Review of compliance

Ashbourne (Eton) Limited Brookes House	
Region:	East
Location address:	79-81 Western Road Brentwood Essex CM14 4ST
Type of service:	Care home service without nursing
Date of Publication:	October 2011
Overview of the service:	Brookes House has 70 beds. It is set over two floors and has a garden to the rear. It provides care for older people who do not require nursing care.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Brookes House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Brookes House had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for and talked to people who use services.

What people told us

People with whom we spoke said that they were happy at the home and well cared for. One person said "if you want anything they do their best to sort it out"and another said "if you want any help or advice, you would get it, they are very easy to talk to". People spoke positively about the staff team, saying that they were kind and caring.

What we found about the standards we reviewed and how well Brookes House was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People that live at the home can generally expect to have their care needs met in a way that they would wish.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC

takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 05: Food and drink should meet people's individual dietary needs
- Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
- Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care
- Outcome 17: People should have their complaints listened to and acted on properly

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People with whom we spoke said that they were happy at the home and well cared for. One person said "if you want anything they do their best to sort it out" and another said "if you want any help or advice, you would get it, they are very easy to talk to". People spoke positively about the staff team, saying that they were kind and caring.

Other evidence
From discussion with people living in the home, the staff and the manager, there is a person centred approach to the care, with people having choice in their day to day lives. Staff were found to be happy to come back to a person to offer care later in the day if and when it suited them more.

Drinks were seen to be available in the lounges around the home and staff were seen to be offering them more at this visit. People living in the home were keen to have a drink beside them other than just at drinks rounds.

People living in the home have care management plans in place. Since we last visited in May 2011, the manager and her team have updated nearly all the care plans and there is a more person centred approach and more detail in order to guide staff as to the level of care and support that is needed. The manager and the deputy are also now completing audits of the care management plans in order to drive improvement and these were seen to be positive but they did not always guide staff as to what was needed or why something needed to be reassessed.
Overall the care management plans and risk assessments were up to date and more

care management plans now reflect people's mental health and pain relief needs than before. One care management plan was found to be out of date and not reflecting the care needs of a person recently discharged from hospital back to the home, whose needs had changed significantly.

More people are now having their food and fluid intake monitored but these should be linked to the persons' care management plan in order to provide an informed review. Generally people's nutritional needs were being met and their weight was being monitored and any recent significant weight losses were appropriately referred for advice from a health care professional. Some people with a slow but steady weight loss over a longer time frame were not followed up so proactively.

We spoke to the care staff and they knew the people they were caring for quite well and the level of support that they required. The staff were more up to date, in some cases, that the care management plans.

Group social activities remain a positive part of day to day life in the home. The activities officer is still not demonstrating what she is providing when carrying out one to one social support. From the records, this part of social care is now offered less since we last visited and requested more clarification to show that peoples' individual social needs were assessed and as far a possible, met.

Our judgement
People that live at the home can generally expect to have their care needs met in a way that they would wish.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People with a slow steady weight loss over a long period may not always be sufficiently monitored and people coming out of hospital to be readmitted to the home are not always having their care needs reassessed.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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