

Life Style Care (2011) plc

Brook House Care Centre

Inspection report

20 Meadowford Close
London
SE28 8GA
Tel: 020 8320 5600

Date of inspection visit: 25 & 26 March 2015
Date of publication: 21/05/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 25 and 26 March 2015 and was unannounced. At the previous inspection of this service in September 2014 we found breaches of a legal requirement to do with care and welfare which we found had been met during the course of this inspection.

Brook House Care Centre provides accommodation and nursing care for up to 74 adults, including adults with disabilities and people with dementia. The service had a registered manager in post. 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.

People told us they felt safe using the service and were able to talk to staff if they did not feel safe and required support. However, we found that there was not always enough staff to provide safe care for people. We saw that people had to wait to receive support and that people were left unsupervised in communal areas when they required staff assistance.

Summary of findings

Staff were not all up to date with their core training, and many members of staff had not recently completed training including safeguarding adults. Nursing staff were not up to date with their medicines training.

The service operated within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had followed the appropriate process to assess the capacity of people to make decisions and had used the least restrictive options, and obtained the correct authorisation for this.

People were given the food and drink they required to maintain a healthy diet and were able to choose the food that they wanted and their cultural and religious dietary needs were met.

People were treated with dignity and respect, and people told us that the staff were caring when supporting them and helped to maintain their independence.

People were usually provided with person-centred care, with care plans detailing their preferences and needs,

although some staff had not read and did not know the contents of people's care plans. People had access to a range of activities and were able to participate in these both in and out of the home.

The service had a complaints process which was given to people using the service and their families. Relatives told us their complaints were not always acted on, but we also saw examples of written complaints with action plans and these had been completed and the complaints resolved.

The registered manager was supportive to staff and was available for people to talk to about any issues they had about their care and the service provided. Regular audits of the service were completed and improvements to the service had been made following these audits.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and corresponding regulations within the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action to told the provider to take 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?

The service was not always safe. There was not always enough staff to provide the level of care that people required.

The service had not always followed safe recruitment processes. We saw that staff had been employed without complete checks of their employment history and criminal records checks were not up to date.

Staff knew the safeguarding procedure, could recognise the different types of abuse and felt confident in reporting any concerns they had.

People's medicines were managed and stored safely.

Requires Improvement



Is the service effective?

The service was not always effective. Staff members had not all received the necessary training to be able to provide effective, safe care for people.

People were able to make decisions about their care. For people who lacked capacity, the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about their food and were given sufficient amounts of food and drink to meet their needs.

Requires Improvement



Is the service caring?

The service was caring. Staff had positive relationships with people and interacted with them in a caring and compassionate manner.

People were involved in decisions about their care and the staff promoted people's independence and choice.

People were treated with dignity and respect, and staff respected people's privacy.

Good



Is the service responsive?

The service was not always responsive. Not all staff had read care plans on people they were supporting. Care plans were details and had information about people's needs and life histories.

The service had a complaints procedure in place and people were made aware of how to make a complaint. Records showed complaints were resolved but people told us their complaints had not been dealt with fully.

Requires Improvement



Is the service well-led?

The service was not always well led. The registered manager was visible in the home and supported people to discuss their views on the service, although some relatives did not experience this.

Requires Improvement



Summary of findings

There were regular residents and relatives meetings where people could discuss the care provided, and any issues they experienced and ideas for improvements.

The service had various quality assurance audits in place. These included auditing care plans, medicines and quality experienced by people using the service and staff.

Brook House Care Centre

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 25 and 26 March 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed all of the information that we held about the service. This included three previous inspection reports, statutory notifications, safeguarding alerts and feedback from service commissioners and the local authority safeguarding team.

During the inspection we spoke with eight members of staff, including four nurses, four care staff, the activities co-ordinator and the cook. We also spoke with the registered manager and interim deputy manager. We spoke with nine people who used the service and five relatives of people using the service. We reviewed a range of records as part of the inspection. This included six care plans, six staff files, seven staff supervision records, maintenance files, quality assurance audits, user services and Deprivation of Liberty Safeguards authorisations.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives who mostly told us they felt safe. One person said, "I'm safe here. I'm much better now than before." Relatives told us they thought their relatives were safe, but also said, "We don't know when we are not here." When we asked another relative if they thought their relative was safe they told us, "No - they do need more staff."

We saw that there was not always enough staff to provide the care and support that people required. We observed three incidents where people were calling out for help or were involved in incidents with other people. Relatives we spoke with also said they thought there were not enough staff. One relative said, "Not always, sometimes they are short staffed." Another said, "They need more staff." One person using the service when asked about call bells being answered said, "Sometimes in an hour or two or never. Depends on who is on duty and how many. It's understaffed." One staff member said, "Eighty percent of the time we have enough [staff]. Trying to arrange cover but it is difficult to arrange nurses."

We looked at the records of call bell answering times. These were checked by administrative staff who highlighted long waiting times and verbally spoke to staff, however they did not record these conversations. We observed that call bells were not always answered promptly and people been left without staff supervision in the lounge and dining room. This meant that people did not always get the support they needed, with people at risk of harm, injury and falls as there was not enough staff to provide care.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff files and the recruitment processes for the service. Three out of six staff files did not contain the full employment history. The service had not requested any additional details of their history and could not provide us with any additional information. In another person's staff file we saw they had completed a criminal records check in 2004 but this had not been updated since then, and may not reflect the person's current position and no risk assessment had been completed to make sure this was still

valid. This meant that the service had not completed all of the necessary checks to make sure that staff had the skills and experience required to provide support and had the background checks to make sure they were safe to work in a care setting.

We found that the registered person had not protected people against the risk of harm through employing people who may not be appropriate to work in a care service. This was a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding procedure in place which made clear their responsibility to report any safeguarding allegations to the local authority and CQC. We saw details of the reports sent to the local authority and the investigations that were completed following these reports. There was a whistleblowing policy in place and all of the staff we spoke with understood the procedure and felt confident in reporting any concerns they had.

All of the staff members we spoke with understood safeguarding and could correctly tell us the safeguarding procedure for the service. They could all recognise the different types of abuse and knew what to look for to make sure people were safe from harm and abuse. People we spoke with said they felt able to talk to staff if they didn't feel safe. One person said, "My keyworker is very approachable and she would take it on."

Risks to people were identified and managed. There were risk assessments completed for each person, which looked at the person's care, including falls risk assessments, nutrition and dehydration and mental health. These risk assessments included details of each risk, likelihood of the risk occurring and details for staff to follow to minimise these risks. We saw that all of the risk assessments we looked at had been regularly reviewed and that changes had been made to them following incidents that had occurred. The organisational risk assessments covered many aspects of the service and any potential incidents that would interrupt or impact upon the care provided. These risks were clearly identified, scored and had processes to minimise the risk and manage care in the event of them occurring. We looked at the records in the

Is the service safe?

accident and incidents log, and saw these had all been appropriately investigated and reported, and that changes had been made to people's risk assessments and care following these incidents.

The premises were well maintained and regular checks were completed to make sure that the environment was safe for people. We looked at all of the maintenance files, and saw that the service was up to date with all the necessary checks including legionella tests, fire drills and that equipment was regularly serviced. For example, we saw that the hoists had been serviced in February 2015 and the call bell system was checked and the emergency chords were replaced in four bedrooms following these checks.

Medicines were managed safely. We checked the Medicines Administration Records (MAR) and stocks of medicines for all of the people on two units. We saw in the clinical rooms

on both units that controlled drugs were stored safely in locked metal cabinets within another locked cabinet. All of the controlled drugs were recorded by one nurse and witnesses by a second nurse and we saw that all of the specified stocks were correct. Medicines that needed to be kept refrigerated were all stored in fridges, and the temperature of the fridges was checked twice daily. We looked at the MAR sheets for two units for a two month period and saw these had all been completed correctly. This included recording when people had refused medicines, if they were out of the unit or if they were in hospital. Medicines that were provided in boxes were all recorded and had clear audit trails, with staff completing the audit each time they gave a medicine from the box, so it clearly stated how many remained within the box, and we could see that people had been given the correct medicines as recorded on the MAR sheets.

Is the service effective?

Our findings

People told us they found the service was effective. One person said, "I think they're [staff] great, couldn't ask for more." However our findings did not all support people's views.

We looked at the staff training matrix and saw that there were many gaps in staff training, with many members of staff not having up to date core training. We saw that eight of the nurses did not have up to date training in administering medicines, despite being responsible for managing people's medicines. We saw that only 66% of the staff had completed safeguarding adults training, 68% had completed manual handling and 55% had completed infection control training recently. This meant that staff may not have the right skills and up to date knowledge to provide people with safe and effective care.

We found that the registered person had not protected people against the risk of unsafe or inappropriate care through staff who did not have adequate training for their work. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported through supervision, induction and appraisal. Staff members all completed an induction programme which included training and shadowing other members of staff before starting their main shifts. We looked at supervision and appraisal records and saw that they received regular individual supervision and additional group supervision on particular themes when issues arose, such as safeguarding and management of pressure sores. Staff told us they found the supervision sessions and appraisals useful and discussed a range of issues, including their performance, the care they provide, needs of people and information about the service.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are to make sure that people are looked after in a way that does not restrict their freedom. Services should only deprive someone of their liberty when it is in their best interests and there is no other

way to look after them. This should be done in a safe and correct way. The registered manager knew how to make an application for consideration to deprive a person of their liberty.

We looked at the records for three people who were subject to DoLS authorisations. We saw that the correct procedures had been followed to apply for this authorisation. This included an assessment of the person's capacity to make specific decisions and their ability to understand the options and make choices based upon this. We looked at the best interest meetings that took place to discuss the different options and how each of these was assessed. The registered manager told us they had looked for the least restrictive options for people and monitored the implementation of the DoLS for these people.

People were supported to make decisions about their care and their consent for care and support was sought by staff. We saw details in people's care files about assessment of their capacity to make specific decisions and their consent for care. People were supported to maintain their independence and freedom. One person told us, "I go out a lot. They help me to go shopping." During our inspection we observed people moving around the home and going out to attend different activities and day centres.

People's nutritional needs were met although not everyone we spoke with enjoyed the food. Some people we spoke with did not always like the food. One person said, "I can't criticise the food." Another person said, "I'm a vegetarian and they manage that well." However other people were not happy with the food. One person told us, "The food could be better." Another person said, "The food is horrible." The same person also told us their daughter brought in food that they liked instead. We saw copies of the menu for the day on each floor of the home and in the dining rooms, and people had the option of two choices for each meal, but could also request different food if they did not like the choices on the day.

We spoke to the cook who told us about the different dietary needs of people and how they prepared the menu and special meals for people based upon their health needs and personal preferences. We saw people eating meals that were not on the menu, but had been made for their cultural preferences. We also saw details of meals prepared for people's special diets, including fortified

Is the service effective?

meals and pureed food for people requiring these. We observed food being served and lunchtime, and saw that staff checked the temperature of the food and made sure that it was at the correct temperature to be served.

People's care plans contained information about people's dietary needs and how they were to be supported to eat a healthy and balanced diet. We saw in people's care plans details of adapted utensils, seating requirements and support needed from staff to eat, and we observed these needs were met.

People were supported to access other services and medical appointments, which were all recorded in people's care plans. One person told us they had regular appointments at the local hospital, and the service arranged transport for them and they went with family to the appointment. We saw details of different services supporting people detailed in their care plans, such as the tissue viability nurse for a person with a pressure sore and a dietician supporting a person with diabetes to manage their food effectively.

Is the service caring?

Our findings

People told us they thought the service was caring. One person told us, "They [staff] are willing to get you what you want." Another person told us that they felt they were treated with dignity and respect. One relative said, "They [staff] are very pleasant."

We observed care provided in the dementia unit and adult disability unit and saw that staff treated people with kindness and compassion, giving people choices about their care and helped them to be independent. We saw staff kneeling next to a person providing reassurance when they were agitated, and helped them to calm down and take part in an activity.

We spoke to staff who had a good understanding of people, their life histories and their needs. One member of staff told us about a person they were caring for, including details of how they liked to receive their care and their life before coming into the home.

Staff listened to people and involved them in their care. Each person had an allocated keyworker, who was responsible for meeting with them regularly to discuss their care, any changes they wanted to make to their care and suggestions about the service. One person told us their keyworker was very approachable and helpful. We saw that keyworkers were named in people's care plans and were involved in reviews and updates to the plans.

Staff involved people in making decisions and supported them to be independent. We spoke to staff who told us how they encouraged people to make choices, including what to wear, what to eat and different activities to take part in. One staff member told us, "People tell us what they want, and we look in the care plans. With new residents I also talk to the family members and find out more about them, then sit with the resident and talk to them about their needs." Another member of staff told us, "I give people choices, like showing them different dresses to wear and they can pick the one they want."

People's privacy and dignity was respected by staff when they were supporting people with their personal care. We saw that staff supported people discreetly to leave the room when they needed support with personal care, they knocked on people's doors and asked permission to enter their rooms and were respectful of people's wishes if they did not wish to be disturbed. One member of staff said, "I always explain what I'm doing and ask them if it's ok. I can't make people do things if they don't want them. It's their choice."

We saw that people's family and friends were able to visit when they wanted and spend time with people in their rooms and communal areas. We saw that one person was being taken out to the shops by a relative and regularly enjoyed visits from the home with the family. Another person told us, "They've arranged transport so I can go and see my friend."

Is the service responsive?

Our findings

We spoke to people who had differing opinions on how they were given personalised care. One person told us, "They are aware of my idiosyncrasies" and that staff knew his likes and preferences. However, another person told us, "We haven't been involved in care planning at all" and two relatives said they had not seen any care plans.

Most of the staff that we spoke with had a good understanding of people's individual needs and the details within the care plans. However, we also spoke with two members of staff who had not read the care plans for the people they were supporting. One member of staff said, "I haven't read any of the care plans." This meant that people could receive incorrect or inappropriate care as staff did not have a clear understanding of people's care plans and needs detailed within them.

People's care needs were not always met in line with the care specified in the care plans. One relative told us that carers were supposed to change the continence pads every four hours, but this did not always happen and sometimes they had to do it. We saw in another person's care plan that their urine was to be monitored and recorded, but when we checked their records this had not happened and the staff we asked about it did not know about this.

We found that the registered person had not protected people against the risk of receiving incorrect or inappropriate care. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's needs were assessed before moving into the home and this included a full assessment of people's lives, backgrounds, care needs and preferences. We looked at care plans which all contained this information about people, so that staff could provide personalised support for people. We looked at one person's care plan that had details of the person's full life history, family, major life events, employment and social activities and hobbies, as well as their health and care

needs. This provided staff with clear guidance on how this person wanted their care, how they wanted to be addressed and details of activities they enjoyed. The care plans we looked at had all been regularly reviewed by the person's keyworker, the unit nurse and a family member.

The service had two activities co-ordinators who provided a range of different activities for people every day. We saw the plan for the week, which included activities in each unit that were tailored for the needs of each group. On the day of inspection we saw a group of people playing bocchia, a game for people with physical disabilities, and another group were planting vegetables in the garden. Most people enjoyed the activities provided and told us they had improvement them recently.

The service provided care tailored to people's backgrounds and respected their cultural and religious needs. We saw examples of people being supported to attend different religious services, and also there were services held within the home for people who wanted to attend them. One member of staff told us they assessed religious and cultural needs, which were then documented in care plans, such as providing culturally specific food.

The service had a complaints procedure in place which was available for all people using the service and their families. People knew how to make complaints, and told us they felt able to talk to their keyworkers and nurses if there was anything they were unhappy with. We spoke with one family member who told us they had made complaints but felt there had been no change following the complaint. A second person also had complained but then felt that nothing had happened following their complaint. We discussed these with the registered manager who told us they would investigate these complaints.

We looked at the complaints log and saw details of recent complaints that had been made in writing. These complaints had been investigated by the registered manager and had action plans to address the issues that had been raised. We discussed these recent complaints with the registered manager who told us about the investigations that had taken place and how they had resolved these complaints.

Is the service well-led?

Our findings

We spoke with people about the management and leadership of the service. One person told us, "She [registered manager] was fine, approachable and kind." Another person said, "She's nice."

Staff told us that they found the registered manager to be approachable and supportive. One member of staff told us, "She's lovely, really nice. I've had no problems." Another staff member said, "She is very fair."

We saw that although the service had quality assurance systems in place, the registered manager had not identified or acted upon all of the issues that we found during inspection. For example, they had not identified that not all staff had read people's care plans and did not know what care they should be providing for people. The call bell system was not effectively monitored and used to identify issues with performance or staffing levels. Staff training was not up to date, with many staff members requiring core training, although we saw that some staff had been booked onto training courses.

The service had processes in place to listen to the views of people using the service and their families. Residents meetings were held monthly and people confirmed this. One person told us they attended them regularly and that issues raised were addressed. We spoke with a relative about the resident meetings they attended. They told us they regularly attended these meetings and had brought up issues with the registered manager and there had been improvements since the meeting.

Staff we spoke with told us they were involved in the running of the service and felt confident to speak to the registered manager about any issues or ideas they had. There was a monthly staff meeting where staff were able to discuss any issues and ask questions about the running of the home.

We saw that the registered manager spent time on each unit and interacted well with people using the service. We observed them providing support to people, asking about how they were and if they needed anything. We spoke to people afterwards who told us they saw her regularly and she came to the unit every day.

The registered manager understood their responsibilities and supported staff to provide high quality care. We discussed the areas they have worked to improve upon and saw there had been changes following our previous inspection and based on feedback from people using the service. This included creating new posts to develop the activities for people and increase the level of interaction between staff and people to provide personalised care rather than being focused on tasks.

The service had a programme of audits to monitor the quality of the service and identify areas for improvements. We saw that the deputy manager carried out regular audits of medicines, which looked at the stocks of medicines, recording on MAR sheets and storage of medicines. We saw these audits were completed and action plans were delivered to correct any errors identified. There were regular audits of care plans completed by the deputy manager and the registered manager. We saw one of these care plan audits which had action points for the lead nurse to complete, and the nurse showed us the progress they had made on this action plan.

The provider completed an audit on the service every two months. The audits was conducted by a senior member of staff. The last report showed that care plans audits were not being completed. We looked at care plans and saw that the audits had been completed now and contained all the correct information and were reviewed regularly by the nurses and keyworkers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
People who use services were not always provided with care in line with their care plans and assessed needs.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider had not made all the appropriate checks of people's employment history and criminal records checks when employing them, and staff had not all received up to date core training

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The provider did not always have enough staff deployed to meet the needs of people using the service