

Avidcrave Limited

# Braintree Nursing Home

## Inspection report

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Essex  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Braintree Nursing Home is a residential care home that was providing personal and nursing care to 45 people aged 65 and over at the time of the inspection.

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

People's experience of using this service:

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service. Champions were promoted in the service. These are staff that have shown a specific interest in areas, such as promoting dignity and are essential in promoting best practice, by sharing their learning, acting as a role model for other staff. This ensured people received good quality care.

People were provided with the care, support and equipment they needed to stay independent. Staff were kind and caring and had developed good relationships with people using the service.

People were supported to maintain their health and had access food and drink based on their individual choice and preferences. People had access to a wide range of activities in the community and within the service, that reflected their specific needs and interests.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

People's privacy, dignity and rights were respected and upheld. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

The provider had clear and effective systems in place to identify and manage risks to the service and drive improvement. There was an open culture of learning from mistakes, concerns, incidents and accidents. The registered manager and staff worked well with other agencies to ensure people received high quality joined up care.

Rating at last inspection: Requires improvement (Report published 21 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up:

Our previous inspection in October 2017 (Published February 2018) identified improvements were needed in relation to recruitment practices, cleanliness and hygiene. There had been a lack of oversight of the service by the provider and the registered manager to ensure the service delivered was of a good quality, and safe.

During this inspection we found the required improvements had been made. We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Braintree Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection took place on 28 January and 29 January 2019 and was unannounced. The team on the first day of the inspection consisted of two inspectors 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, on this occasion their expertise was in dementia care. A Specialist Professional Advisor (SPA) also supported this inspection. The SPA had specialist knowledge of caring for the elderly, including dementia care. The second day of the inspection was completed by one inspector and an inspection manager.

#### Service and service type:

Braintree Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We contacted the Mid Essex Clinical Commissioning Group to obtain their feedback on how well the service was meeting the needs of people funded to receive nursing care. We also looked at previous inspection reports, details of safeguarding events and statutory notifications sent by the provider. A notification is information about

important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with 10 people who were able to express their views, but not everyone chose to or were able to communicate effectively or articulately with us. Therefore we used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people's relatives, the registered manager and provider. We also spoke with the deputy manager, trainer, care practitioner, three nurses and four support workers. We looked at six people's care records, and recruitment records for three staff. Other records reviewed, included medicines management, complaints, staff training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "Because of my long-standing anxiety they (staff) sit with me and calm me down, they make me do my breathing properly, and a member of staff remains with me. This makes me feel safe and reassured and helps calm me down."
- Staff understood the processes to keep people safe. They confirmed they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.

Assessing risk, safety monitoring and management

- Systems were in place to ensure the premises and equipment were safe to use and well maintained.
- Risks to people were anticipated and managed well to keep them safe. This included risks such as, falls, dehydration, and developing pressure wounds. Equipment, such as pressure mattresses had been provided to reduce the risks of pressure wounds occurring.
- Where people needed support to move, staff were observed using appropriate equipment, such as hoists safely and providing reassurance to the person.
- Technology was used to promote people's safety, such as alarm sensor mats to alert staff if people at risk of falls had got out, or fallen out of bed.
- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.

Staffing and recruitment

- Improvements to the recruitment process had been made since our last inspection to ensure potential employees were suitable to work at the service. However, a review of staff files found no record of interview for one member of staff who commenced employment on 10 November 2018. The administrator stated the person had had an interview, but was unable to locate a copy of the interview. The same persons references had been requested on 31 October 2018, but were not returned until 12 and 15 November 2018, after their start date. The registered manager told us this member of staff was known to them, before starting employment and was assured they were of good character and not a risk to people using the service.

We recommend that regular checks of recruitment files are undertaken to ensure all the information needed to demonstrate the fitness of the prospective employee has been obtained.

- Registered nurses pin numbers and revalidation with National Midwifery Council (NMC) were being monitored to ensure nurses were fit to practice.

- There were sufficient staff to meet people's needs. We saw staff were visible throughout the day and responded to people's call bells promptly.
- People and their relatives were positive about staff numbers. Comments included, "Always enough staff," and "They've got enough staff, night staff are pretty prompt."

#### Using medicines safely

- People's prescribed medicines, including controlled drugs and insulin were stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- People's medicines and Medication Administration Records (MAR) were stored in locked cabinets in their own rooms. People's MAR sheets included details on how they preferred to take their medicines and any known allergies.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP. Where people were prescribed patches to manage pain, the patches were being applied to alternate sites on the person's body. Patch position charts were used to record this.
- Staff administered medications in a respectful manner. People were offered a drink with their medication and were routinely asked if they wanted pain relief.
- Staff responsible for administering people's medicines had completed training and had annual checks to ensure they were competent to do so.

#### Preventing and controlling infection

- The environment was clean; with no underlying unpleasant odours. One person told us, "There are no smells and it (the service) is very clean."
- Hand washing posters were on display in bathrooms and toilets. Pump soap and alcohol gel dispensers, and paper towels were available. We observed staff using personal protective equipment, when this was needed to minimise the risks of spreading infection.

#### Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Systems were in place to ensure lessons were learned and improvements made when things went wrong. Learning from such incidents was shared with staff at team meetings.
- Incidents were monitored by the management team to ensure oversight of the health, welfare and safety of people living and working in the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained information on how their physical and mental health needs were being assessed and met. Records reflected relatives had had input into people's care, including their past, likes, dislikes, health and their behavioural needs.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people with specific health conditions, such as managing people's hydration and nutritional needs via PEG. Percutaneous Endoscopic Gastrostomy (PEG) is a medical procedure where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate, due to the risks of choking, because of poor swallowing.

Staff support: induction, training, skills and experience

- Staff had good access to training to ensure they had the skills and knowledge to carry out their roles and meet people's needs. New staff completed an induction when they joined the service before commencing shifts as a permanent member of staff. This included shadowing experienced members of staff.
- The registered manager told us, the agency they used had an agreement with the provider for their staff to access the training delivered at the service, and shadow experienced staff. Therefore, the registered manager was confident agency staff's training was up to date, and they knew the needs of people using the service.
- Staff were encouraged and supported with their professional development and were given opportunities to enhance their skills both internally and via external training, such as National Vocational Qualifications (NVQ).
- Three staff had started a course in Namaste Care. This is an initiative focussing on the provision of high quality care for people with dementia and at end stages of their life, which involves engaging with people through sound, touch, smell, taste and sight.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a healthy balanced diet. The service used a company who specialises in providing nutritionally balanced meals in care homes that meet people specific diets.
- Meals times were a positive, and sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal.
- We received mixed comments from people about the meals, but most of the feedback was positive. Two out of 10 people commented, "Food can be hit and miss", and "Not enough variety." The registered manager told us where people do not want what is on the menu, other meals were available. Positive comments included, "Food is beautiful, I really do like the food, good choices," and "Food is good, is quite nice really, steak and kidney pie was very nice."

- The service had a designated hydro-nutritionist whose role was to ensure people received enough to eat and drink. They knew people's dietary needs well. Relatives confirmed people had access to drinks, anytime, and that fresh jugs of water were provided daily.
- Fresh fruit and snacks were available in lounges and dining areas and easily accessible to people.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place for referring people to other services and health professionals. Staff told us and records showed advice and support had been sought from health professionals, such as, the tissue viability nurse, dieticians, speech and language therapist and diabetic nurses.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.

Adapting service, design, decoration to meet people's needs

- The service is separated into two units, one is referred to as the White House. Both units provided a safe and comfortable environment for people to live, although there was minimal signage to aid people with dementia to find their way around. People's rooms were warm and personalised to meet their needs.
- The service currently has eight shared rooms. People using these rooms had consented to share. Comments, included, "It is lovely sharing, the other person is quiet and I am quiet, I am very happy," and "They are company, it is okay."
- Improvements had been made to the environment, including new carpets, construction of a nurse's office and creation of newer more accessible toilets. However, storage of equipment continues to be a problem for the service. We found equipment such as hoists, were being stored in bathrooms, and people's rooms.
- The provider told us refurbishment of both premises was ongoing, with plans in place to extend the main building, around a central courtyard. Once built, following consultation, they planned to move people from the White House, to the new build, where everyone would be offered their own room.

Supporting people to live healthier lives, access healthcare services and support.

- People had good access to a range of healthcare services, including the chiropodist, dentist and their GP.
- On the first day of the inspection the GP was visiting. They told us, "Staff are good at contacting the surgery, when they need advice and support about changes in people's health. Staff work well together and with other health professionals." They praised the staff for following the advice of professionals, and provided an example where they had acted in accordance with instructions of the tissue viability team to effectively treat people's pressure wounds.

Ensuring consent to care and treatment in line with law and guidance

- 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 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's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
- The registered manager understood their responsibility in terms of making an application for deprivation

of liberty safeguards to the authorising authority. A DoLS audit confirmed appropriate authorisations were in place to restrict people's freedom for their own safety.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, and their relatives, were complimentary about the attitude and capability of the staff and the care provided. Comments included, "My [Person] is very comfortable and being well looked after, staff are very friendly, they look clean and in their own clothing," and "I cannot fault the staff, they are very caring."
- People, including those who stayed in bed, received the care and support they needed from staff who knew and understood their needs well. People were clean, tidy and dressed appropriately.
- Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat. People told us, "Staff are nice to me, they talk to me, if I want to stay in bed I can," and "They always ask do I want to go down, but my choice is to stay in bed."
- People were supported to express their views and be involved in making decisions about their lives. One person told us, "When I moved in, I was upstairs, but I wanted to be downstairs. Staff have been supportive all the way, they have helped to move down to this room, I love it, it is comforting."
- Peoples views about the service, the environment and activities were sought on a regular basis at resident's meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff understood it is a person's human right to be treated with respect and dignity. We observed them putting this into practice during the inspection.
- We saw staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. People confirmed this, comments included, "I am independent, I eat where I want, go where I want, I am more than happy here," and "I get up when I want, they [staff] then come and help me wash and dress, but I don't have to rush, and I can go bed when I like."
- Staff spoke discretely when asking or encouraging people to use the toilet and were observed gaining people's consent to enter their rooms and before providing personal care. People told us, "Staff knock on the door and call out, they close the door, tell me what they are going to do before they do it," and "Staff knock and say what they want to do."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans and supporting risk assessments were in place detailing the physical, emotional and psychological support people needed to meet their needs, and stay safe.
- The provider had installed a new electronic care planning system in December 2018, however, we found some inconsistencies between initial assessments and current risk levels. The care practitioner explained the new system produced care plans based on the previous assessments. This meant some incorrect information had been pulled through to the new care plans and this would only change as and when the assessment was updated. They told us, "We are still in the process of transferring and updating information from the old to the new system." In the interim, we found each person had a 'quick guide to care' summary which accurately reflected their current needs.
- Recording of information and the language used to describe people's needs and the care they received had improved since the last inspection. Staff recorded information on an 'app'. This is a type of software linked directly to staff's mobile phone and the computerised care plans. Entering information on the 'app' created a real-time record of the care provided.
- One member of staff told us, "The new care planning system is really good. It flags up to staff when we need to carry out care, for example, if a person requires repositioning. We enter we have done this on the 'app' and its instantly recorded." A relative commented, "Staff now record information on an 'app' on their phones, it's really good, as it is more accurate and I can see exactly what my [Person] has had to eat and drink."
- On the first day of the inspection we found a lack of meaningful activities across both units. In contrast, on the second day, people were observed engaged in numerous activities, including quizzes and ball games that prompted movement. The variance in the two days, had been due to the activities person being off duty. The registered manager told us, a second member of staff was in the process of being recruited to ensure there were sufficient staff available to engage people in social activities.
- People told us they had access to a range of indoor and community based activities designed to meet their interests and health benefits. Comments included, "Reindeer came at Christmas, the Parson comes, and a school choir came," and "I don't get bored, there is enough for me to do."
- The activity member of staff commented, "If people want to go out, I take them, we go for walks in the public gardens, visit the library, the cinema, go to tea dances and afternoon teas at Town Hall. Every couple of months I do a race night and families join. The proceeds raise funds for further activities."
- Special occasions were celebrated, including people's birthdays. The activities member of staff told us, "I have an allowance to ensure each person has a cake and a present on their birthday."
- Church Services of different denominations were held on a regular basis. One person told us, "Church service comes, the last one was gospel, they all have their turn." Another told us, "The local school children came to sing at Christmas."

#### Improving care quality in response to complaints or concerns

- People told us they would speak with the registered manager or a senior staff if they had any concerns.
- Systems were in place to acknowledge and respond to complaints. A review of the complaints book showed there had been six complaints raised about the service since the last inspection. These had been investigated and responded to appropriately within the expected timeframe, and used to improve the service.
- Where a complaint had not been resolved by the provider, information had been provided about the Local Government Ombudsman (LGO), who resolved a further investigation would not achieve a different outcome for the complainant.

#### End of life care and support

- Systems were in place to ensure people were provided with the support they needed to experience a comfortable, dignified and pain free death. This was confirmed in discussion with a relative who told us, "My [Person] has returned from hospital with an end of life care package. The staff are very good, they keep me informed about how they are."
- Feedback in a relatives survey, also praised staff for the care of their [Person] who had recently passed away. The relative commented, "My [Person] was very well looked after and made to feel comfortable to the end. From my experience the staff act and care for people in a very professional manner."
- Staff were knowledgeable about how to support people well at the end of their life.
- People's relatives confirmed they were involved conversations about end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The registered manager told us they had signed up to 'Project Echo' This project has been developed to find out how care homes are supported to deliver end of life care to people. Staff have access to a live link with Farleigh Hospice where they can access training sessions and present cases where they can get advice on how to manage specific conditions and pain management.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff extremely well.
- The PIR stated, "We have an open-door policy and everyone is encouraged to air any views, opinions, or complaints to have the quickest and most effective solutions. This was confirmed in discussion with people and their relatives. Comments included, "Manager is brilliant, if I ask if they are available, they come to see me in a matter of minutes," and "When I viewed the service for my [Person] the manager had a person in their office, whose relative had recently passed away. They were still coming in every day and was talking with the manager in their office. The manager showed concern for the relative and that swung it for me to bring [Person] here."
- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.

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

- Since our last inspection the provider and registered manager had implemented systems to identify and manage risks to the service. We saw these were being used effectively to drive improvements. For example, the new computer software flags up when a person requires staff to provide care, such as repositioning to prevent pressure wounds developing. The care practitioner told us, "There is a time frame for the care intervention to be completed, if the task is not completed it is recorded as a missed action. Missed actions are followed up with the member of staff to find out why the person's care was not provided. It makes staff more responsible for their actions. It allows us to see what's going on, and has improved the care provided."
- The registered manager and deputy manager had an organised schedule of work and a clear lines of accountability were evident. This included specific roles, such as care practitioners who had oversight of medicines, and people's care. Care staff had designated roles and responsibilities, such as the hydro-nutritionist, and champions were used to train, inspire and motivate other staff and as a result people received better care.
- Staff received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.
- Staff told us, the registered manager was approachable and supportive. Comments included, "I feel supported, if I have a problem I go to the manager, they are professional and they listen," and "We have regular staff meetings where we get updates about issues raised and any future plans. It is a useful meeting,

and nice to get the updates."

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

- Surveys completed by people, relatives and health professionals showed they had been asked for their feedback on the quality of the service. These contained positive feedback, such as, "Lovely cosy homely atmosphere. Friendly caring staff, always ready to listen and help. You feel safe and secure, a good place to recuperate," and "Staff do their job brilliantly."
- The concerns, complaints and compliments folder showed the service had received 14 compliments since the last inspection. One example, from a relative, reflected, "My [Person] seems so much happier than in their previous home and the level of care and attention I see them receiving from the staff team is first class".
- The registered manager told us once all the data had been transferred from the old to the new computer system, they were planning to open a 'gateway' so that people's relatives will be able to access 'restricted information' about the care their family member receives. This will be password protected to protect people's confidentiality.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. For example, the registered manager told us, they had reviewed people's assessments, and referred them for medicines reviews where people had been identified as having recurring falls.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff at regular meetings to identify what worked well and where improvements were needed.
- The provider had developed a business contingency plan for responding to emergencies. This included a business plan for developing the service moving forward and dealing with staffing issues in relation to Brexit.

Working in partnership with others

- The improvements made showed that there had been a willingness by the provider, the registered manager and staff to work in partnership with other agencies to improve the service.
- The registered manager told us, "We have a good relationship with the GP practice, to ensure continuity of care and to provide the best service possible. There are also a huge team of professionals providing services to our residents and communication is key."
- A report shared with us completed by the Clinical Quality Nurse from the Mid Essex Clinical Commissioning Group following a recent visit to the service confirmed the service worked collaboratively with professionals to achieve good outcomes for people using the service.
- The registered manager had recently met with the Mid Essex 'trusted assessor' to discuss the nationwide initiative for speeding up discharges from hospitals, including people returning people to the service, and how this was to be managed at Braintree Nursing Home. They acknowledged this scheme had improved the transition of a person from hospital to the service.