

Brentwood Homes Limited

Seven Arches Nursing Home

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

The inspection took place on 4 and 5 October 2017 and was unannounced.

Seven Arches is a nursing home which is registered to provide nursing care and accommodation for up to 30 people. At the time of inspection there were 30 people using the service. When we last inspected the service in 2015 it was rated good. At this inspection we found the service remained good.

Medicines were managed safely by staff who had been trained and assessed as competent to administer medicines. We have made a recommendation that the service review their storage practices for powders used to thicken fluids, thickeners.

People were protected from harm as staff had been trained how to protect people from the risk of abuse. Staff were aware of the reporting process and understood their responsibilities to share any concerns.

Risks to people were identified and regularly reviewed. Written guidance was provided to staff on how to manage risks to keep people safe. Staff had a good knowledge of the risks to people and knew what to do to minimise risk.

There were systems in place for the safe recruitment of staff with sufficient staff deployed to meet people's needs.

Staff followed good infection control practices, wearing of gloves and protective aprons to prevent the spread of infection. However, people's personal equipment for moving and positioning had not been clearly labelled and designated for sole use which represented an infection control risk. We have made a recommendation that the service improve its system for labelling moving and positioning equipment and providing clear guidance for staff.

Staff had access to regular training to support them to maintain and develop their skills and knowledge. Staff were supported through supervision, observations and appraisals to help them develop professionally. We have made a recommendation that the provider review aspects of their clinical training programme to promote the continuous professional development of nursing staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had enough to eat and drink and the food was of a good quality. The service supported people to maintain their health and wellbeing and people were supported to access healthcare services and any treatment required promptly.

The service listened to people and involved them in planning how their care and support would be provided. Staff were kind and courteous and communication between staff and people was friendly and respectful.

Staff knew people well, could describe their routines and preferences and understood how to provide care and support that was tailored to each individual. People were provided with opportunities to engage in activities which reflected their interests and preferences both within the service and out in the community.

The service listened and responded positively to feedback from people, relatives and staff. There were procedures in place to manage complaints and the registered manager responded to complaints appropriately.

The registered manager was well thought of by staff and people and was hands-on and visible within the service. This promoted a positive culture with a strong emphasis on teamwork.

Quality assurance systems were in place to assess and monitor the quality of service that people received and identify areas that required improvement.

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.

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 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 was a comprehensive inspection.

This inspection which was unannounced took place on 4 and 5 October 2017 and was completed by two inspectors.

As part of the inspection we reviewed various information including the Provider Information Return (PIR). The PIR 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager, two lead nurses and five members of staff. We spoke with ten people who used the service and five visiting relatives. We received feedback from health and social care professionals, the clinical commissioning group and the local authority. We also 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 looked at the care records of seven people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.



Our findings

At the previous inspection the service was rated good in this domain and the rating remains good.

People's medicines were administered safely by nursing staff who had been trained and assessed as competent. Medicines were obtained in a timely way so that the person did not run out of them, were administered on time, recorded correctly and disposed of appropriately. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine.

Some people had been prescribed thickener which is a powder given to people in their drinks to thicken the fluid and reduce the risk of choking. In February 2015, NHS England sent out a patient safety alert regarding thickener. This was following cases in which people had died as a result of accidentally ingesting the powder. The guidance stated that thickener should be kept securely, especially where people living with dementia could access it and potentially ingest it. We saw four examples where containers of thickener were left out in people's rooms.

We spoke to the registered manager about our concerns. They advised us that there was nobody currently living at the service who was at risk of ingesting the powder. However, given that some people had a diagnosis of dementia there was the potential for future risk. We therefore recommended that the service review its practice for storing thickening powders. After the inspection the manager wrote to us to confirm that thickeners were now being stored away securely.

People were protected from the risks of harm and abuse. Staff had received training in how to safeguard people from abuse and knew the signs to look for that might alert them a person was being abused. A staff member told us, "I would look for changes in people, for example, if they were tearful or went quiet or their personality had changed." Staff told us they would speak to a nurse and would escalate their concerns if necessary by going to the manager or the authorities.

People told us they felt safe living at the service. One person said, "I do feel safe here, I like to go out in the garden and walk on my own and that is nice." A relative told us, "I can go on holiday and know [Named person] will be safe here, staff are wonderful." Another said, "We have peace of mind, we feel [Named person] is safe here."

We observed the service had a whistle-blowing policy on display which encouraged staff to report any poor

practice or abusive behaviour by other staff. One staff member told us, "I did the course on line and no question about it I would definitely whistle-blow to keep people safe."

Risk assessments had been carried out that were relevant to each person. When risks were identified, action was taken to minimise potential risks and written guidance was in place to inform staff how to keep people safe. The risk assessments were evaluated monthly or when something changed so they remained up to date and relevant to the person concerned. People at risk of pressure ulcers had been identified and action was taken to minimise risk. We saw that the service was vigilant in seeking advice and treatment and providing appropriate pressure relieving equipment to protect people's health and wellbeing. We checked the pressure mattresses for two people cared for in bed who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight.

Accidents and incidents such as falls were recorded and analysed and where necessary action was taken to protect people from harm. Some people had bed rails in place to minimise the risk of falling from bed. Risk assessments had been completed to ensure the equipment was appropriate. People told us they had consented to having bed rails and this helped them feel secure. A person told us, "I like these bedrails on, they make me feel safe with them on."

Robust systems for the safe recruitment of staff were in place and there was sufficient numbers of staff deployed to meet people's needs. Throughout the course of the day, we saw there was a calm atmosphere in the home and people received their care and support when they needed and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. Staff and people told us there were enough staff. Comments from people included, "I press the buzzer and they come, sometimes they can be a while but not often." And, "Staff respond quickly here and they help me with whatever I need." And, "Everybody [staff] that passes comes in to talk to me as I prefer to stay in my room." Staff told us, "We have enough staff, we have each other, we are a good team." Another staff member said, "nine out of ten times we have enough staff, the manager is very hands on and the nurses muck in."

There were arrangements in place to manage and maintain the premises both internally and externally. We saw that health and safety, maintenance, and fire safety checks were regularly completed and recorded and any necessary action taken. In the event of a fire or other emergency, personal evacuation plans were in place for people to provide staff with guidance on how to support people to leave the building. Whilst all staff had received fire safety training, some new staff we spoke with were not aware of the evacuation procedures and had not yet received training on how to use some of the evacuation equipment.

We spoke to the registered manager about our concerns. After the inspection they wrote to us to confirm that training in the evacuation process including the use of the evacuation chairs had been arranged for new staff and also extended to all staff as a refresher.

The service had infection control policies and procedures in place and staff had received training in infection control. We saw that staff wore gloves and protective aprons when supporting people to prevent the spread of infection. However, some staff we spoke with told us that people who required hoisting did not always have their own sling so they were using the same sling for different people. Sharing slings between people is not dignified practice and represents an infection control risk.

We spoke to the registered manager about what we had found. They advised us that staff were mistaken and that people did have their own slings which were stored in their rooms. We therefore completed checks for four people who required hoisting and saw they all had their own slings in their rooms.

We recommend that people's designated equipment for moving and positioning such as slings and slide sheets are clearly labelled with guidance in place to improve staff awareness to ensure adequate infection control practices are consistently adhered to.



Our findings

At the previous inspection the service was rated good in this domain. We found the provider continued to provide an effective service and the rating remains good.

The service provided new staff with an induction which included shadowing experienced staff and completing mandatory training including the care certificate. The care certificate is a national induction tool which providers are required to implement, to help ensure staff new to care reach the desired standards expected within the health and social care sector. People and their relatives told us that they felt staff were skilled and competent in their role. Comments included, "The staff are very good and able to do everything I ask of them." And, "General standards of staff are very good, I would not doubt their levels of training." And, "I would definitely recommend this place, if I needed a nursing home I would come here; the staff are brilliant, I can't fault them." And, "Every care home has its own ways, good and bad, but the quality of care staff here is very good."

Staff received ongoing training via E-Learning to support them to develop their knowledge and skills. Training on how to move and position people was also taught through E-learning though the service also provided new staff with practical sessions which were taught by senior members of staff. However, we saw that their training qualifications had lapsed and they had not attended any refresher training to ensure their skills and knowledge remained up to date. That said, on the day of inspection we did not observe any unsafe manual handling practices and people told us they felt safe and comfortable being moved and positioned. A person told us, "They do things I want in the right way, they are very gentle." Another said, "They are always very gentle when they move me and seem to know exactly what they are doing." We saw that there were moving and handling protocols in place details which provided detailed guidance to staff on which equipment to use and how many staff were required. People also had manual handling evaluations which described the level of assistance people needed for mobility tasks on their best and worst days to help staff move and position people safely at all times.

We discussed our concerns with the registered manager regarding staff having access to suitably qualified trainers. After the inspection the manager provided us with written evidence that refresher training had been booked for one member of staff and an additional member of staff was also scheduled to attend a 'train the trainer' course in manual handling.

Nursing staff received additional training which was delivered face to face and was tailored to meet the individual needs of people who used the service, for example, training in catheter care and percutaneous

endoscopic gastrostomy (PEG) feeding. However, we found that the training provided for nursing staff was also predominantly delivered via E-learning. We discussed the current training methods used by the provider for nursing staff and the registered manager agreed that certain key aspects of their mandatory training such as first aid and basic life support could be improved upon by the addition of practical training sessions.

We recommend that the provider review their current clinical training programme to support the continuous professional development of its nursing staff.

Staff received supervisions, observations of practice and annual appraisals to monitor their progress, talk through any concerns and identify training needs. Staff told us they felt well supported. One staff member said, "I like the feedback, it's a positive experience for me. If I am doing something wrong I like to know." A nurse told us, "[Registered Manager] is very supportive, especially with the nurses, I did training before I started and shadowed the manager for three days whilst doing medicines whilst they observed me."

People were supported to have enough to eat and drink of their choosing which met their preferences and any dietary and health needs. The service used a screening tool (MUST) to identify people at risk of malnutrition. People considered at risk were provided with additional support and treatment such as food supplements and fortified foods and we saw that this had a positive impact on people as they had put on weight.

We observed the dining experience for people and saw that food was nicely presented and people ate well. There was a calm atmosphere throughout the meal and people talked to each other and the staff. People were offered a choice of drinks and tables were well presented. Classical music was playing in the background. One person didn't want the main meal and asked for soup and was immediately offered bread and butter to go with it. The staff member offered them a choice of brown or white bread. People were given a choice of strawberries and cream or ice cream and most people chose both. People told us the food was good with plenty of choice. Comments included, "The food is nice we can choose what we want." And, "The food is lovely, a very good standard." One person told us, "I had smoked salmon salad yesterday which was very tasty." As we talked to this person a staff member entered the room bringing in tea and biscuits. The person added, "See how they look after me."

We found that the provider continued to work within the principles of the Mental Capacity Act (MCA) (2005). People had best interest care plans which recorded whether people had a lasting power of attorney or whether they needed an advocate. People's past wishes and feelings were also recorded. This meant that even if people were assessed as not having capacity to make a particular decision, their viewpoint was still taken into account. Staff understood the importance of gaining consent and explained to us how they involved people in decision-making. One staff member told us, "I would try to prompt, give choices and explain in simple terms." Another said, "We assess consent through behaviour if people can't talk to us." We found that the principles of the MCA legislation were interwoven throughout the care plans emphasising the importance of giving people the opportunity to make their own choices, for example, what they wanted to wear and deciding when and how they would like care provided.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that appropriate DoLS applications had been made to ensure that people were not being deprived of their liberty unlawfully. The registered manager kept track of DoLS applications and followed them up with the relevant authorities.

Staff were vigilant in picking up on any health concerns and ensuring people had had timely access to medical treatment. For example, we saw that a person who had recently moved into the service had been observed by nursing staff to have swallowing difficulties. The nurse had immediately made a referral to speech and language therapy for an assessment. People and relatives were extremely positive about the support people received to maintain their health and the good communication between the service and themselves. One relative said, "The GP visits and if I am not here they let me know, they also update me on [Named person's] weight. They referred them to the dietician when they were concerned about their weight, and they know I like to be around when anyone comes." Another relative told us, "Health issues are dealt with immediately; they are very quick to pick up on things and let me know." And, "[Named person] gets a lot of infections, they are really quick to notice, take swabs etcetera; their health has improved, [Named person] is a totally different person now and looks really well." We saw the service kept written records of visits and advice received from health care professionals and this information was then used to update people's care plans so that staff had access to up to date information about people's health needs.



Our findings

At our previous inspection we found the service was good and the rating remains good.

We observed that the atmosphere in the service was calm and relaxed and staff spoke to people in a respectful manner. Staff interacted with people in a kind and caring manner. As we were talking to a person in their room, a staff member walked past, waved and blew the person a kiss.

People told us staff were kind and caring and treated them with dignity and respect. Comments from people included; "The staff are lovely." And, "It is very nice here, staff are all very polite." And, "The staff are good and kind, I am quite happy here." The kind and caring attitude of staff was also extended to people's relatives. One relative told us "They [staff] make us feel so welcome and when I was unwell they sent me a get well card." Another relative said, "We are very impressed with the staff, we overhear their interactions with other people which are kind and seem genuine."

Staff respected people's privacy by knocking on their doors and awaiting a response before entering. A person told us, "They always knock on my door and ask to come in." We saw that people were well presented and staff sought to maintain their dignity throughout the day.

People's independence was supported and promoted. We saw staff helping people to do what they could for themselves so that people could maintain their skills and abilities. A staff member told us, "When I do personal care for people, I let them do as much as they can for themselves." A relative told us, "[Named person] has improved since being here, they are getting out of bed now, the staff are encouraging them."

Many staff had worked at the service for a long time which resulted in a consistent and stable work team. This meant that people were supported by staff who knew them well. A person told us, "The staff are fantastic and we always see the same faces which I really like. This is like a family run home." A relative said, "Staff really know [Named person] and how to look after them."

Staff listened to people about how they wanted their care and support and were aware of their preferences. One staff member told us, "[Named person] likes to only have one staff member in their room at a time, they love talking about the old days." And, "[Named person] loves a bath, they like us to keep topping the water up so they can have a nice long soak." A relative sitting with their family member provided us with written feedback after our inspection. They told us, "The level of care and compassion from each one of them [staff] has been nothing short of inspiring. Each one of them has treated her with dignity and respect and have

clearly tailored her care to her as an individual; it is so lovely sitting here watching how they are responsive to her needs and wants."

We saw that staff were attentive to people's needs and checked with people that they were happy with their care and support. One person told us, "The staff are always asking if I am happy with things." A visiting relative told us, "It is a really good home, staff are really friendly, and if you ask for anything it gets done. They always answer my questions and the general standards are really good."

The service had considered people's sensory needs and had used money raised from fundraising to build a sensory garden. The garden was equipped with wind chimes and plants and herbs with different smells and textures to stimulate people's senses. A staff member told us how they used touch to engage with a person who was deaf and blind and unable to verbally communicate. The service also arranged for therapy dogs to visit the service as people experienced pleasure and comfort from interacting with the animals.

If people had particular wishes for their end of life care these were recorded and upheld. Feedback from healthcare professionals was that the service provided very good quality care and support for people at the end of their life. The registered manager advised us they were currently completing their Gold Standard framework (GSF) training for end of life care. The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. It is concerned with helping people live well until death.



Our findings

At the previous inspection we found that the service was responsive. At this inspection we found the same and the rating remains Good.

Prior to admission people were assessed to check that the service could meet their needs. People and their representatives were included in the assessment process and development of people's care and support plans. A relative told us, "I was included in the assessment, its brilliant here with excellent communication." People's care plans reflected their needs and preferences and contained guidance for staff about how to meet people's needs in the way they wanted. The information held about people was updated every month to ensure it accurately reflected people's current level of need. We looked at seven people's care records and saw that the information recorded matched with what we saw happening in practice. The registered manager advised us that whilst formal reviews were organised with external agencies who commissioned services, their own system for reviewing care plans was an ongoing process which involved regular discussions with people and their representatives to ensure the service continued to meet people's needs.

The service employed an activities staff member whose role included talking to people and their families to complete an activities assessment. This was a means of finding out about the person, their likes and dislikes, hobbies, interests and routines. If people chose to, they were supported to complete a life biography. This meant that the service held information about people which supported staff to engage with them in a meaningful way, form positive relationships and provide person-centred care. Person-centred care means care tailored to meet each individuals needs and preferences. Staff were able to demonstrate a person-centred approach and had a good knowledge of people's routines and preferences. For example, one staff member told us, "[Named person] likes their bed made a certain way and their shampoo bottle dried after use, it makes a big difference to them."

There were activities available for people to participate in and people said there were things to do if they chose. One person told us, "They do have things going on in the lounge but I prefer to stay in my room; sometimes they have shows or singers but I have my paper and my TV so I am okay." An activity timetable for the current week was on display in the reception area. This included activities such as quizzes, games, pamper sessions and outside entertainers. For people who did not enjoy group activities or stayed in their room, staff spent time with them on a one to one basis. A person told us, "I do my puzzles and they [staff] always ask me if I want to join in but I prefer to stay in my room, but everyone that passes comes to talk to me." Relatives were made welcome and included in activities. One relative told us, "There has been a lot of social things on through the summer, a summer fete and parties which we are encouraged to join in."

Reminiscence boxes and books and photo albums were accessible to give people living with dementia the opportunity to reminisce which can be therapeutic. People said that the service supported them to have their spiritual needs met. One person told us, "I go to church as they pick me up; the staff know I like to go."

There was a complaints policy and procedure in place and we saw that formal written complaints were dealt with appropriately and in a timely fashion. The registered manager also kept records of verbal complaints and investigated concerns raised. Where necessary supervisions with staff had been arranged and people's care records had been updated to reflect any changes requested. People told us they knew how to make a complaint but had not had to do so. Comments from people included, "I have never made a complaint but would go to [named staff member]." And, "I've never made a complaint but would ask for the manager to come along." And, "I like it here, it suits me, I got no moans with the place, I am satisfied."



Our findings

At this inspection we found the service continued to be well-led and the rating remains Good.

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 worked in partnership with health and social care professionals for the benefit of service users. For example, requesting nursing needs assessments from the local Clinical Commissioning Group to support people to obtain additional funding for their care. The service also had strong links with local community, organised fundraising locally and recruited people from within the community as volunteers.

The registered manager, who was a qualified nurse, was visible at the service and worked on the floor providing care and support to people. This meant they were readily available to provide support and guidance to clinical and non-clinical staff. This hands-on approach and accessibility meant that staff felt well supported. Staff told us, "We have a very good and understanding manager, they are very accommodating and encouraging." And, "I love working here, very friendly managers, I feel very well supported."

The culture within the service was open and welcoming with a friendly atmosphere and strong sense of teamwork. A visiting relative told us, "The manager has been very accommodating, the welcome here is hospitable and friendly and staff seem to genuinely care." A healthcare professional also provided positive feedback, stating, "It's a small and friendly home, I love this place; I'm not aware of any safeguarding's or unhappy relatives and I've never seen anything of concern."

People were included in the running of the service. Their views were requested through the use of an annual survey. We saw feedback was used constructively to drive improvements. For example, where people had asked for better dining facilities, the dining room had been redecorated. People had also said they were unsure of staff names so a photo board had been ordered for the main lobby. We saw that this clearly showed the names and up to date pictures of staff. The registered manager told us that they no longer organised residents meetings as were trialling a new system of meeting with people on a one to one basis which was working well.

Staff were also involved in how the service was run. Staff meetings were held where information was shared and concerns could be raised. Staff also completed an annual survey and an action plan was generated and completed. For example, staff had provided feedback that patient care could be better with more staff. The registered manager had responded by hiring additional staff to cover busy times of the day and had also taken on an apprentice.

There were systems in place to monitor and improve the quality and safety of the service. The registered manager completed a range of audits including health and safety checks which focussed on people's health and wellbeing such as incidents of pressure ulcers and falls. Information collected was analysed and action plans were put in place to drive improvements. We were advised that the service was visited by a director of the organisation monthly to ensure oversight of the service at provider level.