Brentwood Homes Limited

Seven Arches Nursing Home

Inspection report

Lea Rigg
Cornsland
Brentwood
Essex
CM14 4JN
Tel: 01277 263076
Website: www.brookvalehealthcare.co.uk

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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

Overall summary

The Inspection took place on 26 August 2015 and was unannounced. Seven Arches is registered to provide care and support for up to 30 people who may have a physical, medical or dementia related condition. On the day of our visit 24 people were living in the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manager 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice and meeting the requirements of DoLS.

Summary of findings

The service had appropriate systems in place to keep people safe and staff followed these processes when they supported people. There were sufficient numbers of care staff available to meet people's care needs and there were systems in place to manage medicines safely. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were met with input from relevant healthcare professionals and people were supported to receive food and drink that met their nutritional needs and preferences.

Staff were attentive to people's needs and respected their privacy and dignity. People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

There were processes in place to involve people in making decisions about their care and support. People were encouraged to follow their interests and hobbies, and were supported to keep in contact with their family and friends.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Good

Is the service responsive?
The service was responsive.

People were consulted about their needs and preferences.

Care plans supported staff to provide care and support which reflected people's preferences, wishes and choices.

There were processes in place to deal with people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

The service was run by an established management team that promoted an open culture, shared the same vision and demonstrated a commitment to providing a good quality service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Good

Seven Arches Nursing Home

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.

The inspection took place on 26 August 2015 and was unannounced and was completed by an inspector and an Expert by Experience, who had experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all the information we had available about the service including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law.

During the inspection we focused on speaking with people who lived at the service, speaking with staff and relatives and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk with us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived in the service, two nurses, one senior care staff member, two other care staff members, the cook, one visiting healthcare professional, three visiting relatives and the director of the service. The registered manager was not available on the day of our inspection.

We looked at six people's care records, staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at Seven Arches. One person told us, "I feel very safe, no bullying." Another person told us, " I feel safe its better than being in a house on my own." A relative told us, "I don't need to worry about them, it is a safe home, and we would not be able to give [relative] the care they get here."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them that they had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking. Where risks were identified there were measures in place to reduce them where possible. For example some people were on a soft diet to reduce the risk of choking. All risk assessments had been reviewed on a regular basis and any changes noted.

The home had procedures in place in case of emergency situations such as fire or if there was a failure of heating or hot water. Staff understood emergency procedures and knew what their role was in such situations. There were clear procedures in place to evacuate the building if the need arose.

The provider had safe recruitment systems in place, these included obtaining two references and where applicable previous employment history, and a check to ensure that the applicant was not prohibited from working with people who required care and support. People could be confident that they were cared for by staff who were competent and safe to support them.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one-to one or two-to-one support when required. For example when moving a person using a hoist from the wheelchair back into bed. Staffing levels had been determined by assessing people's level of dependency and staffing hours allocated according to the individual needs of people. Staff told us, "If we need extra staff because someone's needs change, we ask the manager, it is not a problem." People told us, "I think there is enough, they answer the buzzer quickly."

People received their medicine safely and as prescribed from competent trained staff. They told us that they were satisfied with the way their medicines were managed. There were safe systems in place for the storage, administration and recording of medicines. These were securely stored at the right temperatures so that they did not spoil. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. Medication was disposed of safely and clearly recorded. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. We saw that there was a specific cabinet for controlled drugs and the drugs record was completed satisfactorily. Where medications were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when this medicines should be given and when they should not.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and to effectively meet people's needs.

People told us, "They always seem to know what to do to make me feel better." Another person told us, "I am pleased with the care I get; they know what they're doing."

Staff had the necessary skills to meet people's needs. They communicated and interacted well with the people who used the service. Staff were appropriately trained and supported for the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observation throughout the day of inspection, how they supported people in the areas they had completed training in such as moving and handling, dementia, diabetes and falls prevention.

Staff told us they were supported with regular supervision, which included guidance on their development needs. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards were in place to protect people's rights. They ensured that if there were restrictions in place to prevent people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had made appropriate DoLS referrals where required, and care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

We saw that people were provided with choices of food and drink, people were happy with the food they were offered One person told us. "The food is very good for this type of place." Another person said, "Mostly good, sometimes things don't appeal but there is always a second choice." Staff supported people to eat and drink sufficiently and to maintain a balanced diet. Care plans contained information for staff on how to meet people's dietary needs. We spoke to the chef who told us, "The nurses let me know about anyone on a specialist diet."

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support from dieticians and Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified at risk. At lunchtime we observed staff providing assistance for people that required help to eat and drink. This was done without rushing the person and with positive interaction given throughout the meal.

People's day to day health needs were being met and they had access to health care professionals according to their specific needs. People told us that staff took appropriate action to contact health care professionals when it was needed. One person told us, "I had an ear problem and the staff called the doctor who gave me antibiotics, I expect he will be back again." Another person told us, "Sister will ask what my trouble is and they will then ring the surgery."

We saw that the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician and physiotherapists. A health care professional told us, that the staff contacted them at an early stage which showed good monitoring and that staff listened and followed advice given to support people's health and well-being.

Good

Is the service caring?

Our findings

All of the people we spoke with including the relatives were complimentary about the staff and the manner in which people were cared for. One person commented, “Very caring I would say, excellent carers.” Another said, “They always ask if there is anything else they can do before they leave the room and you can have a laugh and giggle with them.”

A relative told us, “Think they treat [relative] well, they care.” Another one said, “Nice atmosphere, very welcoming”. Relatives also told us, “We can visit whenever we like, we don’t need to ring ahead even in the evenings.”

As we were unable to speak with some people due to their communication needs, we spent time observing the care they received from staff. We saw lots of positive interaction and noted staff taking the time to talk to and listen to people. One person said, the staff listen to you, they know me well they are like my friends.” All of the interactions were warm and friendly. The staff supported people in a way that maintained their dignity and privacy. For example, one person needed medication administered in the communal lounge and a privacy screen was put in place. We observed during the lunchtime period that staff asked people if they would like a napkin placed on their lap, to prevent food being spilt on their clothes, staff respected the choice made by people.

Staff addressed people by their preferred names, and chatted with them about everyday things and there was a calm and relaxed atmosphere within the home. We observed the laundry staff returning items of clothing to one person’s room and saw that they knocked on the door and waited for a response before entering, then had a chat about the clothes saying how they liked the colour and style of their dress. This showed us that the staff were kind and caring and took the time to chat to people.

Most of the staff had worked at the home for a long time, therefore people were cared for by staff they were familiar with. Care staff were aware of people’s needs, abilities and preferences and how these were to be met for each individual. One person told us, “You can choose if you want a female or male person to help you have a shower.” This showed us that people were treated with dignity and respect.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation, a completed ‘Do Not Attempt Resuscitation’ (DNAR) directive was in place. Where possible people were involved in their care plan and when this had not been possible family members had been consulted about the care their relative needed. One relative told us, “We are kept fully informed about all aspects of [relative] care.” This assured us that people had been involved in making decisions and planning their care.

There were systems in place to request support from advocates for people who did not have families Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to have a look around the home before moving in.

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected in comprehensive detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people's changing needs. People's changing needs had been identified promptly, and people and their relatives were involved in the review process. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately.

Staff had a hand over twice a day; at which everyone was actively updated about any day to day changes to people's needs. These were also documented in the daily notes. This provided staff with the information they required to provide consistent care which met people's changing needs.

The service employed a full time activities co-ordinator and all of the people we spoke to were very positive about the range of different activities on offer each day. We saw in the care plans that an 'activity profile' form was completed for each person on admission. This enabled people to give details about their preferences as to what activities they enjoyed doing during the day. For example, what music they liked, and if they had any hobbies or particular interests. We observed people playing board games with staff and on the day of our inspection. It was also someone's birthday and the room had been decorated with balloons, and there was a party atmosphere.

On the day of our inspection the hairdresser visited and people were asked if they wanted their hair done. One person told us, "We do cooking and play bingo or listen to music." Another person said, "We do chair exercises, it keeps you moving." Relatives told us, "[staff] goes to a lot of trouble, always something going on for [relative] to do." The staff showed us how they documented people's participation in activities and told us that they asked for feedback as to whether the person had enjoyed or wanted to do the activity again. They also spoke to relatives and informed them about the activities on offer and asked for input as to if they thought their relative would like to do a particular activity. This showed us that the staff listened to people and responded on an individual basis as to how people would like to spend their day.

All of the people we spoke with told us they were content with the service they received and would speak to the manager of other staff if they had any concerns. People told us that if they had had the need to raise any concerns, they had been dealt with promptly. For example one relative told us, "My [relative] spectacles sometimes go missing but they are usually quickly found." People told us the manager and owner were available on a daily basis to speak to if they had any concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. They all told us they felt involved in how the service was run and were asked for their views. All the people we spoke with told us they knew who the manager was and comments included, “Very pleasant man, he came round to say goodbye before he went off on holiday, you can talk to him about anything. He knows all the residents by name.” People told us they had no concerns with the management or staff. One relative told us, “[manager] is very approachable. I have no qualms in speaking with [manager] no problems”.

All of the staff told us they worked in a friendly and supportive team. They felt supported by the manager and they were confident that any issues they raised would be dealt with. One staff member said, “I love coming to work, this is a lovely place to work.” Staff said they felt appreciated and were enthusiastic about the home and in ensuring that they delivered good professional care. We saw that the service had made a commendation to a staff member for their personal and professional achievements. Another member of staff had been awarded an employee of the year award.

Systems were in place to manage and appropriately report any allegations of abuse or accidents and incidents. The manager maintained oversight of the service, and saw that people’s care plans were checked monthly to ensure that they contained the most up to date information. Nutrition, pressure area care and falls were audited regularly to identify any trends, and actions plans were put in place to make improvements.

The provider carried out quality assurance checks to identify areas for improvement and appropriate actions to address any identified concerns were carried out. For example, a new boiler system had recently been installed due to there had not always been enough hot water available as and when people wanted it. We saw that health and safety checks were carried out, and fire drills conducted on a regular basis.

People who used the service and their relatives were sent questionnaires and surveys to ask for their views regarding the quality of the service they had received. The results of the surveys were compiled into a report which where areas of improvement had been identified, actions with timescales had been given. This showed us that people’s views and experiences were valued and acted upon.

Care plans were available to the staff and were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential.