Brighton and Hove City Council

Brighton & Hove City Council - Ireland Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At the last inspection on 28 and 30 October 2014, the service was rated Good. At this inspection we found the service remained overall Good. However, we did find some areas of practice which needed improvement which had not been consistently maintained. People and relatives and observations during the day told us people had access to drinks during their stay in the service. But the recording of fluid charts had not always been fully maintained to ensure there was an accurate record of people's consumption. Staff told us they felt well supported, managers were accessible and they had access to a range of training opportunities. But not all staff had undertaken updates of their essential training or received formal supervision which had been recorded.to meet the provider's policy and procedures. These are areas of practice in need of improvement.

People and their relatives told us people felt safe. One person told us, "I have been here five days. It is lovely so far. My daughter says they are doing up my house, but I think I couldn't be in a safer place. I could stay here forever." They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. There were systems in place to assess and manage risks and to provide safe and effective care. People were supported by staff who had been through robust recruitment procedures.

Sufficient numbers of suitable staff had been maintained to keep people safe and meet their care and support needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments had been maintained and were detailed and reviewed regularly. People told us they had felt involved and listened to. Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests.

The service continued to have a relaxed and homely feel. People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "I would recommend this place to anyone." A member of staff told us, "We build up a rapport and loving and caring relationships and put them in the centre. We look at the personal outlook like their hair and treat them as individuals. For example, one lady loved sprays and crosswords so we bought her some impulse sprays and crosswords in her room. It's the little things, knowing her interests and what makes them smile and we encourage that."

People told us the food was good and plentiful. One person told us, "The food is lovely and you can choose what you want to eat. You can even change your mind. The portions are good but you are always asked

about everything, before it is served." Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. Healthcare professionals, including speech and language therapists and dieticians, had been consulted with as required.

Staff told us that communication throughout the service continued to be good and included comprehensive handovers at the beginning of each shift and staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable. The registered manager told us that senior staff carried out a range of internal audits, and records confirmed this. They operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have. People were asked to complete a satisfaction questionnaire at the end of their stay.
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?

Requires Improvement

The service does not remain Good.

This was because not all staff had received training updates to their essential training or had consistent supervision provided which had been recorded.

Where people's fluid intake was being monitored the recording had not been consistently maintained to inform staff of people's intake.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service e remains Good.

Is the service well-led?

Good

The service remains good.

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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 14 February 2017 and was unannounced. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We spoke with the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from three health and social care professionals about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they not all were able to tell us about their experiences due to their living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people using the service, and six relatives. We spoke with the registered manager, two senior members of care staff, three care staff and a chef and catering assistant.

We observed the lunchtime experience for people on all three of the units, sat in on a staff handover and observed the administration of medicines on one of the units, and the care and support provided in the communal areas, and activity sessions. We spent time reviewing the records of the service, including policies and procedures, six people's care and support plans, the recruitment records for three new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "I am safe here because you are never alone for long. They even come in during the night." Another person told us, "I am safe because they supply everything you need." A relative told us, "They seem to have the freedom they want, but they are nice and secure."

The premises were safe and continued to be well maintained. Staff told us about the regular checks and audits which had been completed and maintained in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. Procedures were in place for staff to respond to emergencies. Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. One member of staff told us, "If there is a risk of choking they need a soft diet and appropriate food or if they are at risk of falls we have the alarm mats. There are fire checks regularly and we check for trips on carpets and report this and the handyman fixes."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "If their behaviour suddenly changes we would report to the senior. Once when I was taking a lady home I picked up that she was unsettled and voiced my concerns. She opened up in the car one to one and I reported it." There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. One member of staff told us they would, "Report and record and if after a week there is no response we go to the manager or if there is abuse we can phone the CQC or we can get the numbers of the senior officers."

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. One member of staff told us, "If there is an incident unwitnessed we would call 999 at once. If they have knocked their head we call the paramedic. If fragile and just plonked themselves on the floor we help them up or make sure they are warm and ask for help, we make sure there is no panic and keep everything quiet." We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to

work with people. Appropriate checks had been completed prior to staff starting work which included a criminal records check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff had been maintained to meet people's care and support needs. Staff rotas showed staffing levels were consistent over time. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. On the day of the inspection there were two care staff working on each of the three units. One member of staff told us the staffing levels, "Is usually ok." Another member of staff told us, "Sometimes there is a leaver or reduced hours but it's a good team and there is enough staff. It's a good place to work, a nice home." The registered manager continued to monitor the staffing levels to ensure people's care and support needs were met.

People told us their medicines continued to be delivered on time. One person told us, "I have seven pills am/pm. I am diabetic, they stand over you while you swallow them and record it. "Another person told us, "I don't have pills but they give you paracetamol if you have aches and pains." Appropriate arrangements had been maintained in relation to the storage, administering and recording of prescribed medicine. Staff had been trained in medicines administration. We observed medicines being administered by a member of staff who had good rapport with people and knew them well. They took care to ensure that the correct medicine was administered to the correct person. The member of staff then completed the person's medication administration records (MAR) chart correctly. A member of staff who took the medicines lead had ensured audits of the medicines procedures continued to be completed. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed.

Requires Improvement

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. However, we found areas of practice in need of improvement.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff confirmed they had received induction training, a period of shadowing with essential training. Essential training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "The senior checks the training and tells us if we need to refresh." Care staff completing training to support people living with dementia. A registered general mental nurse (RMN) worked in the service and was able to provide guidance, support and training to support the staff team. One member of staff told us, "Dementia training is given in house as an extra and if we want to go further we tell the senior carer in supervision and we are put on the courses." Another member of staff told us, "I was interviewed by people and have the diploma in health and social care. New training is offered such as end of life care and I am interested in Parkinson's training and this has been attended. There is no problem with training the management send you."
However, not all staff had received an update of their training to ensure they had the current information to follow. Not all staff had attended training on the MCA 2005. Where training was due or overdue, the registered manager had taken action to identify and ensure the training was to be completed.

Staff we spoke with all confirmed they felt very well supported by the management team. There were opportunities for staff to attend individual supervision and team meetings. One member of staff told us, "The manager put's us forward for training and professional development and we sign to agree, supervision is regular about twice a month. We also get appraisal and get positive and negative feedback." However, not all staff had had their individual supervision maintained and recorded to meet the provider's policy and procedures. No formal supervision was offered to bank staff who regularly worked in the service. This is an area of practice in need of improvement.

We found people were offered a varied and nutritious diet. One member of staff told us, "We ask them what do you fancy and we will get it for them. Carers can do the menu preference if that person can't. "We observed staff supporting people in a safe manner, people were not rushed and were offered a choice. We observed lunch and saw that staff were observant and responsive in encouraging people to eat their lunch. People were supported with drinks and snacks throughout the day. We noted that staff made up small plates to tempt people to eat and shakes or snacks One member of staff told us, "There are plenty of them and they are stocked up daily. Staff can come to the kitchen and get what they want." Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements .Staff told us they weighed people twice a month and if losing weight people were put on food and fluid charts and their progress was reviewed at handovers. One person told us, "They weighed me yesterday. I am very happy with no worries." One member of staff told us, "One lady was choking and had a swallowing worry. We supply soft foods and fortifying drinks or milkshakes with cream." Where fluid charts were completed there were not always totals documented to ensure a clear picture of what people had consumed. This is an area of practice in need of improvement.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and some staff had received training in this area. People were given choices in the way they wanted to be cared for. One member of staff told us, "All service users are assessed for DoLs and MCA for independent living as we have a duty of care. I have learned a lot about DoLs and MCA here a lot more than in private care." Another member of staff told us, "Some have capacity and can decide for themselves others have challenging behaviour, one can go out the others cant. The DoLs team regularly assess and can section." One person told us, "Nobody makes you do anything you don't want to do." Another person told us, "You don't need to worry they always let you make your own mind up about everything. They never ignore you and always explain everything."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People were only in the service for a short period of time, but were supported to access healthcare services if they had an appointment or they had become unwell during their stay. People received consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "The staff make me feel wanted. If you are ill they will send for the GP, even a dentist if you need one."

Good

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided and told us they felt staff were kind, considerate and caring. One person told us, "Staff are very clever, some are nurses, and they all want to help you." Another person told us, "You don't need to worry they always let you make your own mind up about everything. They never ignore you and always explain everything." A member of staff told us, "I treat them as I would my mum." Another member of staff told us, "There is no stress, they get up when they want, and it's relaxing."

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team, which we observed throughout the day. We observed care staff showed affection throughout their interactions with people. One member was heard to say to one person, "We'll bring your post to you when it comes, it's Valentine's Day you might have some cards." They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. One person told us, "The carers are good. I sometimes get pains but they always comfort me and reassure me." Another person told us, "If they have time they talk to me about my memories. I love this place but like to go home to my family because my memories are there." Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity, they wore clothes of their choice and could choose how they spent their time. Staff were respectful of people's cultural and spiritual needs. One person told us they were delighted because they had received Holy Communion and said, "The Nuns bring it in."

People were cared for by care staff who knew their needs well. People were treated with dignity and respect. People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff had a good understanding of the importance of promoting independence. One person told us, "I wash myself because I want to. I prefer that. They always offer to help. "Another person told us, "Everyone is always respectful. They say, do you mind if we do this?" A third person said, "I do my own personal care. I prefer that. I have a colostomy bag and I like to attend to it myself, they treat me with dignity and respect and I treat them the same."

People told us they were involved in decisions that affected their lives. One person told us, "I can go to bed when I like and get up when I want to go down for breakfast." One member of staff told us, "We spend time with the service users and get to know their routines." Another member of staff told us, "We get to spend quality time with them and get a chance to sit down with people and get to know them."Observations and records confirmed that people were able to express their needs and preferences. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff

respected their privacy and dignity. One person told us, "They tell me about what they would like to do before they do it. They tell you about any changes they expect." Observations of staff showed us they assisted people in a sensitive and discreet way. Care staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. One member of staff told us, "We knock on their door and respect their privacy, they can stay in their rooms if they want to." Another member of staff told us, "When we wash them we cover them with a towel and always give choices of what to wear."

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to people's needs. People were supported to continue their leisure interests. One member of staff told us, "There was one lady who loves doing the garden and we help her here."

Staff continued to undertake an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their care and support needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and any reviews of these. The care plans had been maintained, were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. One person told us told us ,"They ask about my likes and dislikes."

People were supported to join in activities. One person told us, "I am never bored. I watch TV read my paper, go to the lounge." Another person told us, "I go to the lounge and listen to the music. "A third person said, "I never get upset here there is always someone to talk to or to help you." Staff undertook activities with people individually or in a group and also engaged external entertainers. Activities offered included arts and crafts, exercise and games, cinema nights and cake baking. We were shown photos of activities and people's artwork was displayed around the service. One member of staff said that rather than regular formal activities for people there was a philosophy of, "Staff spending time sitting down with people and talking to them, person centred interaction where everyone including the housekeeping team take time to speak to people." We observed staff interacting with people during the day. For example, one person was in the lounge with a member of staff engaged in an activity. Another person had their knitting out. White boards in each lounge stated who the staff members were on duty, the date and special information such as, 'Today is Valentine's day.' One member of staff had brought their dog in to see people. One member of staff told us, "We look at the files and find out the personal history from the service user or their family, their likes and dislikes." For example for one person they said, "We encourage her interest in plants by bringing the plants from her flat and encouraging her to water them." Another member of staff told us of recent activities which had been arranged, "We had a Spanish night with food and music, and 'MacMillan' collections where we baked cakes and sometimes we bake cakes, biscuits and pancakes in the kitchenettes. We take people out for drives in the car or the minibus. We have singing we recently had an 'Elvis' night. We have knitting sessions." A third member of staff said, "We look at care plans and see what they did before. One lady is an artist and we draw pictures with her."

We found the provider had a process in place for people, relatives and visitors to give compliments and complaints. Everyone we spoke with said they knew who to talk to and felt they would be able to complain to care staff or managers if necessary. One person told us, "I have no complaints but if I had one I would tell the manager." Another person told us, "You would never need to make a complaint, but I would just talk to

the Governor. He is always happy to see me and says oh you are back again." All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the care and support provided at the service and the way it was managed and found the management team approachable and professional. One person told us "You don't have to know the manager to know that this place is well led." Another person referred to the manager as, "The Governor." He thought he was very approachable and told us, "I am sure you can ask anyone for help at any time from the top to the bottom. They are a good team." One member of staff told us, "They are very good is there is a problem and the manager is supportive." Another member of staff told us, "I am pretty happy here there is loads of support and a good team, good approach."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a team of senior care staff

People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. When asked why the service was well led one member of staff told us, "It is well led and managed here, very caring." Another member of staff said, "The manager is always approachable and very good. I am lucky working here it's a good place to work."

Feedback from the visiting health and social care professionals was that the service was well led. The manager was accessible and a very good standard of care provided. Staff had worked well with other organisations to provide professional and flexible care and support for people.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. People were asked to complete a quality assurance questionnaire at the end of their stay. The information was then collated and analysed quarterly. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.