

Brookdale Healthcare Limited

Elm House

Inspection report

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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

Elm House provides personal care and accommodation for up to six people who have a learning disability. Four people were living at the service on the day of our inspection.

This unannounced inspection was undertaken on 18 July 2017 by one inspector. At the last inspection on 19 May 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely in the service and whilst out in the community.

There were enough staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The deputy manager who was in charge at the service during this inspection understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as far as they were able to. Staff supported people in the least restrictive way possible.

People's needs continued to be assessed and regularly reviewed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as how they spent their day. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service

provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elm House

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 checked 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 18 July 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with two people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We looked at records in relation to two people's care. We spoke with the deputy manager, and two care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

One person when asked if they felt safe said, "Yes, there is always staff around." Observations we made showed that staff ensure people's safety was protected. For example staff supported people in the kitchen to ensure they remained safe whilst preparing meals. This was done by staff reminding people about the dangers when using knives.

Care plans continued to have up to date risk assessments. These were reviewed regularly to ensure, as much as possible, that the people remained safe and that their care and support could be appropriately delivered both at the service and when people were in the community. Examples included assistance with medicines and being safe when out in the community. Staff we spoke with were aware of how to make sure people were kept safe in accordance with the person's risk assessments.

Systems were in place to manage and administer people's medicines safely. During our visit we noted that the temperature of the storage area was above the recommended limits. Following the inspection we received confirmation from the deputy manager that they had put in an interim measure in place to reduce the temperature of the medicine storage until the air conditioning unit is repaired. Staff told us, and records confirmed, that they had received training so that they could safely administer and manage people's prescribed medicines. Medicine Administration Records showed that medicines were administered as prescribed. We saw that staff carried out daily checks of stock levels and to check that all medicines had been signed for and administered as prescribed.

Staff had received training in safeguarding. Staff were able to demonstrate an awareness of the safeguarding procedures and who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of people using the service.

Two staff files we saw confirmed there was an effective recruitment and selection process in place. Staff had completed an application form, provided references, proof of identity and had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS). People told us, and we saw, that there were enough staff available to meet their needs. The staffing levels were kept under continuous review to ensure the service met people's needs. Additional staff had been rostered where people needed support when going out on a day trip or holiday.

Regular health and safety checks of the building continued to be undertaken. The deputy manager told us that if there were any issues identified the records would be analysed to identify any trends to avoid any further occurrences. There were no current on-going issues identified. Personal evacuation plans were in place for each person in the event of an emergency occurring.

Is the service effective?

Our findings

People made positive comments about the staff. One person said, "Yes I like the staff, they take me out."

Staff confirmed that they had undertaken an induction when they started working in the service, which included training and discussion to make sure they knew what they were doing.

Staff told us that they continued to have regular training updates in a range of topics relevant to their role. These included but were not limited to, moving and handling; first aid; food hygiene; safeguarding and fire safety.

Staff told us that the management team and all staff provided support. Staff received regular supervision from the registered manager and /or deputy manager so they had opportunities to discuss what was going well and if they had any issues or ideas for improving the service.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a basic understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. People told us that the food was very good and we saw that people enjoyed their lunch. People were given choices for their meals. Each person was encouraged to prepare a menu then shop each week for what they required. We saw staff supporting one person to prepare their lunch. One person told us, "I go shopping with a member of staff for my food."

People continued to be supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician.

Is the service caring?

Our findings

The relationships between staff and people who lived at Elm House continued to be warm and friendly. People made positive comments about the staff. One person commented, "They do help me and give me a choice."

Staff were able to tell us about people's individual likes and dislikes. For example, staff knew how people had their own ways of doing things. "[Name of person] likes to be alone when preparing their meals." People told us they were given choices in all aspects of their lives. For example, we saw that people chose to stay in their bedroom if they wanted to or to sit in any of the communal lounges.

Staff respected people's privacy and dignity. For example staff always knocked on people's bedroom doors and waited for a response before entering. Staff told us they supported people to maintain their independence. Care plans guided staff on what people could do for themselves.

Resident meetings took place regularly and minutes of these were taken and made available for people to view. One person told us, "I can go to the residents meeting if I want to, I can raise issues at any time."

Visitors and family were welcome to visit people living in the service at any time. Where people wanted the involvement of their family in their life they were supported to do so.

There was information and contact details about advocacy services that were available. An advocate continues to visit people at the service every two weeks. They spend time with people discussing their lives and providing support if needed. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The deputy manager told us that an assessment of the person's needs was always undertaken before a person was offered a place at the service. Staff also encouraged people to visit the service and look around to make sure it suited them prior to them moving in.

Care Plans continued to be written in the first person and were personalised to each individual. They were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. They also showed that people had been involved where appropriate. Care plans were also created in a pictorial format to help people understand the support they required from staff.

People's life story was included in the care records where staff had been able to obtain information from either the person or their families. Staff told us that they were given time to read the care plans. When care plans were changed staff told us this was discussed at handovers. This ensured that they provided the correct support for each person.

People continued to enjoy a wide variety of hobbies and interests of their choosing. There were house activities which people told us about such as making milkshakes, having a bar-b-que, baking cakes, cooking and eating meals from different countries as well as outings to places like the seaside and the zoo. People told us of their individual interests and how they had been taken into account in relation to things that they organised to do. People were interested in visits to the theatre, computers, photography and some people were enabled to have a holiday, supported by staff.

The provider had a complaints policy and procedure that was displayed on notice boards around the home. People told us they raise any concerns they have with any member of staff. When we asked one person if they had any concerns about their care they responded by saying, "No". One person regularly raises issues and staff record these and ensure they are appropriately dealt with. No formal complaints had been received since our last inspection.

Is the service well-led?

Our findings

Staff told us they enjoyed working at Elm House and felt well supported by the registered and deputy managers. One member of staff told us, "I love my job. I get lots of satisfaction. I never thought I would enjoy this type of work."

A registered manager was 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.

The registered manager had informed the CQC of significant events in a timely way. This included notifications about accidents and incidents and where people had a DoLS in place. This meant that CQC was able to monitor the overall health, safety and wellbeing of people who used the service.

People, relatives, staff and other stakeholders were provided with opportunities to tell the provider their views about their experience of the service through an annual survey. Peoples' suggestions were acted on and included, going on holiday or having a day out.

The registered manager and provider continued to carry out a regular programme of audits to assess and monitor the quality of the service. These audits included medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

Staff knew about the provider's whistle-blowing policy and felt confident to raise any issues about poor practice if they needed to. The deputy manager was confident that staff would report any concerns.