

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 February 2017 and found breaches with regulatory requirements relating to Regulation 9 [Person centred care], Regulation 11 [Need for consent], Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance]. As a result of our concerns the Care Quality Commission took action in response to our findings by rating the service as 'Inadequate' and placing the service into 'Special Measures.'

We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the registered provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection considerable progress had been made to meet regulatory requirements, however further improvements were still required.

Ashbrook Court Care Home is registered to provide accommodation with nursing or personal care for up to 70 people, some of whom may be living with dementia. There were 55 people receiving a service on the day of our inspection.

A registered manager was in post. 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.

Quality assurance checks and audits carried out by the registered provider and the management team of the service were in place and had been completed at regular intervals in line with the registered provider's schedule of completion. The registered provider and management team were able to demonstrate a better understanding and awareness of the importance of having good quality assurance processes in place. This was a significant improvement and this had resulted in better outcomes for people using the service. Feedback from people and those acting on their behalf and staff were generally positive. This referred specifically to there now being confidence that the registered provider and management team were doing their utmost to make the required improvements. Nonetheless, some improvements were still required to ensure that areas for improvement as highlighted as part of this inspection and where issues were highlighted as part of the management teams auditing arrangements was available to show actions required had been addressed.

Improvements were still required to ensure that people's care plan documentation was accurate and up-to-date. Where care plans for people who could be anxious or distressed were in place, the reasons for people becoming anxious and the steps staff should take to comfort and reassure them including staff's interventions and the outcome of incidents, required review and development. Suitable arrangements to mitigate risks or potential risk of harm for people using the service required further review and development as not all risks to people's safety were identified or recorded. The registered manager and business manager

confirmed following feedback at the time of the inspection that further care plan reviews would be undertaken to ensure the above was addressed as a priority.

The majority of staff spoken with at the time of the inspection described the management team as supportive and approachable. However, suitable arrangements were still needed to ensure that staff received regular formal supervision. Staff told us and records confirmed that a range of training opportunities were available and provided to them. Nonetheless, improvements were required to ensure where training remained outstanding this was completed. Improvements were also required to ensure staff training relating to dementia awareness was embedded in their everyday practice. An assurance was provided by the registered manager that this would be addressed.

People confirmed that social activities were available. However, improvements were still needed in the way staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for those living with dementia or who had complex care needs. Although further improvements were still required, it was recognised that this primarily related to Redwood Unit. However, consideration should also be made to address some people's comments as detailed within the main text of the report in relation to them feeling bored and not having anything available to occupy them during the day and staff not being able to spend meaningful time with them to sit and chat.

Suitable arrangements were in place to take action when abuse had been alleged or suspected. People were protected from abuse and avoidable harm and people living at the service confirmed they were kept safe and had no concerns about their safety. Safe recruitment practices were in place and being followed so as to keep people safe. We observed that staff followed safe procedures when giving people their medicines, medicines were stored safely and records showed that people were receiving their medicines as prescribed.

Comments about staffing levels at the service were variable as not all people felt there were sufficient staff available and the most common complaint was that staff did not have the time to sit and talk with them. Although these concerns were expressed the deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard. Systems were in place to determine the dependency needs of people using the service and these were used to support the service's staffing levels.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted. People were now routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed. Nonetheless, minor improvements were required to ensure particular decisions which had been made were accurately recorded.

People were supported to have enough to eat and drink. Significant improvements were now in place to monitor and record people's nutritional and hydration intake so as to identify at the earliest opportunity those people who were at risk. Suitable arrangements were now in place to support people where they required assistance to eat and drink. People were supported to maintain good healthcare and have access to healthcare services as and when required.

Staff knew the care needs of the people they supported and people told us that staff were kind and caring. In general, staff responded to people's need for support and demonstrated appropriate concern for their wellbeing and people told us they were happy with the care and support provided by staff.

The majority of staff spoken with told us that the overall culture across the service was now open and that they felt supported by the management team. Staff told us that communication between staff and the management team was better and that morale within the staff team had much improved.

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.

Improvements were required to ensure risks to people were suitably managed, mitigated and recorded so as to ensure people's safety and wellbeing.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse and the risk of harm.

Although people's comments about staffing levels were variable, the deployment of staff was observed to be appropriate and recruitment procedures were safe.

Improvements had been made to ensure that the management of medicines was appropriate.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Although the majority of staff had received applicable training, improvements were needed to ensure that training relating to dementia awareness was embedded in staffs' everyday practice.

The service was compliant with legislation around the Mental Capacity Act [2005], however minor improvements were required to ensure information recorded was not conflicting.

Suitable arrangements were in place for staff to receive an induction and formal supervision. Staff confirmed they were supported.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

Improvements were required to ensure that staff interactions on Redwood Unit were person centred and not task and routine led.

People told us they were treated with care and kindness and received appropriate care and support to meet their needs.

People told us they were treated with dignity and respect and their independence was promoted where appropriate.

Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail others were not as fully reflective or accurate of people's care and support needs as they should be. Improvements were also required in relation to daily care records.

Not all people who used the service were engaged in meaningful activities or supported to pursue activities that interested them. This referred specifically to Redwood and Birch Units.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints. People were confident that their complaints would be listened to, taken seriously and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although significant improvements were noted at this inspection, the provider's systems to check the quality and safety of the service required improvements. This was to ensure that areas highlighted for corrective action as part of the provider's auditing systems were followed up and addressed.

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 checked 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 23 and 24 August 2017 and was unannounced. The inspection team consisted of one inspector and an inspection manager on 23 August 2017 and two inspectors on 24 August 2017.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, 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 ten people who used the service, six people's relatives, six members of staff, the clinical lead and the registered manager. We reviewed six people's care files, four staff recruitment files and staff training and supervision records. We also looked at the service's arrangements for the management of medicines, complaints and compliments, information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection of the service on 7 and 8 February 2017, we found that not all risks were identified and recorded for people using the service or managed appropriately. Improvements were required in relation to medicines management and ensuring there were enough staff available to meet people's care and support needs. Additionally, further development was required in relation to safer recruitment procedures. The latter specifically related to agency staff deployed to the service on an 'ad-hoc' basis.

We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the registered provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection, although considerable progress had been made, further improvements were still required. This referred specifically to ensure risks to people were suitably managed, mitigated and recorded so as to ensure people's safety and wellbeing.

Not all risks were identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant that risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up to date as they should be. For example, the care records for one person recorded them as requiring the use of oxygen in the event their oxygen capacity should fall below a certain level and they experienced breathing difficulties. A risk assessment had not been completed to minimise the risks associated with the safe storage and use of oxygen. For example, ensuring the designated flow rate for the person was correct and in line with their oxygen prescription, making sure there was no kinking or entrapment of the tubing used to supply the oxygen and the use of alcohol hand rubs, gels and oil based emollients. We discussed the above with the qualified nurse on duty and although they were aware that the person required oxygen therapy at intermittent intervals, it was evident they were not aware of the correct flow rate of oxygen to be administered. This meant there was a risk that the person could receive too little oxygen which could cause the person to remain breathless and to experience discomfort.

The care records for another person made reference to them being at the end of their life and experiencing a decline in their weight since January 2017. This referred specifically to a weight loss of approximately nine kilograms. Although the person had been referred to the Community Dietetic Service in June 2017 and seen by the dietician in July 2017, the Malnutrition Universal Screening Tool [MUST] used to identify people who are underweight and at risk of undernourishment inaccurately recorded them as low risk. Furthermore, a risk assessment to identify actions being taken by the service to manage the risk had not been completed. These shortfalls were discussed with the registered manager and clinical nurse. They gave an assurance that this would be addressed immediately. Overall risks were well managed and a lot of improvements had been made to ensure people's safety.

During the first day of inspection one person on Redwood Unit was observed to be seated in the communal lounge/dining room without their walking frame. The person was noted to stand from a seated position with difficulty and without staff support. The person whilst standing was observed to be unsteady on their feet

and sway from side to side. We asked staff to provide assistance in order to meet the person's safety needs and this was duly provided. However, staff assisted the person to mobilise to and from the lounge/dining area without the use of their walking frame. When asked staff were not able to tell us where the person's walking frame was located but confirmed this should be used to enable the person to mobilise independently and safely. The person's care plan confirmed they should mobilise using this item of equipment and were judged to be at high risk of falls. Accident and incident records for this person showed that since our last inspection to the service in February 2017 they had experienced three falls, however none of these had resulted in injury. An assessment to mitigate the risk to the person of falling had not been completed and actions were not effective and being acted upon by staff in a timely manner to monitor the person's safety or to safeguard them. We brought this to the registered manager's attention at the earliest opportunity and steps were taken to ensure the person had their walking frame accessible to them on the second day of inspection.

Environmental risks, for example, those relating to the service's fire arrangements were in place and this included specific information relating to their individual Personal Emergency Evacuation Plans (PEEP). The provider and registered manager had received a recent letter from the Local Authority and Care Quality Commission regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment and 'Business Continuity and Emergency Plan' were in place. The latter is a document that ensures the service can cope with the effects of an unforeseen emergency or crisis. The registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency. Fire drills within the service were completed at regular intervals

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well, that their safety was maintained and they had no anxieties or worries. One person told us, "I feel safe living here, the staff are very pleasant." Another person told us, "Oh yes, I definitely feel safe." A third person told us, "I suppose I do feel safe, I can't think of anything that would make me feel otherwise." Relatives spoken with verified they had no concerns about their family member's safety and wellbeing.

Staff employed at the service had received appropriate safeguarding training. Staff were able to demonstrate an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that all members of the management team would act appropriately on people's behalf. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive. Where safeguarding concerns had been identified, the Local Authority and Care Quality Commission had been notified.

Prior to our inspection concerns were raised about staffing levels at the service. Concerns raised suggested that staffing levels throughout the day and night were inadequate to meet peoples care and support needs to an appropriate standard. People's comments about staffing levels at Ashbrook Court Care Home were not positive. One person told us, "There is definitely a lack of staff; it is particularly noticeable during the daytime. I was told when I came here that this [Ashbrook Court Care Home] would be my home. Staff talk to you when providing care but they haven't got the time to just simply have a chat or spend time with you." When asked as to how this impacted on the quality of care provided by staff, the person told us that sometimes the care and support provided by staff was rushed and hurried. They advised us that they often felt guilty when asking staff for support and felt anxious when staff did not always react in a timely manner

when responding to their call alarm. The person was unable specifically to provide a timeframe as to how long they had to wait for staff to attend to their care and support needs but stated, "Too long." Another person told us, "They [Ashbrook Court Care Home] are short staffed at times. I like the staff but they don't have the time to just come and sit with you and to have a chat." A third person told us, "I have been here a number of years. It was lovely at first but they [organisation] cannot get the staff. The home are short staffed day and night." When asked as to what this meant for them, the person told us that although staff would tell them they were busy and would be back, they could be waiting for up to 30 minutes for support with their personal care.

However, although people's comments about staffing levels at the service were variable, our observations during both days of the inspection indicated that the deployment of staff within the service was suitable to meet people's needs and current staffing levels ensured their care and support was provided in a timely manner most of the time and staff were able to respond to the changing needs and circumstances of people using the service.

We recommend the registered provider improves the way they seek peoples feedback in relation to staffing levels at the service and how they respond to peoples' concerns about staffing levels and staff engagements.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed since our last inspection in February 2017 showed the registered provider had operated a thorough recruitment procedure in line with their own policy and procedure and regulatory requirements. Relevant checks had been carried out by the registered provider before a new member of staff started working at the service. These included the completion of an application form, attainment of written references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. No information was recorded as part of good practice procedures relating to the interview for one member of staff so as to demonstrate the outcome of the discussion and the rationale for the appointment. We discussed the latter with the registered manager and an assurance was provided that this would be monitored and completed for the future.

Comments about the provider's medicines management arrangements from people using the service were positive, as people confirmed they received their medication as they should. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 15 out of 55 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Where people were prescribed medication dependent on the results of a blood test, for example Warfarin, information relating to this was kept with the MAR form and specific instructions and adjustments relating to the dose of this medication were followed.

Is the service effective?

Our findings

At our last inspection of the service on 7 and 8 February 2017, we found that guidance was not being followed to ensure that people were supported appropriately with regards to their ability to make decisions. Furthermore improvements were needed to improve staff induction arrangements.

We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection although considerable progress had been made, further improvements were still required. This referred specifically to ensuring that training relating to dementia awareness was embedded in staffs' everyday practice and information relating to people's capacity to make day to day decisions was accurately recorded and not conflicting.

Staff training records provided by the registered manager confirmed that the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. Where refresher and up-dated training was required, letters had been sent to staff reminding them of their responsibilities and commitments to undertake this training as soon as was practicable. The registered manager advised this related specifically to staff that were and/or had been on maternity leave, sick leave or employed as a 'bank' member of staff.

Our observations showed that staff in the main effectively applied their learning which demonstrated positive outcomes particularly for people living on Oak and Maple Units. However, this was in contrast to our observations on Redwood Unit. Not all staff appeared to recognise that their practice in relation to interactions, exchanges and communication with people using the service, particularly for people living with dementia required improvement. This was because the majority of interactions, exchanges and communication with people using the service were routine and task led, for example these were primarily centred on providing drinks and supporting people to eat their meals, assisting people with their personal care and comfort needs. We discussed this with the registered manager and newly appointed clinical lead for the service. Both confirmed they were aware of the disparity between some members of staff's practice and acknowledged this was an area that would require more time to be addressed. The registered manager confirmed additional dementia awareness training would be provided and further discussions with the qualified nurses would be undertaken to ensure they were an effective role model whilst on duty.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Records confirmed what we had been told. Additionally, staff confirmed they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff members were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had proved valuable.

Staff told us they felt supported by the management team. One member of staff told us, "The registered

manager is brilliant, they are calm and lovely, I feel very supported." Another member of staff stated, "It's completely different now and I feel very supported." Records showed that the majority of staff employed at the service had received at least one or two formal supervisions since our last inspection to the service in February 2017. Where staff had not received regular supervision; this related specifically to staff that had been on maternity leave, long-term sick leave or employed as a 'bank' member of staff. We discussed this with the registered manager and they confirmed there was already a plan in place for the latter to be addressed within the next two months.

The Mental Capacity Act [MCA] 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate a good knowledge and understanding of the MCA and DoLS. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been assessed and recorded. However, although this was positive and much improved, information viewed for one person was contradictory as the MCA stated they did not have the capacity to make day to day decisions but their care plan relating to 'communication' stated they were able to understand what was said to them and able to make day to day choices and decisions. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

People were positive about the meals provided. One person told us, "The meals provided are absolutely fine." Another person told us, "The food is good and there are choices of meals available. I am offered and receive regular drinks throughout the day." A third person commented, "The food is quite nice and it meets my requirements just fine."

The dining experience was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room. Where people required assistance and support from staff to eat and drink, this was provided in a sensitive and dignified manner, for example people were not rushed to

eat their meal and were able to enjoy the dining experience at their own pace. Staff were overheard to ask people if they had enjoyed their meal and people were routinely offered 'second helpings.' Hot and cold drinks and snacks were readily available throughout the day and not just at set times.

People's nutritional requirements had been assessed and documented, however improvements were required to ensure that where advice was provided by a healthcare professional, for example dietician, information provided was recorded and included within the individual's care plan. This would ensure that specific actions resulting from a healthcare professional's visit would be available for all key members of staff involved in the care and support of the individual person so as to ensure they had adequate nutrition and hydration.

People told us that their healthcare needs were well managed. One person told us, "If you are not feeling well, the staff will get the doctor for you." Another person told us, "The staff are very good, if you are not well they will deal with it." Relatives confirmed they were kept informed of their family member's healthcare needs and the outcome of any appointments. People's care records showed that information relating to the above was clearly recorded and this included evidence of staff interventions and the outcomes of their healthcare appointments. Each person was noted to have access to local healthcare services and professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP.

Is the service caring?

Our findings

At our last inspection to the service on 7 and 8 February 2017, we found that improvements were required as there were occasions whereby care provided by staff was observed to be task and routine based.

We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection, although considerable progress had been made, further improvements were still required. This referred specifically to Redwood Unit.

People's preferences and choices for their end of life care were not robust or as detailed as they should be. We found that the needs of one person approaching the end of their life and associated records relating to their end of life care needs were either not recorded or contained minimal information. For example, the care plan provided little or no information detailing the person's pain management arrangements and the care to be provided so as to provide comfort and dignity for the person nearing the end of their life. No information was recorded to aid care planning arrangements and discussions with the person or those acting on their behalf. In addition, no Preferred Priorities for Care [PPC] or advance care planning documents were noted to be in use. These are designed to help people prepare for the future and give them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life. This meant that people's 'end of life' wishes were not recorded, in line with new guidelines issued by the National Institute for Health and Care Excellence [NICE]. The latter places emphasis for a more individualised approach to 'end of life' care. Although the above was found, the person looked comfortable and well cared for.

People were satisfied and happy with the care and support they received. People told us that staff at the service were kind and caring. One person told us, "I'm alright for an old girl. The girls are kind and caring and always try and do their best. I have nothing to complain about." Another person told us, "The care I get is very good. The staff are generally very pleasant, kind and caring." A third person told us that they were happy with the care and support they received, particularly as they were no longer living on their own. However, as already detailed within the main text of the report, people repeatedly made reference to there being a consistent lack of staff at the service and expressed disappointment that staff were not able to spend meaningful time with them to sit and to have a chat.

The atmosphere within Oak and Maple Units was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people were observed to enjoy and appreciate. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or assisting people to mobilise within the home environment and this was particularly positive on Oak and Maple Units. On two occasions staff noted that people's hands were dirty, one person had picked flowers when in the garden and one person had chocolate on their fingers when eating a biscuit. Staff responded immediately by providing serviettes and assistance to both people.

However, this was conflicting with our observations on Redwood Unit. Whilst it was customary to have a staff member present in the communal lounge areas, the majority of interactions by staff on the first day of inspection with people using the service were task and routine led. For example, the majority of interactions primarily related to tasks and routines of the day, such as, providing drinks and supporting people to eat their meals, assisting people with their personal care and comfort needs. Additionally, on the first day of inspection the same film on DVD was played consecutively on two occasions during the morning before staff changed the activity and music was put on. Whilst the film was on, people using the service were either asleep or disengaged with their surroundings and not watching the film. When the music was put on people became more animated and lively.

This demonstrated that staff's knowledge and understanding for people living with dementia was not always as positive or proactive as it should be in relation to the practical needs of people using the service. Although we could see from the way staff spoke with people and their interactions that their intentions were kind and caring, this had resulted in routines that were task-led rather than person centred and there was a tendency to treat people as a group rather than as an individual. This was discussed with the registered manager at the time of the inspection. An assurance was given by them that this would be monitored for the future so that appropriate steps could be taken to ensure staffs interactions with people using the service was improved and more positive.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, significant key events that had happened in their lives and people and places that were familiar to them. For example, staff were able to discuss one person's ethnicity, how this impacted on the care and support provided and the involvement of their family.

There was evidence to indicate that some relatives had been consulted and involved in their family member's care plans. Relatives confirmed they had seen their member of family's care plan and had provided information as part of the pre-admission assessment process. However, there was little evidence to demonstrate that people using the service had been actively involved in planning their care.

People's independence was promoted and encouraged where appropriate and according to their abilities. Where this was positive, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with staff support. One person told us that staff encouraged them to remain as independent as possible. They told us, "I don't need much care and support from staff. I can wash and dress independently. I can also eat and drink on my own and don't need staff help. I always try to do as much as possible for myself, however if I need help or assistance, the staff are always there."

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Observations showed staff knocked on people's doors before entering and staff were observed to use the term of address preferred by the individual. People also told us that staff treated them with respect, for example, where appropriate people received their mail unopened. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say.

Is the service responsive?

Our findings

At our last inspection to the service on 7 and 8 February 2017, we found that improvements were required in relation to the service's care planning and recording arrangements. We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the registered provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection, although progress had been made, further improvements were still required.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service was able to meet the person's needs.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, a senior member of staff told us that one person's GP had stopped all of their medication as a result of their wellbeing and their physical condition deteriorating. The person's care plan had not been updated to reflect this decision and a record depicting this decision could not be located at the time of the inspection. Where one person was prescribed oxygen in the event of them experiencing low levels of oxygen in their blood, information recorded only made reference to their formal diagnosis and the flow rate to be administered. No information was recorded relating to the person's respiratory status, the type of oxygen therapy required, the method of administration and delivery by staff and the signs and symptoms to observe. However, we did not find or observe any impact on people's care during our inspection. These were records based issues that needed to be addressed to ensure that risks to people were managed as robustly as possible.

Staff told us there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people consistently considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions needed improvement. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for people living at the service.

Daily care records for people using the service did not reflect or provide a complete picture as to how the person had spent their day. For example, the daily care notes for one person on 13 August 2017 were completed at 07:56 and then again at 22:57, making reference to only two occasions where personal care was provided. No other daily care records were completed until 16 August 2017 at 07:25. This was not an isolated incident. We discussed this with the registered manager and they told us, "Daily care records are not

of substance" and significant improvements in record keeping were required. The rationale provided for poor record keeping was that specific training relating to the service's electronic care planning and record keeping system was not provided as part of staffs' induction and this hampered their progress to fully understand the system. The registered manager confirmed that this training would in the future be part of staff's induction.

People's comments about social activities at the service were variable, with some people stating they were happy with the activities provided, others stating they were happy to not participate and preferred their own company. Others stated there was little to do and at times they were bored. One person told us, "We do have the occasional outings; recently we went to Waltham Abbey to the shops. I really enjoyed it." Another person told us, "I don't do anything but that's my choice." Others told us, "There are not many things to do and I do get fed-up sometimes," and, "Every day is the same, there is little variety." One person when asked as to how they spent their time told us they often felt bored, however they loved to read, particularly the genre of romantic novels. They told us that they did not have any books, however during the inspection we were able to find them a romantic novel for them to read.

Although people's comments were variable, staff confirmed there were a variety of activities available for people to join in if they so wished throughout the week, for example, seated exercises, arts and crafts, games, films, church service, reminiscence and outings within the local community. Whilst some people on Redwood and Birch Units were observed to enjoy 'doll' and 'soft toy animal' therapy, an over reliance on the television and music was noted on Redwood Unit on the first day of inspection. This was discussed with the registered manager at the end of the first day of inspection. On the second day of inspection an external entertainer visited the service in the morning and several people from Redwood and Birch Units were noted to enjoy the experience.

Complaint records showed there had been 14 complaints since our last inspection in February 2017. A record had been maintained of each complaint and there was documented evidence to show that each one had been responded to by the registered manager and/or the registered provider's representative and included actions taken, including where appropriate an internal investigation. A discussion was held with the registered provider's representative and the registered manager about the way the service needed to improve the way it deals with difficult and persistent complainants.

A record of compliments was maintained to evidence the service's achievements. Information within a well-known nationally recognised website which provides data and reviews relating to care homes situated within the United Kingdom showed that since February 2017 two reviews of the service had been made. Both reviews were very positive and included comments such as, 'We have been very impressed with the standard of care provided by the staff at the home and our relative has settled in very well' and, 'We were so delighted with the overall care and experience our relative received at Ashbrook Court. The staff are truly wonderful and very caring.' Both relatives confirmed that they would recommend the service to others.

Is the service well-led?

Our findings

At our last inspection to the service in February 2017, we found that the provider's quality assurance systems were not effective or robust and there was a lack of managerial oversight of the service as a whole by the registered provider and the then registered manager and management team. This meant the service was not effectively being run for the benefit of the people using the service.

As a result of our concerns the Care Quality Commission took action in response to our findings by placing the service in 'Special Measures.' We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection considerable progress had been made, however some further improvements were still required.

Since February 2017, there had been a change in the management structure of the service. The previous registered manager and other senior management team members had left the service and a new manager appointed in March 2017. In addition to this a new clinical lead had been appointed in April 2017. People using the service told us that the management team were visible and approachable, although several people using the service stated they did not know or could not remember the registered manager's name.

The registered provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the completion of a number of clinical and non-clinical audits. The registered manager completed a monthly report, comprising of both qualitative and quantitative information. In addition to this, weekly clinical reviews were undertaken so as to focus on people's physical health and wellbeing. The registered manager confirmed that all of the information gathered was recorded within a monthly 'master' action plan and this was reviewed and up-dated at regular intervals so as to evidence progress made and actions completed. Additionally, the provider's representative [business manager] completed a monthly report and this provided evidence of the progress made by the service in relation to the 'master' action plan.

Furthermore, since our last inspection in February 2017 an external audit of the service was commissioned by the provider. This was undertaken in July 2017, reviewing the service's performance against the domains of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led'. The outcome of the external audit identified that a number of improvements were required. At this inspection there was evidence to show that some of the required improvements had been addressed, such as issues relating to the service's medication arrangements and practices. However, more time was required to address other areas, for example, issues relating to care planning arrangements and documentation.

Our findings at this inspection showed that considerable improvements had been made since our previous inspection in February 2017. The registered manager and newly appointed management team were able to demonstrate a good understanding and awareness of their roles and responsibilities. They were able to confirm where improvements had been made and the areas that remained challenging and the main focus

of their attention. Improvements were noted in relation to medicines management, profiles were now evident for agency staff deployed to the service and staff employed at the service had received an appropriate induction. Staff were able to demonstrate a better understanding of the Mental Capacity Act [MCA] principles and how these related to people using the service and documentation was much improved. Food and fluid charts were of a better quality and provided sufficient evidence so as to determine if an individual's dietary needs were being monitored and met to an acceptable level.

Although the above was positive, further improvements were still required as recorded within the main text of the report. However, there was no evidence of any significant impact on people's care during our inspection and the issues identified were primarily records based that needed to be addressed to ensure that risks to people were managed as robustly as possible. For example, we found that people's care plans were not as fully reflective or accurate of people's care needs as they should be and not all risks to people's safety and wellbeing had been highlighted and recorded. We discussed this with the registered manager and business manager as the issues relating to care planning and risk management remained outstanding from our previous inspection in February 2017. The registered manager confirmed that to date a total of 27 care plans had been reviewed and updated. An assurance was provided by the registered manager and business manager that all remaining care plans would be reviewed and up-dated taking into account our feedback at this inspection within a four week period.

Where medication audits and/or medication error reports had been completed and where corrective actions were highlighted, there was not always information available to show that the actions had been addressed. Where minutes of meetings were completed, evidence of the action taken was not always recorded to show these had been dealt with and addressed. Further improvements were also required to ensure that people on Redwood Unit received care and support provided by staff that was less task and routine driven. Progress was also necessary to ensure that people using the service received regular opportunities for their social care needs to be met.

The registered manager confirmed that the views of people who used the service had been sought and a report compiled in December 2016. This was reported on as part of the last inspection in February 2017. The registered manager confirmed that a further satisfaction questionnaire would be sent out in due course to capture people's current views about the quality of the service provided.

The majority of staff spoken with told us the overall culture across the service was 'open' and transparent. Staff told us that communication between staff and the management team was better and more positive. Staff told us that morale within the staff team at all levels had much improved. The majority of staff spoken with at the time of the inspection described the management team as supportive and approachable and referred to the management team as being "good". Staff told us that the appointment of the new management team had provided a feeling of stability within the service and this was much needed.

Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.