Embrace (England) Limited

Stanley Burn

Inspection report

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Ratings

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

Overall summary

This inspection took place on 10 and 11 February 2015 and was unannounced. The last inspection of the service was carried out on 8 August 2014. The service was compliant with all the regulations we examined at that time.

Stanley Burn is a care home that provides accommodation, care and support to a maximum of 40 older people, some of whom may be living with dementia. Seventeen people were accommodated at Stanley Burn at the time of our visit.

The service did not have a registered manager. 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. A new manager had been appointed and they were in the process of applying to the Commission to be registered with us.

Summary of findings

The service was not entirely safe because of shortfalls in risk assessments for some aspects of people's care and delays in maintenance work being carried out on the premises. Staff understood the principles of keeping people safe and staffing levels were adequate. The recruitment procedures the provider had in place helped to ensure only suitable staff were employed. Medicines were being managed safely. The home had adaptations and equipment to meet people's needs although some of these were not entirely suitable.

Staff were trained and supported to care for people effectively. The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed. There were shortfalls in equipment and record keeping in relation to meeting people's mobility and nutritional needs.

Staff were caring in their approach and people and families told us they felt involved and consulted about their care. People's privacy and dignity were respected.

The manager was actively reviewing people's care to ensure that their needs were fully met. New activities had been introduced to offer people exercise and stimulation to enhance their wellbeing. People told us and our observations confirmed that they could make choices. Suggestions were welcomed and complaints and concerns were investigated and responded to.

A new management team had been introduced at the service and people and staff spoke highly about this. Action plans were in place for bringing about necessary improvements. New quality assurance processes had been introduced, including audits, surveys and relative's meetings.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to safety and suitability of the premises, safety and suitability of equipment and records. The action we have asked the provider to take can be found at the back of the full version of this report.

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?

Requires improvement

The service was not always safe.

Risks associated with people's care had not been fully assessed in order to keep them completely safe.

Delays in carrying out maintenance on the premises meant that people were potentially at risk.

People's medicines were being managed safely and staff understood the principles of safeguarding people. Sufficient staff were on duty.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to carry out their roles and to care for people effectively.

The principles of the Mental Capacity Act 2005 were being followed in order to protect people's rights.

People were supported to have sufficient to eat and drink and maintain a balanced diet that suited their preferences.

Is the service caring?

Good

The service was caring

People told us they felt cared for.

Staff demonstrated a caring attitude to people and their relatives.

People and their relatives were involved in their care. People's privacy and dignity were respected.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's needs were reviewed and their care plans were updated to ensure they received the appropriate care. However, some records were not in place and others were out of date.

Some equipment to support people's independence was not available and some was not being used appropriately.

A new activities programme had been introduced and people were enjoying participating and having new things to do.

The provider had introduced an effective complaints procedure to ensure concerns were addressed promptly and resolved.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service did not have a registered manager but a new manager was in post and an application for them to become registered was in progress.

The new manager had introduced an auditing system, surveys for relatives, and relatives meetings.

An action plan to bring about improvements to the service had begun to take effect.

Stanley Burn

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 10 and 11February 2015 and was unannounced.

The inspection team comprised of one inspector and a specialist advisor with a background in occupational therapy.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information they had returned on this form and also looked at the notifications we had received from the provider about incidents, such as serious injuries, and other information we held within the Commission about the service.

We contacted the local authority commissioners and safeguarding vulnerable adults' team and the clinical commissioning group, as well as the local Healthwatch organisation. Local Healthwatch teams have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services. They gave us their feedback about the service people received.

During the inspection we spoke with five people using the service, the manager and four staff. We examined four people's care records, three staff recruitment and training records and other records associated with managing the service, such as health and safety checks, medicines records and various policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

We had concerns that the risks associated with one person's bathing plan, which involved using a hoist to transfer the person to an assisted bath hoist, had not been fully assessed and the communal bathroom did not provide sufficient space for this manoeuvre to be carried out safely. We raised this with the manager and the regional manager who later told us they had consulted with the person and their family and it had been agreed the person would have showers until more suitable arrangements had been made.

The main building was an old two storey residence with a purpose built extension on one wing, a conservatory and extensive grounds. The handyman confirmed and records showed that routine safety checks for the building and services were carried out, such as routine fire safety and water quality checks. The building was secure and risks associated with the environment had been assessed. However, where maintenance issues had been identified, remedial work was not always carried out promptly. For example, records showed that 12 emergency lights had been reported as out of order in January 2015 and these remained out of order during our visit. We raised this with the manager and regional manager and they confirmed this had been reported to the registered provider and should have been addressed without delay. Delays in maintenance could lead to people living in unsafe premises. This is a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We received confirmation after the inspection that the emergency lighting in the home had been repaired.

We saw in the four care records we examined that most risks to people's welfare were assessed and had been reviewed in January 2015. Where risks had been identified measures had been put in place to address these. For example, we saw for one person, who was at risk of poor nutrition and weight loss, observation charts had been introduced so that staff monitored the person's intake. For another person who was at risk of pressure ulcers instructions were in place to ensure the person was seated on a pressure relieving cushion. This person was using the cushion at the time of our visit.

Certificates confirmed that the gas and electrical installations at the service were safe. Clear emergency and contingency arrangements procedures were in place. Copies of these were held in the office and contained guidance and procedures for staff to follow in the event of various emergencies and incidents, such as loss of electrical power.

Staff understood the principles of safeguarding people from abuse, how to identify potential abuse and they were confident to report any concerns. For example, one staff member told us, "I have been trained in this and know what to look for. We have phone numbers to ring at any time but I would have no hesitation in taking it to the manager and have confidence they would respond properly." A second staff member said, "The training we do is thorough; face to face and e-learning. I feel confident in this organisation's procedure and know the manager and the regional manager would be supportive."

We looked at three staff records. These showed that checks had been carried out with the Disclosure & Barring Service (DBS) before the staff were employed. In addition, at least two written references including one from the staff member's previous employer had been obtained The registered provider had obtained documents verifying staff members' identity, a record of their employment history and the reasons previous employments had ended. By employing suitable staff the provider helped ensure the safety of people living at the service.

Before the inspection concerns were reported to the Commission related to staff leaving and staff shortages affecting care, kitchen and cleaning staff. A visiting professional told us there had been occasions when, on their arrival, it had taken them quite a while to locate staff. The manager told us they had recently recruited new staff, including a new senior care worker, a deputy manager, an activities organiser and a cook. The cook and the senior care worker were working their first day when we visited. We were told the deputy manager was due to start the following week and a 22 hour post on nights had been filled. The manager said this would bring the home back to full staffing after a period of staff turnover. During our inspection care staff were able to respond promptly to people's needs in a calm unhurried manner. A relative told us, "They did not seem to have enough staff before Christmas but this has picked up now."

Medicines were securely stored, properly administered and well managed. The administration records showed people received the medicines they needed. A clear record was kept to show when medicines had been given or any

Requires improvement

Is the service safe?

reason why they had not. For people who were taking medicines as they requested them, such as pain relief medicines, and for people who took variable dose medicines, such as blood thinning medicines, clear instructions were in place to guide staff to administer these appropriately and safely. Other warnings and directions were also clearly evident in the records, for example, allergies were clearly highlighted. We observed the medicines round at lunchtime and saw that medicines were administered in line with best practice guidelines. Staff confirmed they had received training in the safe handling of medicines. The manager carried out a competency check for the staff member on the day of the visit.

Good

Is the service effective?

Our findings

Staff had completed induction and on-going training to update them in safe working practices. A recently employed care worker told us, "The training from Embrace is brilliant; the e-learning is more in depth and the face to face. It is topped up, for example moving and handling and I can't fault it at all. I came from another of the provider's homes to cover and I still had to go through induction here. I have also had the dementia friend training through Embrace." Another staff member confirmed they had a mentor taking them through their induction. The training records showed 25 of the 28 staff had achieved 100% of training updates. Care workers went about their work confidently and professionally.

Staff told us and records confirmed they had either received supervision with the new manager or they had a date booked for this to happen. Supervision discussions provided a formal way for staff and their manager to discuss any concerns they may have, request training and support and discuss how they carried out their roles. One staff member said, "I have just had a supervision last week. It is going to help me with more training in the future." The manager showed us her calendar was booked for all staff to receive an appraisal in March 2015. They told us, "I want to use these to establish a baseline and identify what specialist training new and existing staff require, such as dementia care." Together these things showed staff would receive appropriate professional development.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes and we found these had been appropriately applied. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment.

The registered provider had ensured senior staff were trained in the MCA and the DoLS and staff demonstrated their understanding in these areas. For example, one staff member told us, "I know the law has changed recently around DoLS and it will affect almost everybody here in the future because of that." A capacity assessment, related to managing finances, had been carried out for one of the people whose care records we looked at. We saw DoLS screening had also been carried out. The manager told us they had received a DoLS approval for one person and other applications were in progress.

The service had processes for obtaining consent from people, or their representatives, concerning their care or treatment. For example, the care records we examined contained signed records of discussions about people's care plans. End of life decisions were also recorded appropriately.

Internally the layout of the building was complex with many corridors, doors and staircases and most doors to adjoining floors had keypad systems in situ. Whilst these kept people safe by ensuring people living with dementia did not access stairs without help, they also restricted some people's independence. For example, one of the keypads at a stair gate prevented one person from accessing a staircase to go to their room, as they needed to wait until a staff member was available to let them through. Once through the gate the person was able to safely climb the stairs independently by holding both rails. The regional manager informed us that a costing exercise had been carried out for improvements to the entire building which would address these issues.

The general décor was tidy and clean and there was evidence that consideration had been given in design to the needs of people living with dementia. For example, colour contrast in carpeting and white handrails against brown walls.

We received positive comments about the food. One person said, "We get plenty to eat. The food is the best I have had in the places I have been to." A relative said, "I have not tried the food but X (person's name) says they enjoy it and it always looks very good." Staff ensured people could make choices about the food. For example, we saw people were asked individually what they would like for lunch and their meals were plated to order. A special alternative meal of finger food was prepared for one person who did not eat various meals offered to them.

We discussed menus with the cook who told us they were revising the entire menu, but first wanted to get to know people and their ideas and preferences. On the second day of the inspection we saw the cook sitting with a group of people asking them for ideas. The cook also showed us their list of people's needs and preferences and told us, "As it is my first day I have asked the manager for a full update of people's needs to ensure it is still accurate."

We observed lunch in the dining room on the unit where people living with dementia were accommodated. The two

Good

Is the service effective?

care staff were unable to effectively assist all the people who required help, due to having tasks associated with serving the meal and clearing away dishes, as well as needing to fully assist two people with their entire meal. The cook told us it was their intention to serve meals to people in the future, but they needed to discuss this change in practice with the manager first. On the second day of our visit we saw the cook served the lunch and this freed care staff to support people to eat.

Care records we examined showed people were supported by the provider to maintain their health and welfare through access to community based health services such as GPs, nurses, chiropodists, dentists and speech and language therapy (SALT).

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. One person said, “They have done such a lot for me since I came here. The staff are very good. When I need them at night they come straight away. I am really well looked after.” Another person said, “The staff are lovely, we have such a nice time and a bit of fun.” A relative said, “The staff are all very good here, very caring.”

We saw in one of the surveys returned by relatives the following comment; ‘Everyone I have spoken to has been courteous, honest and very professional.’

People and their relatives told us they were involved in their care. One person said, “Everything has been discussed with me since I came here. They really let me make the decisions. I can do as I like really about everything.” A relative confirmed, “We are fully involved and kept informed. If X (person’s name) needs anything or has a GP visit for example, they are straight on the phone that day.” Another relative told us, “I come regularly every week and I am made very welcome by the staff. I have lunch here with my wife. We are given the privacy of the room when I am here for the meal. The care is marvellous, for both of us. I feel the staff care about me too.”

Staff attended to people’s needs in a discrete manner. For example, on the unit where people living with dementia were accommodated, the staff spoke with people closely and quietly when asking if they needed assistance with going to the toilet and when offering their medicines. Staff also took time with people to explain when things were happening. For example, before lunch was served staff asked people politely if they would like to go through with them to the dining room. A visiting professional told us that their “Clients’ basic care needs were met.” People were well dressed and well groomed during our inspection.

During lunch the staff asked people politely if they could help people before giving assistance. Staff checked with people that they were enjoying their meals and were patient with people who ate slowly. This ensured people were assisted at their own pace and ate their food safely.

On the unit where people living with dementia were accommodated people were relaxed and calm. Staff ensured people who were walking around were safe by observing them discreetly and gently offered distractions when people appeared lost or anxious. For example, one staff member noticed that one person was becoming a little distressed whilst watching a cowboy film on the TV and suggested an alternative activity, which the person engaged with positively.

People’s independence was promoted. Within the communal areas of the unit where people living with dementia were accommodated people were able to walk around freely from room to room and to sit where they wanted to. This meant people could have time away from other people if they preferred this.

The recent relatives’ survey showed positive scores for privacy, care, attitudes and approachability of the staff. A visiting professional told us staff “appeared kind and helpful with a caring attitude” and that “the carers provided good end of life care when it was needed.”

Requires improvement

Is the service responsive?

Our findings

People living at the service told us the service was responsive in meeting their needs. One person commented, "I had falls before I came here so they got me a special bed. If I ever need to go to hospital appointments they get me a vehicle to take me and bring me back with someone with me."

The service had been adapted to meet people's needs. Grab rails were installed in toilets and assisted baths were available. The service was equipped with lifting equipment, which was regularly serviced, although two of three mobile hoists were out of order. The handyman told us this had been reported and that there had been delays in obtaining replacement parts and the manager confirmed the service had sufficient alternative hoists. However, there were shortfalls in the availability and use of other pieces of equipment. For example, We noted that although two people struggled with managing cutlery and keeping food on the plate, no adapted crockery and cutlery was available. We noted that for one person a hydraulic hoist was being used although an alternative electric hoist was available which would be easier to use. One person required a hoist to hoist transfer when bathing and due to the size of the room and the style of the equipment there were potential risks to patient and staff safety. The lap strap for the bath seat in the ground floor bathroom was missing and the staff told us this was in the building but kept going missing. The manager and regional manager told us these shortfalls would be addressed in the rescue plan for the service. This was a breach of Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010.

Some records associated with moving and handling and nutrition were out of date. For example, one person's file did not have a moving and handling plan, although we saw the person used a standing aid. This meant staff did not have guidance to follow when assisting the person to ensure this was suitable and safe. The risks associated with moving and transferring people who used the service had not been appropriately addressed. For example, one person's moving assessment only referred to; 'full body hoist' and the support plan did not specify which slings and sling loops should be used but simply stated; 'Full assistance of two carers at all times'.

The food and fluid observation charts for two people lacked detail on some dates. For example, the actual amounts of food and fluid taken had not always been recorded. This meant that some days staff would not be sure the food or fluid a person had received was sufficient. These matters were a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulations 2010.

At the beginning of the inspection the manager told us people's care records had been audited and they had identified that various improvements were required. A senior member of staff had been tasked with bring these up to date, by reviewing each person's care. We met with this staff member who talked us through the process and we looked at four people's care records. This showed that the review of people's care was being undertaken in a systematic way and that some records were still to be fully updated. In the interim, handover and on-going records of care were being used by staff to ensure people received their essential care.

People were given choices. For example, regarding the food one person told us, "We always get a choice of two things. They always come in and ask me what I would like, even though they know what I will probably choose. And they know I prefer my meals in my room and that is no problem to them at all"

A new activities organiser had recently been employed who had undertaken special training in activities for older people in care homes. Activities took place on both days of our inspection in the morning and the afternoon. The activities organiser showed us the programme of activities they had introduced. This included regular exercise classes, craft activities and some gardening experiences. They told us they had made contact with local village groups and had invited them to come to the home to discuss how they could work together to achieve better links. We saw groups of people involved in the exercises on both days. People looked actively involved and later confirmed they had enjoyed the experience.

The activities organiser told us they were keen to work on a one to one basis with people who did not like group activity and we noted later they were discussing arrangements for one person to have their piano moved closer to their room so they could play whenever they wanted to. We also saw them invite a person who was living with dementia to pot some plants on the patio.

Requires improvement

Is the service responsive?

The service had a written complaints procedure, copies of which were openly available in the main entrance hall along with suggestion and comment cards. The provider kept a log of complaints raised in the service and this showed three complaints had been received since October 2014. All of these had been formally responded to by the manager and the regional manager for the service, and they were resolved.

People's care records showed the provider had sought appropriate intervention and healthcare treatment for people when necessary.

Good

Is the service well-led?

Our findings

The service did not have a registered manager and had been without one since April 2014. The manager in charge at the time of the inspection had taken up their post in December 2104 and had submitted an application to be registered with the Commission. During the intervening period two managers had been appointed but had not remained in their posts long enough to be registered with us. Temporary management arrangements had been put in place by the provider until the current manager was appointed. During this period three concerns had been raised with us and these led to safeguarding arrangements being put in place, through the local authority safeguarding team, in order to ensure people's safety. In the same period the registered provider had restructured their oversight of the service and a new regional manager had been appointed. Staff told us this had been a very difficult time for them.

The regional manager had undertaken weekly visits to the service since taking up post in order to support the manager. We received positive comments about the new management arrangements from staff and from the people who used the service. Two staff commented on the improved support they received and the effect the new manager was having on the service. For example, one staff member said, "Things are better with Embrace to do with training, meetings and supervisions and X (name of manager) means business; they are very approachable but very determined and committed to the service. The regional manager too, they are both very supportive". Another staff member said, "I have not been here that long but the support has been really good so far." One of the people we spoke with said, "X (name of the manager) is really a lovely girl, we see her every day and she knows what is what with me."

The provider had developed a 'rescue plan' to bring about the improvements needed at the service and the manager and the regional manager showed us how they were working through this. The plan was comprehensive and described specific actions with target dates for achievement under headings; management; staff training and supervision; care documentation; care and welfare of people; management of challenging behaviour; activities; nutrition. The actions included regular audits and review of care provision. People's care records were in need of review but we saw they were organised, securely stored and available to staff.

The provider had consulted with relatives of people using the service, by way of a questionnaire and had published their findings in February 2015, based on an analysis of the results. From this a separate action plan had been produced. A meeting with relatives to discuss this was going to be held on 13 February 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of delays in maintenance. Regulation 15 (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment How the regulation was not being met: Suitable arrangements were not in place to ensure appropriate equipment was available to safely meet people's needs. Regulation 16(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour How the regulation was not being met: People were not fully protected from the risks of unsafe care because some records were not accurate or up to date. Regulation 20 (1)(a)