

Onetree Estates Limited







Ashbrook Nursing 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?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

This inspection at Ashbrook Nursing Home took place on 8 September 2015 and was unannounced. We last inspected the service in February 2014 and found it met the regulations we inspected.

Ashbrook Nursing Home is registered to provide a service for 37 older people, some of whom are living with dementia. At the time of our inspection, 21 people were using the service. This is because structural work is being undertaken in a separate area at the back of the house.

Accommodation is on two floors and there is a lift for access between floors. People living at the current accommodation told us they were not directly affected by the building works.

The service had a registered manager. However, they were not present all day because they had responsibility to manage another service owned by the provider. Prior to the inspection we were informed by the provider that although the current registered will remain in overall charge of the home, the service will effectively be

Summary of findings

managed by a deputy manager who is a senior nurse. Therefore the deputy manager is currently in charge of the day to day management of the service. We will discuss this further with the provider to ensure that the appropriate person is registered to manage the service in line with the Act. 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. . We were supported by the deputy manager on the day of the inspection. The provider and the registered manager were present at the end of the day when we gave initial feedback about our findings. We have made a recommendation that improvements are made to provide consistent and robust management, so that people receive a safe service.

People who used at the service told us they felt safe, secure and well cared for. There were systems in place to keep them safe. Accidents and incidents were dealt with in a timely manner and any actions and lessons learned were recorded and reviewed by the provider.

Staff knew what actions to take should they suspect abuse and received appropriate training in keeping people safe. Arrangements were in place to keep people safe in the event of an emergency.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were safely supported by staff to take their medicines.

People were supported to maintain good health. They had access to health care services when it was needed. People received a nutritionally balanced diet and were given choices of meals.

The registered manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed staff had attended training in MCA and DoLS.

People received care and assistance from staff who knew their needs well. Each person had their own care plan and their needs, choices and preferences had been documented and were known to staff.

People were supported to maintain contact with their family and friends and visitors were welcomed to the home.

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and

interacted well with people. People told us that they were happy and felt well cared for.

The provider sought feedback about the care provided and monitored the service to ensure that care and treatment was provided in a safe and effective way to meet people's needs.

Any complaints were documented along with the actions taken. There was an effective system in place to monitor the quality of service provided.

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 safe. Risks to people's health and wellbeing were assessed and managed appropriately.

People received their medicines from staff who were competent to administer these safely.

There were sufficient numbers of staff. They underwent a series of checks before starting work to ensure they were appropriate for their roles.

Risks associated with people's support were assessed and guidelines were in place for staff to manage these.

Good



Is the service effective?

The service was effective. People received support from staff who had sufficient skills to carry out their role.

People were supported to eat and drink to maintain their health and wellbeing.

Staff applied the principles of the MCA and DoLS appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Good



Is the service caring?

The service was caring. Staff had a good understanding of people's individual needs and used their knowledge to deliver person centred care.

People were treated with respect and dignity.

Staff involved people in making decisions about their care and supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care records provided sufficient detail to ensure the staff were able to meet people's current needs.

A variety of appropriate activities took place which people enjoyed. However activities for people living with dementia needed to be improved.

People's feedback was sought and used to help improve the quality of care provided.

A complaints process was in place and was being followed.

Good



Summary of findings

Is the service well-led?

The service was not consistently well led. The registered manager was absent from the home which meant there was an absence of robust management of the service.

Staff told us the deputy manager was approachable and supportive.

People were asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained. However timely action had not always been taken to address shortfalls.

Complaints, accidents and incidents were analysed and action was taken to prevent re-occurrences.

Requires improvement



Ashbrook Nursing 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 8 September 2015 and was unannounced. The inspection team consisted of the inspector and a specialist nurse advisor.

Before the inspection, we reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which

the provider is required to send to us by law.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with five people who used the service. We also spoke with three relatives, the registered manager, the deputy manager, two registered nurses, four members of care staff, the cook, activity co-ordinator and a member of the housekeeping team.

We looked around the premises and observed how staff interacted with people throughout the day, including lunchtime. We also looked at four sets of records related to people's individual care needs, two staff recruitment and training files and records associated with the management of the home including quality audits. We looked at the way in which medicines were stored and administered to people.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “Yes, I feel safe. I like it here.” Other comments included, “Ok” and “Yes all ok.” A relative told us, “She is safe here. Staff are really on the ball.” For people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and talking to staff. People were happy to have staff sit next to them and to hold their hand, indicating they felt safe in their company. The atmosphere in the home was calm and relaxed.

Policies and procedures were in place to protect people. Staff confirmed they had read these. They told us they had received training in safeguarding adults and certificates held in their training files confirmed this. Staff demonstrated a good understanding of how to keep people safe and told us they would report their concerns to the deputy manager and the local authority. A flow chart was displayed in a visible area which gave details about who to report safeguarding concerns to and included a contact number for the local authority and the police. Records we hold showed the provider had notified us about safeguarding incidents and had worked with the local authority to make sure people living at the home were protected from risk of harm or abuse.

Risks to people’s safety and well-being had been assessed prior to their admission to the home and were reviewed monthly to identify any changes. Care and support was planned and delivered in a way that ensured people were safe. Risk assessments had been developed in relevant areas such as moving and handling, falls prevention, risk of skin break down and the development of pressure ulcers, nutrition and hydration. Risks associated with health conditions such as diabetes and Parkinson’s disease were also identified. Risk assessments were reflective of people’s needs. They helped staff to determine the individualised support that people needed if they had a sudden change of condition or experienced an increased risk. For example, for a person who was bed bound their risk assessment stated, “[The person] should be on an air mattress and turned every 2-3 hours”, which reduced the risk of them acquiring a pressure ulcer.

We found various monitoring charts such as turning charts (to prevent risk from pressure development) and fluid charts (encouraging people to remain hydrated) in people’s rooms. However, these had not been consistently

completed. Staff we spoke to were aware of people’s care plans and why the charts were in place. They confirmed that they followed the care plans and carried out the required actions. We found this had been carried out in daily records. The issue about incomplete charts was discussed with the deputy manager and the registered manager who told us that this had been raised at a staff meeting and would be followed up with individual staff, to ensure that the charts were fully completed to show that care plans were followed and people’s needs were being met.

The service had a robust staff recruitment system. Pre-employment checks were obtained prior to people commencing employment. These included two references and a satisfactory Disclosure and Barring Service (DBS) check. These checks help employers make safe recruitment decisions and ensure people were of good character and fit for work. Staff disciplinary procedures were followed where issues were identified in their work practice.

We checked the staff rota and found that there were sufficient staff on duty to keep people safe and to meet their needs. One member of staff told us, “Yes there are enough staff at the moment, we can sit and chat [with people who use the service].” We saw staff in conversation with people and them being assisted unhurriedly which indicated there were enough staff on duty to meet their needs. Staffing levels were reviewed regularly in consultation with the nurses and care staff and adjusted when people’s needs changed or when they needed support with appointments.

People’s medicines were managed safely. We observed the designated nurse administering medicines and saw that they did this in a safe way. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored safely and only the nurses and the registered manager had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. The registered manager and the nurses undertook regular audits, either weekly or monthly, depending on the medicine, to ensure medicines received in to the home and administered were accounted for. The correct procedures for controlled drugs were followed and they were correctly accounted for.

We looked for hand sanitizer dispensers in the home and found that three were available in the premises. However

Is the service safe?

we did not observe staff or relatives using these. There were no clear signs requesting staff and visitors to use the dispensers. This left staff, people who used the service and visitors at potential risk of acquiring healthcare associated infections. This issue was discussed with the provider and the deputy manager who assured us that they would ensure these were used in order to promote safe infection control measures.

There were systems in place to respond to emergencies that could occur. Checks carried out included checking fire alarm equipment as well as electrical appliances and kitchen equipment to ensure they were safe to use. A food hygiene inspection carried out by the local environmental health team in Havering gave them a score of 5.

We saw that plans were in place to respond to emergencies and each person had a personal emergency evacuation plan. These plans provided information about the level of support they would need to be evacuated from the home in an emergency. The information recorded was specific to each person's individual needs and was sufficiently detailed to ensure staff knew how to evacuate people safely. However on the day of the inspection we found that fire exit was partially blocked. This would prevent safe evacuation of people from the building in an emergency. This was immediately brought to the attention of the deputy manager who resolved the issue straight away.

Is the service effective?

Our findings

Staff were knowledgeable about people's care needs and had the skills to support them. People told us they had confidence in the staff and spoke positively about the care they received. One person said, "They look after us well." Another person said, "They know how to look after us." Relatives told us they felt the staff were trained to meet people's needs. A relative told us, "They are always friendly and nothing is too much trouble. I have never seen anyone get short with anyone."

Staff told us that they received the training they needed to perform their respective roles. They said they were always encouraged to attend training. They received regular training in issues relating to people's specific care and health needs such as such as diabetes and Parkinson's disease as well as how to care for people living with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control. We saw relevant certificates of recent training on staff files. We saw that staff did not undertake mandatory pressure ulcer prevention training. The registered manager agreed to add this to the training portfolio for all the staff to complete.

A staff training matrix identified the training each member of staff had undertaken and when updates were due. Newly employed staff members were required to complete an induction programme and did not work unsupervised until they had completed this training and been assessed as competent to work alone. One staff member told us, "I did three or four days training before I started here." Staff had also completed dementia awareness training.

Staff told us they were supported by regular supervision meetings with senior staff. They were encouraged to share their views on the running of the home and their personal development and training needs. Staff found these meetings useful and felt listened to. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place although these had not taken place at regular intervals. A staff member we spoke with said, "Support is there whenever you need it. It's a really good home, it's like a family." Therefore supervision and appraisal were used to develop and motivate staff to deliver safe care.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be lawfully deprived of their liberty where it is deemed to be in their best interests or for their own safety. Records showed that staff had received MCA and DoLS training. . Where it was necessary to make decisions about people's care and treatment, capacity assessments were undertaken to assess whether the person was able to make those decisions themselves. Staff told us they supported people to remain as independent as possible and involved them in decisions about their care. For example, they told us some people were limited in the decisions they were able to make due to living with dementia but where they could make decisions, they were offered choices, such as what clothes they wished to wear, and what they would like to eat and drink.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and the registered manager was aware of the implications of this legislation. Where it had been identified someone needed to be deprived of their liberty to maintain their safety, applications to the local authority for authorisations for DoLS had been applied for. |This ensured that people's human and legal rights were respected.

We observed people having their lunchtime meal. Staff explained to people the food that was available, showed them the plated meals to aid their choice and encouraged them to try the dishes. We saw that people were offered alternatives if they wished. Those people who required support to eat were assisted appropriately by staff who engaged them in conversation. People's dietary requirements were known to staff and the chef so that people received the food they needed and preferred. The chef told us "Because most of us have been here for a while we know what people like and don't like and accommodate the best we can, just like we do our own family." We asked people their views of the meals provided at the home. Comments included, "Yes the food is good" and "The food is fine and we get a choice".

People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals were made to the GP, speech and language therapist and dietitian as needed.

Is the service effective?

Systems were in place to identify and address people's healthcare needs and to support them to receive the healthcare they needed. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietitian and their doctor. A relative told us that the GP was promptly called if and when needed. The outcomes of these referrals were documented with changes to care needs transferred to the care plans. Not all of the people who used the service required nursing care, and for those who did not, the community nursing service provided advice and support for staff. A relative told us, "If my mum has any health problems they always tell us."

We saw that although there were people living with dementia at the home there was little signage or other

appropriate activities taking place for this group of people. The staff were aware that improvements to the environment and signage throughout the home would assist people in identifying their bedroom, the toilets, bathrooms and other communal areas. The signage would enable people to increase their level of independence and reduce their need for staff support.

There was building work going on at the back of the location. The provider informed us that the whole building was going to be refurbished once the building work was complete. This would improve the design of the building with the use of signage and other environmental adaptations with the aim of better meeting the needs of people using the service, especially for those living with dementia.

Is the service caring?

Our findings

Those people who were able to share their experiences with us spoke highly of the care they received. They told us the staff were always caring and friendly. Comments included, “They are very kind” and “Very nice staff”. Relatives also told us that the staff were caring and friendly. One relative said “My mum was here and I recommended this home to [a person’s] daughter.” Another said “She seems very well looked after.”

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. Throughout the visit we saw the staff talking to people, they smiled, made eye contact and allowed time for the person to reply. We also saw that staff discreetly explained to people that they were going to assist them with their personal care needs when needed.

The atmosphere in the home was calm and relaxed. We saw that staff were chatting with people and visitors whilst carrying out their duties. Staff knew people well and were able to tell us about their preferences and the things they

enjoyed doing. They said, “We read the care plans and get to know them well as well as their likes and dislikes.” We heard staff in conversation with people about their families and their interests.

Staff told us they enjoyed working at the home, comments included, “It’s a really good home, It’s like a family” and “I love working here.”

People told us their privacy and dignity were respected and staff always knocked on their bedroom doors before entering. The home had a policy regarding keeping personal information confidential and staff were aware of their responsibilities.

Two people at the home were receiving end of life care at the time of the inspection and staff carried out their roles in a supportive manner. We saw in files that their preferences about this were recorded. Some people had completed ‘Do Not Attempt Resuscitation’ forms in their records and these were appropriately completed and discussion with the person or their representatives was noted. All staff had received training in end of life care and knew how to respect people’s wishes at the end of their lives. They told us they would support people and their families with kindness and respect during this time. Therefore we saw that end of life care at the service was managed well.

Is the service responsive?

Our findings

People's needs were assessed by the deputy manager before they came to live at the home. This included all aspects of care such as health, mobility, nutritional needs, personal care, communication and medicines. Information was readily available about people's preferences, likes and dislikes and how they preferred to be supported. All of the relatives we spoke with said they and the person living at the home had been involved in discussions about the person's care. This ensured that the views of the person receiving care were known, respected and acted upon.

Each person had an individual and personalised care plan which identified their specific care and nursing needs. We saw the care plans covered daily living activities and areas specific to each individual's care needs. Staff were provided with information about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance. The care plans were updated and reviewed monthly and adapted to the changing needs of the individual. Where necessary staff had sought advice from health care specialists to assist in managing people's care. We saw that staff followed guidelines made by health care professionals. For example, ensuring that a person was alert and sitting upright when they were eating and drinking to prevent choking. Changes in people's care needs were communicated to staff during the handover between shifts.

Arrangements were in place to meet people's social and recreational needs. Throughout the inspection we saw staff engaged in a variety of activities with people, such as playing board games, quizzes, bingo and singing. People who did not wish to participate in activities were offered alternatives. However we did not see suitable activities taking place for people living with dementia. We discussed this with the deputy manager and the provider who told us that plans were in place to improve signage and visual aids around the building following the completion of the refurbishment of the building. Staff ensured that people were able to maintain relationships that mattered to them such as family and other social links.

There was an effective complaints procedure in place. People told us they had no concerns about the care and support provided at the home. We asked people if they felt confident about raising any concerns they might have. They told us they knew how to make a complaint. One person said, "I don't have any problems, but if I did I would tell the manager." People's views were obtained and acted upon about how their service should be provided. A relative told us, "Any issues we have are sorted out quickly." We saw written accounts of complaints being responded to in a timely manner and in line with the provider's policy and procedure. Quarterly relatives meetings were held and this also gave people an opportunity to give feedback about the service and any concerns they might have.

Is the service well-led?

Our findings

Prior to our inspection the provider had notified us of the registered manager's absence because they had been deployed to manage another home operated by them. On the day of the inspection we briefly met the registered manager before they returned to their new role. Therefore, the deputy manager was in charge of the day to day management of the service. The registered manager who visited the service daily provided some support. This arrangement had been in place for six months. We found that the registered manager was not involved in the day to day management of the service. Both the manager and the deputy manager were unclear about their future positions. On the day of the inspection we were supported by the deputy manager who performed their role well.

We found that systems were in place to monitor the quality of service provided. Monthly monitoring of the service took place by an external quality assurance manager to ensure that the service operated according to expected standards. However, we found that a number of issues raised by them during a visit conducted in July 2015 had not been fully addressed. For example, incomplete monitoring charts and the fire exit being partially blocked. This meant that although potential risks were identified by them, sufficient action had not been taken to make sure the service runs smoothly and safely. Therefore the arrangements to cover the absence of the registered manager were not sufficiently effective. We have discussed this further with the provider to ensure that the appropriate person is registered to manage the service in line with the Act. We recommend that improvements are made to provide consistent and robust management, so that people receive a safe, quality service.

We spoke with people and family members about how they thought the service was led. People told us that they knew who the registered and deputy managers were. They were aware they could discuss any concerns they might have with them. One person said the registered manager was "nice" and "helpful". Another person said they would speak to the registered manager or the deputy manager if they

had any problems. A survey for people who used the service was conducted in 2014. The results of this survey showed that people were overall happy with the care and service provided.

Staff told us that staff meetings were regularly held and all felt confident to raise any concerns they might have about people's care. The staff we spoke with understood their roles and responsibilities for people's care and described appropriate communication and reporting systems at the home. Examples given were staff meetings, handovers, reporting of accidents, incidents and safeguarding concerns. All of the staff we spoke to said the management team were approachable. However, staff members raised concerns about the planned expansion of the home next year and its impact on them. They were aware that they could raise their concerns at forthcoming staff meetings and seek reassurance from the management team and the provider.

There were a variety of auditing systems in place to promote continuity; such as a monthly audit of safeguarding concerns, falls, pressure sores, accidents, incidents and health and safety checks, complaints and compliments as well as equipment maintenance. This was done with the aim of ensuring that preventative action was taken by staff to reduce its impact and corrective actions were applied.

The provider explained that a program of extension of the home and improvement and re-decoration had commenced at the service. They acknowledged this would be a lengthy process and hoped it would be completed with the least disruption to people.

The registered manager told us the provider's senior management team were supportive and they were confident any resources needed for the effective running of the service would be available.

People's records were kept securely in order to protect their confidentiality. This showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality.

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.