Mercer Care Ltd

Bramhall

Inspection report

1 Butt Lane
Tattershall
Lincoln
LN4 4NL
Tel: 01526342632
Website: www.mercercare.co.uk

Date of inspection visit: 29 July 2015
Date of publication: 09/10/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 29 July 2015 and was unannounced.

Bramhall is located in the village of Tattershall. The service is registered to provide accommodation and personals care for 23 older people or people living with a dementia. There were 21 people living at the service on the day we inspected.

There was a registered manager at the service. 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect

Summary of findings

themselves. The registered manager was aware of their responsibilities under the Mental Capacity Act 2005.

The registered manager calculated staffing numbers based on people's needs and there was enough staff so they did not have to wait for care. There were appropriate recruitment systems in place to ensure staff were safe to work with people at the service and initial and ongoing training ensured they had the appropriate skills needed. Staff had received medicine training and Medicines were safely administered to people. There were systems in place to ensure medicines were ordered, stored and safely destroyed.

People's needs were assessed when they started to live at the service and regularly reviewed to ensure care was planned and delivered to safely meet their needs. Risks to their safety were identified and action taken and equipment put in place to protect them. Incidents and accidents were reviewed on an individual basis and changes in care needed to keep people safe were put in place. However, incidents were not reviewed over time to see if they were occurring at a specific time or in a particular part of the service.

There was a warm relationship between people living at the service and staff. Staff were aware of people's individual communication needs and supported people to make choices. People's privacy and dignity were respected by staff when providing care. People were supported to maintain their hobbies and interests in the service and were also supported to take part in group activities.

There were systems in place to gather the views of people living at the service and the registered manager took steps to ensure positive changes were put into place. There was a systems of audits in place to monitor the quality of the service provided and the registered manager also engaged with external professionals to ensure quality was maintained.

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.

There were enough staff to meet people's needs and they knew how to keep people safe from harm.

Medicines were ordered, stored and administered to people safely.

Incidents and accidents were reviewed and action taken, however, incidents and accidents were not reviewed over time to identify any trends

Requires Improvement

Is the service effective?
The service was effective.

Staff received appropriate training and support to ensure they had the skills to meet people's needs.

People were supported to make choices about their care and they were respected. The registered manager was aware of their obligations under the Mental capacity Act 2005.

People were supported to eat and drink safely and independently. Whilst they were not offered a choice for the mid day meal alternatives were available if they did not like the item on the menu.

Good

Is the service caring?
The service was caring.

People were supported by kind and caring staff who knew people and their individual care needs.

People were involved in planning their care and were happy care met their individual needs.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their individual hobbies and also had access to a wide range of activities.

People's care was planned and delivered to meet their individual needs.

People were happy to raise concerns with staff and were happy that they would be resolved. However, information on how to make a formal complaint was not available.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and resolved any issues brought to their attention.

People were asked for their views on the service they received and this information was used to drive improvements.

There were some systems in place to monitor the quality of service provided.

Bramhall

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 29 July 2015 and was unannounced. The inspection team consisted of and inspector and an Expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commissioned care for some people living at the service.

During the inspection we spoke with 13 people who lived at the service, two visitors to the service and spent time observing care. We spoke with, a senior carer, 4 care worker, and the registered manager.

We looked at three care plans and other records which recorded the care people received. We also looked at management records including how the quality of the service provided was monitored.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. One relative said, "[My relative] settled quickly and likes it here. Since they have been here they have been less anxious." another person said, "I feel safe here."

Staff had received training in keeping people safe from harm. They were able to tell us about the different types of harm people may be at risk of and what action they would take to keep people safe. Staff knew how to report concerns both internally and externally to the local authority.

The registered manager had correctly contacted the local safeguarding authority when they had concerns. Records showed they had fully investigated any concerns raised by the local safeguarding authority about people who lived in the service and had taken appropriate action to keep people safe.

Risks to people's health were considered when planning care. Risk assessments were in place and were regularly reviewed to ensure they still correctly identified the level of risk. Care was planned to reduce risk. For example, pressure reliving equipment was in place and used appropriately. Charts monitoring that people were moved to relieve pressure areas were completed.

Staff we spoke with were aware of the need to report all incidents and accidents. Incidents were recorded and analysed to see if action was needed to keep people safe and to protect they against the risk of a similar incident. However, the registered manager had not analysed incidents to see if they were occurring at a certain time of day. When we looked at the reports for the last three months we saw there was an increased number of falls between 4pm and 7pm.

There was a business continuity plan in place and this supported staff to take appropriate action if there was an emergency. People's needs in an emergency had been reviewed and each person had an emergency evacuation plan which detailed the help they would need to keep them safe.

People told us there were enough care workers to meet their needs and care workers came quickly when they pressed their call bell. The registered manager had used a staffing tool to calculate the number of care workers required to safely meet the needs of people living at the service. Records showed the registered manager provided more care workers than the staffing tool had identified were required to meet people's needs. The registered manager had also arranged shifts so that there were more care workers around at times when people's needs were high. For example, they overlapped the night and day staff in the morning so that people were able to get up when they wanted and did not have to wait for staff.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

We spent time watching the medicine round and saw that medicine was administered to people in a safe way which reduced the risk of medicine errors. We saw care workers advised people how to take their medicine. For example, if a tablet needed chewing. A relative told us, "Since [my relative] has been here they have improved their compliance with taking medicines and their health has improved."

Medicine administration records were fully signed, and contained information which allowed staff to see exactly which medicine had been taken or refused. If short term medicines were prescribed such as antibiotics records clearly showed when they had started and finished the course.

There were systems in place to check stock levels and re-order medicine when needed. This meant that medicine was always available for people when needed.

Staff monitored people when taking new medicines and took action to ensure they were safe. For example, we saw that staff had noted that one person was drowsy and unstable after starting a new medicine and they contacted the GP for Advice.

Good

Is the service effective?

Our findings

People told us they liked the staff and had confidence in them. One person said, "The staff are good." Another person said, "They're marvellous. I could ask them for anything. They know their stuff."

Staff told us they had received an induction to the service which equipped them with the skills needed to meet people's needs. This included time spent with a more experienced member of staff who checked their competencies and advised them if they were not completing care tasks correctly. They also spent time studying important areas of care provision such as infection control. In addition the registered manager had implemented the national care certificate for new care workers.

Staff told us they received support and guidance from the registered manager in the form of annual appraisals and regular supervisions. They told us supervisions were completed every three months and that they could discuss any concerns or training needs with the registered manager.

We saw where people had the ability to make a decision their decisions were recorded and respected. Where people were unable to make decisions for themselves the care plans recorded if anyone had the legal powers to make decisions on their behalf. This meant it was clear who was able to give consent for treatment or if a best interest meeting was required. A best interest meeting is where relatives and health and social care professionals discuss and agree what action to take what is in the best interest of the person receiving care.

Care workers were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. These are laws which ensure people rights are protected when they are no longer able to make decisions for themselves. We saw the registered manager had assessed people's abilities to make decisions for themselves. Where people were unable to make a decision and may not have chosen to live in a care service the registered manager was aware of the need to apply for a deprivation of liberty safeguard (DoLS) authorisation to ensure the person's rights were protected. There was no one subject to a DOLS at the time of our visit.

People were complimentary about the food. One person said, "It's quite good and you get to choose. Lot of repeats but it's not bad." While another person told us, "They'll do anything you want as a snack." Where people were struggling to eat they were offered food they fancied. For example, one person wanted tea and toast for their lunch and they were supported to have it.

People's food and fluid intake was monitored by staff. For example, we saw one care plan recorded that a person was starting to eat less and to miss meals and that the person needed staff to support and encourage them to eat more. People were supported to be independent with their food. for example, we saw people had plate guards so they did not need help eating and staff cut up food for people who needed help but let them eat independently.

Staff told us people were offered a verbal choice of food at the table for lunch. However, we saw no evidence of this and there was only one main meal available. While kitchen staff had a list of people's food likes and dislikes and offered an alternative if a person did not like the main meal of the day, people were not routinely offered a choice.

People told us and records showed that people were supported by visiting health professionals which included a chiropodist, community nurses, and staff from the GP practice. People were also supported to maintain contacts with health professionals they had visited prior to moving in to the service such as dentists and opticians.

Good

Is the service caring?

Our findings

All the people we spoke with were happy with the care they received and we did not receive any negative comments. A relative told us, "The staff are kind and I wouldn't say that if they weren't."

When people moved into the service they were encouraged to complete a biography which includes important information about their lives. This helped staff to get know people and tailor care to meet their individual needs. The biographies were then updated with information about their lives at the care service. This allows them to show relatives how they spent their time at the service. When it is a person's birthday they arrange for a buffet and a birthday cake and had a party to celebrate.

Staff and care plans recorded people's moods. For example, one care plan recorded that a person, "Seemed fed up." The care plan identified that at present the person was in a lot of pain. They had seen the doctor but needed extra support at present as they were finding things difficult.

People told us they were supported to maintain family relationships which were important to them. A relative told us, "I ring to speak with [my relative] and they take the phone to them so we can have a chat."

Staff supported people to make choices about their everyday lives, for example, about the clothes they wanted to wear and which part of the service they wanted to spend time in. People told us they were able to do what they wanted and staff were available to support then. People told us they could generally do as they wished and go to bed or get up to suit them. Another person said, "I can do what when I want. I'm well looked after."

People we spoke with understood or were aware of their care plans but did not recall being involved with decisions or meetings on their care. However, records showed they had signed their care plans to say they were happy with them and people told us they were happy with their care and the staff.

Staff had completed training in helping people maintain their dignity and were able to tell us how they worked to help people maintain their dignity. For example, by closing bedroom doors when providing care. People we spoke with told us staff respected their privacy. One person said, "Privacy is there if I want it."

We saw people's dignity was maintained. For example, when a person became ill at the lunch table staff supported them calmly and quietly without drawing attention to them. People were also dressed smartly and were offered aprons to protect their clothes at meal times. Where people chose not to use an apron and got their clothes dirty they were supported to change them.

People's religious needs were planned for in their care plans and the service held religious services in the service on a monthly basis. Where people had different religions to those that visited the service the registered manager supported them to access their faith.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received. They told us they were happy with the activities on offer and felt supported to take part when they chose to. One person told us, "I like jigsaws best but like to watch TV. You can ask to see a particular programme." While another person said, "This [activity room] is my favourite room. I knit and sew a lot." However, some people said that they did not choose to do activities and this was respected. Care plans recorded people's social needs and their hobbies and interests.

There was a large bright activities room in the centre of the service where a lot of people chose to spend their time. People were supported to pursue their individual hobbies and interests. For example, we saw some people were reading the newspapers while another person was completing some papier-mâché. Walls displays featured residents' art and craft work, projects, interesting press cuttings, a birthday's list, photos of people who lived at the service and wildlife pictures. Colouring crayons, pencils and craft activities were on the tables for free use by residents. There was a large stock of jigsaws, box games, card games, sewing and knitting. People were supported by activities co-ordinators who were on available seven days a week. As well as individual hobbies people were encouraged to take part in planned activities. For example, during our inspection a therapy dog was in the service and people enjoyed stroking the dog.

Care plans were personalised and care met people's individual needs. For example, one person had reduced sight and staff ensured they placed the food up in the same place on the plate each time so the person could be independent with eating. We saw care was reviewed and changes made to ensure people were happy and safe. We saw one person had recently fallen and appropriate action had been taken. The registered manager had discussed their care needs with them and arranged for them to move to a room downstairs where they could be more better supported. .

People told us that they could raise any concerns they had with staff and they would resolve the issue. One person said, "I don't have any problems. We only have to ask and they do things for us." Another person said, "If I've got a problem, I just ask staff." All the people we spoke with told us they had never had to make a formal complaint

The registered manager had responded appropriately to complaints and had investigated any concerns raised. Records showed the registered manager had completed thorough investigations and taken appropriate action including disciplinary action where necessary.

Good

Is the service well-led?

Our findings

People said that the registered manager was approachable, responsive to ideas and always investigated concerns raised.

The staff worked well together and put the needs of people at the centre of what they did. We overheard the laundry staff member say that they had stayed on and done all the laundry and the ironing was up to date as they would not be there the next day and did not want people going without something.

There was a whistleblowing policy in place and staff knew this protected their rights if they raised concerns within the service to the provider or registered manager. Staff said they were happy to raise any concerns they may have with the registered manager. A member of staff said, [The registered manager] is approachable and if they are not here I can go to the senior on shift. I am happy that if I raise a concern it will be dealt with. I am happy to raise any concerns I have about colleagues even if they are a senior.

The service had close relationships with the local primary school and the children would visit the service to spend time with people and learn about the war.

The registered manager held regular residents meeting to discuss the service they provided and if people wanted any improvements making. A residents meeting had been held in April 2015, records showed people had asked to spend some time card making and to go out to feed the ducks. Both these activities were now in place. The registered manager was in the process of surveying people who used the service, their relatives, staff and visiting health professionals to gather their thoughts on the service provided and if any improvements were needed. Records showed the surveys had been sent out the week before our visit.

Regular staff meetings were in place so staff were aware of any changes or improvements in care that were needed.

The last staff meeting had been held 19 June 2015. Records showed they discussed various issues about staff behaviour and duties they expected staff to complete as part of their working day.

The provider had installed a system which required staff to physically go into a room and check in and then check out again when they provided care. This allowed the registered manager to monitor if care had been given in accordance with the care plan. It also recorded when and for how long a person's call bell rang for and the registered manager could monitor to see that staff were responding to call bells appropriately. The system automatically alerted the registered manager to instances where care has been missed or bells not answered promptly.

The provider had engaged the service of a company to review their performance against the new Health and Social Care Act (2008) Regulated Activity Regulations 2014 and to update their policies and procedures. We saw that they had identified areas which needed improvement and they were working on the improvements. For example, they were in the process of reviewing care plans to make information easier to access. The provider had also identified links with professionals which would support them to provider a high standard of care. For example, they had attended the local infection control meeting and arranged for the local authorities infection control team to visit and assess their systems. They had also implemented the infection control audit the local authority had identified as best practice.

There were audits in place to monitor the service provided and action had been taken when concerns were identified. For example, the registered manager had audited the Medication Administration Records and found that some staff had not signed the sheet to say they had given a medicine. The registered manager had spoken with staff to identify why this had happened and what needed to change to ensure it did not happen again in the future. Audits had also been completed in relation to care plans and health and safety.