

Carebase (Sewardstone) Limited

# Ashbrook Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashbrook Court Care Home is a residential care home providing the regulated activity of accommodation and nursing care to up to 70 people in one adapted building. The service provides support to older people and people who are living with dementia and/or who may require nursing care. At the time of our inspection there were 70 people using the service. The care home is unitised and supports people across 4 separate units, which have separated adapted facilities.

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

Suitable arrangements were in place to keep people safe. Procedures were followed by staff to safeguard people and staff understood these processes. Risks to people were identified and managed to prevent people from receiving unsafe care and support. Medicine arrangements ensured people received their prescribed medication and staff's practice was safe. People's comments were variable regarding staffing levels. However, at the time of inspection the service was appropriately staffed to meet people's care and support needs. Recruitment procedures were followed to ensure the right staff were employed to care for vulnerable individuals. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. Suitable arrangements were in place to assess and monitor the quality of the service provided. People, their relatives and staff were positive regarding the management of the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published October 2019). 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 Regulation 12 [Safe care and treatment].

### Why we inspected

This inspection was prompted by a review of the information we held about this service and prompted in part by notification of an incident following which a person using the service died. The information shared with CQC about the incident indicated potential concerns about the management and safety of risk of the storage of Control of Substances Hazardous to Health [COSHH]. A decision was made for us to inspect and examine those risks. This inspection examined those risks. We found no evidence during this inspection that

people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashbrook Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Ashbrook Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors and 2 Experts 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 Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashbrook Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan 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 the registered manager, 1 registered nurse, 3 care staff and the service's facility manager. We reviewed 5 people's care files and 4 staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction, and supervision data. We also looked at the service's quality assurance arrangements.

The Experts by Experience spoke with 11 people who use the service and 7 people's relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe and have no concerns", "I've no real concerns" and, "I am safe, I do not have any concerns." Relatives told us, "My family member is safe. [Relative] used to wander a lot but they have better security here than when they lived at home" and, "I have no concerns about [relative] safety."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment.

- Comments from people using the service and those acting on their behalf were variable relating to staffing levels. Comments included, "Staff pop in to see me. I use the button and sometimes have to wait", "If I ring the alarm, they [staff] come pretty quickly. There's always someone at night" and, "They're not that attentive, I'm left on my own a lot." However, on the day of inspection, the deployment of staff was appropriate and there were enough competent staff on duty to meet people's needs and to ensure staffs' practice was safe.
- The service used a formal tool to assess people's dependency needs and this was used to inform the service's staffing levels.
- Staff recruitment records for 4 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection in 2019, medication practices were not routinely safe and required improvement. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

#### Using medicines safely

- Medication practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance. People told us, "They [staff] give me my medication", "I get my tablets regularly. They give me a drink and watch me take them" and, "They give me a handful of pills in the morning. Staff give me water and watch me swallow them."
- Accurate medicines records were maintained, and people received their medicines as prescribed.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed they had enough supplies of PPE at all times. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises to ensure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. During both days of inspection, we observed a steady flow of visitors to Ashbrook Court Care Home, including adults and children. Comments included, "Visitors can come whenever they want" and, "Visitors can come in anytime. We have lots of visitors to see my relative, family, friends and neighbours."



### Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong.
- Where safeguarding concerns and complaints were raised, a review had been undertaken to ensure lessons were learned to support future improvement.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture which ensured the care provided to people using the service was person-centred and focused on people's individual care and support needs. Most people spoken with were complimentary regarding the care provided.
- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes. This information was used to help the provider and registered manager drive improvement, including the monitoring of trends and lessons learned each month.
- Robust arrangements were in place to examine and analyse key data relating to falls, accident and incidents, weight gain and loss, the incidence of pressure ulcers and the monitoring of infections.

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 the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Staff were complimentary about the registered manager and senior management team. Staff told us they were confident to raise concerns and believed these would be acted upon and addressed by the registered manager.
- People and those acting on their behalf were complimentary regarding the management of the service, signifying the service was well managed and led. Comments included, "I've met the manager, he's very nice" and, "I know the manager, he is very approachable."
- Most people told us they would recommend the service to others. One relative told us, "I wouldn't hesitate to recommend the service. I think [management of the service] do their best." Another relative told us, "[Name of registered manager] he's lovely. The staff are all pretty good, I would recommend here [Ashbrook Court Care Home]."

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

- People and those acting on their behalf had been given the opportunity to attend family meetings. One relative told us they had attended a recent family meeting, and this included canapes. They received a copy of the meeting minutes soon after and these confirmed the discussions held, for example, future redecoration and renovation plans for Ashbrook Court Care Home.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.