to making improvements.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Ashbrook 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector, a nurse specialist 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

Ashbrook 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

The inspection was unannounced.

What we did

Before the inspection, we checked information we already held about the service. We also contacted local authorities and reviewed feedback we had already received from relatives of the people and visitors to the service.

We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we observed care and spoke with 10 people who used the service and eight relatives. We spoke with four care staff, one activities co-ordinator, three nurses and one student, who was on a six week placement as part of their training at a local education institution. We also spoke with a visiting healthcare care professional, the registered manager, a quality consultant and the provider.

We reviewed seven people's care records, eight staff personnel files, audits and other records including those related to medicines and the management of the service. The registered manager sent us additional information after our inspection. This was received and the information was reviewed as part of our inspection process.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in April 2018, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection in February 2018, the provider had failed to ensure records associated with safe management of people's medicines were available or completed to guide staff and support safe administration. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had made some improvements at this inspection and they were no longer in breach of this regulation.

- In one of the units we saw expired stock of medicines for people who were no longer living at the service. We also observed the way staff administered inhalers for one person was not correct which meant the person was not receiving their medicine as prescribed. These put people at risk of harm. We recommend that the provider follows best guidance of disposing of expired medicines and appropriate administration of inhalers.
- Medicine administration record sheets (MARs) had no gaps and the balance of medicines matched the records.
- Medicines were stored in safe safely in locked in rooms or in fridges. The temperature where medicines were stored were monitored and recorded.
- Staff who administered medicines were trained and experienced.
- Monthly medicine audits were undertaken by the nurses and a pharmacist carried out annual medicine audits.

Staffing and recruitment

● Staff recruitment was undertaken following the provider's procedure. This included providing completed application forms, attending interviews, undergoing criminal record checks, supplying proof of identity and two satisfactory written references. We noted one of the references for one member of staff was not clear or satisfactory, but after the inspection the provider sent us a clarification and a copy of a new satisfactory reference for the member of staff. The registered manager said they employed the member of staff because they were satisfied with the checks they had undertaken about them.

● There were enough staff to meet people's needs. One relative said, "I think there are sufficient carers especially as there are no agency staff any more." We observed staff were available to support people when

they needed them, for example, assisting them with meals and personal care.

- Staffing levels were based on people's assessed needs. On the day of the inspection, two people had one-to-one staff support which meant they had sufficient staffing level based on their needs.

Systems and processes to safeguard people from the risk of abuse

- People were safe within the service. A relative told us, "[A person using the service] is safe and well looked after. [The person] has been here a while now and [they are] always happy."
- Risks to people were assessed and information on what to do to mitigate the risks were provided in care plans. The risks assessed included people's mobility, falls, malnutrition, choking and pressure sores. around people's home environment, their mobility, pressure sores and incontinence.
- The service had a safeguarding policy which detailed information on the actions staff should take to protect people from abuse.
- Staff understood their responsibilities of reporting incidents of abuse. One member of staff said, "I will report abuse to my manager. If nothing is done by my manager, I will report to the provider or local authority safeguarding team or CQC."
- Regular checks were completed on the home to make sure it was a safe place to live. This included fire safety checks; electrical and gas service maintenance; and emergency plans which told staff what to do in an emergency.
- Each person had a personal evacuation plan to ensure staff knew their whereabouts in an event of a fire.

Preventing and controlling infection

- Staff had received infection control training.
- The service was exceptionally clean and free from offensive smells.
- Staff hand hygiene practices were effective at minimising the spread of infection. Dispensers of antibacterial hand-wash were available throughout the premises and continued use by staff and visitors was encouraged by the management.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. The registered manager stated that they drew lessons from incidents, accidents and complaints. They gave us an example of a new system they introduced following an incident that occurred when one person was discharged from a hospital. The new system helped the service prevent similar incidents from happening.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- Pre-assessments of needs, which included people's abilities, choices and needs were completed before they started using the service. This ensured that the service would be able to meet people's needs.
- Pre-assessment of needs was based on staff discussion with people and their relatives or advocates. The registered manager told us the service had a representative who would complete pre-assessments at hospitals.
- People's health, social, medical, mobility, dietary, and personal care needs were included in the assessment of needs. The registered manager told us that the service admitted people only if it was confident that their needs could be met.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not always receive training, appraisals and supervision to support them in their role. At this inspection we found staff received training, supervision and appraisal.

- People received care and support from staff who were well trained and supported. One relative told us, "The service has changed dramatically, overtime. The staff have had training including dementia. They staff come up to [my relative] and speak to [my relative]."
- New staff had completed an induction programme. Staff who did not have experience in care had undergone the Care Certificate training. The Care Certificate requires staff to complete a programme of training, including observations by a senior colleague, followed by an assessment of their competency.
- Staff received ongoing and refresher training which ensured they had sufficient knowledge and skills to enable them to meet people's needs.
- Staff received supervision with their line managers to support them with their development, monitor their performance and go through any concerns. The registered manager told us they were reviewing supervision system to make it much more effective and consistent. Annual appraisals were being organised at the time of our visit. The registered manager said these would be completed annually.
- Staff told us they felt supported at the service. One member of staff said, "I get support from all the staff. The registered manager is very supportive."

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

- People and relatives were satisfied with the meals. One person's comments included, "I get the food I want; 'All about me book' lists the food I enjoy." A relative told us, "I come every day here and the food is good."
- The importance of people eating and drinking well had been identified and actioned by staff. People's

preferences of meals and their health, cultural or faith needs were identified and met.

- Staff supported people with their meals. People were not hurried whilst being supported. This meant that people were relaxed and had time to enjoy their meals.
- People's likes and dislikes were documented in their care records, and people's nursing needs around nutrition and hydration had been identified and well managed. Where modified diets were required, such as to reduce the risk of choking, speech and language therapist guidance had been followed.

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

- People and relatives were involved in choosing paint colours and decorations of bedrooms. One person said, "One person said, I have an air mattress. I brought my own TV."
- The premises were spacious, bright and airy with handrails and other adaptations such as suitable bath and shower facility provided following assessments and recommendations by healthcare professionals. Passenger lifts were available to enable accessibility to people who had mobility needs.

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

- People, their relatives and healthcare professionals were positive about how the service worked with other agencies. One relative told us, "I am kept informed about things. My [relative] is so much better since [staff] liaised with hospital to review [my relative's] medicine. A visiting healthcare professional said, "When I come here they know what is going on with people, they are so organised follow the advice and guidance give them."
- People had access to health care professionals to help keep them healthy. A GP visited weekly and when needed to review people's healthcare and medicines.
- Healthcare professionals such as district nurses, speech and language therapists and physiotherapists visited people to assess their needs and provide support and guidance to staff regarding people's care.

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 with appropriate legal authority.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were able to describe their roles under the Act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone's best interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives felt staff were kind and caring. One person said, "The staff are very kind. I do feel well cared for, they are lovely. If something is bothering me, my [relative] would deal with complaints. I keep in touch with my family." A relative told us, "[Person using the service] is treated with respect and dignity; they are well cared for. If something were to worry or upset me, I would deal with it straight away."
- Staff knew people's preferences and used their knowledge to care for them in the way they wanted. The registered manager told us they had employed a lot of staff and used less agency staff. A relative said, "There are now less agency staff, the service is much improving and people are receiving consistent care."
- Staff received training on equality and diversity and knew discrimination of any kind was not acceptable. A member of staff told us, "We treat everyone equally. We do not discriminate." Another member of staff explained that they did not discriminate against people because of their gender, religion or sexuality.
- Care plans contained detailed information which included details of people's faith, culture, communication and dietary preferences. This ensured that staff were aware of and able to meet people's needs.

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

- People and relatives told us they were involved in their planning of care. One relative explained how they felt fully informed and involved in the care their relative received.
- Staff told us they always gave people choices and waited for them to make decisions about their care.
- Staff involved people in decisions around their care. For example, we saw people were able to choose the food they wanted and where to sit or whether or not to participate in activities.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the service and how staff ensured their privacy. One person said, "Yes, staff always knock on the door. I am happy [with the service]."
- Staff were clear about the importance of ensuring privacy and confidentiality. A member of staff explained how they ensured people's privacy when assisting them with personal care. They said, "I make sure that doors and curtains are closed. I give [people using the service] towels to cover themselves to maintain privacy."
- People were supported to remain as independent as possible. This was done in different ways, which included providing people with walking frames and exercises to maintain mobility and encouraging people to do as much as possible by themselves. One person told us, "I am allowed to be as independent as possible." A member of staff said, "I always ask and encourage [people] to do for themselves some tasks"

such as washing their hair or eating. If they are not able, I help them."

- People and relatives were satisfied with the care and support provided. One person told us, "The staff treat me with dignity. I do feel well cared for." A relative said, "The staff are very gentle. My [relative] requires [a mobility aid] and staff are very gentle when using it. They ensure [my relative's] dignity. I am very happy with the care, I have no complaints."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At our last inspection, we found care plans were not always personalised and did not include sufficient information about people's specific needs. At this inspection, we found care plans were person-centred and up-to-date.

- People and relatives told us they had choice and control over the care people received. They told us they were involved in the planning and review of their care. Care plans contained evidence of people and their relatives' involvement.
- Each person's care plan was reviewed once every month or earlier, if and when required. This ensured that people had a care plan to meet their identified needs.
- The care plans were personalised, which meant that people's views and choices of care they wanted were specified. For example, one person's care plan stated how they wanted staff to treat them including how they preferred to be addressed.
- Detailed information of people's needs such as their personal care, welfare, religion, cognition, continence and skin integrity were included in care plans.
- Staff kept daily notes of the support they provided to people and important information that other staff needed to know to follow up.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting this standard and people received information in suitable formats such as pictorial to help them understand the information being communicated.
- People's communication needs were detailed in their care plans and provided information to staff on how to communicate with them effectively.

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 told us staff supported them to keep in touch with their families. One person said, "I keep in touch with my family." During the inspection we observed families who visited and had private time with people.

- We noted people had various activities at the service and in the community. For example, we observed people taking part in different activities such as decorating cakes, making bracelets throughout the inspection. Staff told us and records confirmed that that people were supported to access a range of leisure activities including visiting parks, cafes, shopping, and other care homes in the local area.

Improving care quality in response to complaints or concerns

- Complaints were well documented with detailed description of the concerns raised and the investigation outcome. People and relatives told us that they knew how to complain and did not hesitate to make a complaint if they had a concern. One relative said, "If there is anything that I am not happy about, I see the manager [they sort] it." Information on how to make a complaint was displayed in the care home and was included in the provider's service user guide.
- Since the last inspection one complaint was received, documented and investigated. This was resolved following the provider's complaint's policy.

End of life care and support

- Staff worked with other healthcare professionals such as GP's and local hospices to meet people's end of life care needs were met.
- Appropriate end of life care plans was in place for people who were at the end of their lives. Do not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were in place to provide immediate guidance for staff and healthcare professionals on the best action to take when people were critically unwell.
- Staff had training and good understanding 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection in April 2018, the provider did not have effective quality assurance and governance systems to ensure that shortfalls were identified and addressed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The appointment of a new registered manager since our last inspection had resulted in improvements of the quality of the service. Regular audits of various aspects of the service including medicines, care plans, falls, pressure ulcers and training of staff were undertaken.
- A quality care manager had been employed as a consultant and carried out periodic reviews of the quality of the service. Feedback from the reviews helped the service identify and address areas that needed improvement.
- The registered manager kept the service's policies, procedures and records relating to people under review to ensure they were up-to-date.
- Staff were clear about their roles and responsibilities. Where staff failed to adhere to the provider's codes of conduct, the provider followed their disciplinary procedure and took appropriate action.

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

- There was a friendly, positive and inclusive culture within the service. We observed people were relaxed when they interacted with staff. People and relatives told us they would recommend the service.
- Staff told us they were happy working at the service. One member of staff said, "All staff here good. I am very happy here."
- People, relatives and staff spoke positively about the registered manager. They said the registered manager was available and listened to them. They said the registered manager was supportive.

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 understood their responsibility to be transparent and honest with people and relatives.

- People and relatives told us they were confident the registered manager would investigate and deal with their concerns.
- The registered manager told us and records showed that staff contacted families and relatives about incidents and accidents that had occurred at the service.
- Monthly relatives' meetings enabled relatives to discuss common concerns with the registered manager.

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

- Annual survey questionnaires were sent to people and relatives to provide their feedback about the service. An analysis of the last (2018) survey questionnaire showed people and relatives were satisfied with the service.
- There were regular staff meetings in which they discussed and shared information about their practices.

Continuous learning and improving care

- The registered manager told us that the service learned from mistakes to improve the service. They said that they introduced "a red bag scheme" following an error which happened when people transferred from one service to another. They explained that "the red bag scheme" was a bag or a folder where important healthcare information was kept for easy access. This helped us not to make a similar mistake."
- Following incidents and accidents, risk assessments and care plans were reviewed to ensure similar incidents and accidents were avoided.

Working in partnership with others

- The registered manager worked well with social and healthcare professionals to ensure people's needs were met.
- Notifications of incidents and accidents were sent to CQC by the provider, in line with their legal responsibilities to do so..