Little Brook House Ltd

Little Brook House

Inspection report

Little Brook House
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19 January 2017

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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?	Requires Improvement

Summary of findings

Overall summary

Little Brook House offers accommodation for up to 20 people who require personal care, including those who are living with dementia.

The inspection was unannounced and was carried out on 13 and 19 January 2017.

At our previous inspection in July 2015 we identified the provider was not meeting a number of regulations. These related to safeguarding people from abuse; risk assessment; person centred care; staffing levels; staff training and supervision and recruitment; safe management of medicines; and good governance, including record keeping and monitoring and assessing the quality of care and health and safety and the environment. We issued enforcement notices in relation to person centred care; safeguarding adults from abuse; good governance and staffing levels. Following the inspection, the provider sent us an action plan telling us the steps they were taking to make the improvements required.

We inspected again in January 2016 to check they had met the requirements of the enforcement notices and found they had made the required improvements. However, we identified some on-going issues with regards to the provision of person centred care and staff training and supervision. We judged that the provider remained in breach of these two regulations.

At this inspection we found significant improvements had been made.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager had identified and implemented a number of service audits and monitoring systems. Whilst improvements had been made as a result of these, there was still some work to do to fully embed these new systems for monitoring and assessing the quality and safety within the home. Incidents and accidents were recorded and actions taken, although there were some missed opportunities to learn lessons from these.

People and relatives told us they felt the home was safe. Staff had received safeguarding training, demonstrated an understanding of key types of abuse and explained the action they would take if they identified any concerns.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks.

Systems were in place for the storage and administration of medicines, including controlled drugs. Staff

were trained and their competency assessed to administer medicines.

Staff followed legislation designed to protect people's rights and ensure decisions were made in their best interests. The registered manager understood Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

There were sufficient staff deployed to meet people's care, emotional and social support needs. Activities staff were employed to engage people in planned activities throughout each week.

Staff treated people with dignity and respect and ensured their privacy was maintained. Staff were kind and caring, had time for people and sat and listened to them when they wanted to talk.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

Initial assessments were carried out before people moved into Little Brook House to ensure their needs could be met. Information was used to develop plans of care for people. A new electronic care planning system was in the process of being implemented.

The service was responsive to people's needs and staff listened to what people said. People and, when appropriate, their families or other representatives were involved in decisions about their care planning.

People were supported by staff who had received an induction into the home and appropriate training, professional development, supervision and appraisal to enable them to meet people's individual needs. Staff meetings took place and staff said these were helpful and enabled issues to be discussed. Staff felt supported by the management team and were confident to raise any issues or concerns with them.

People were supported to have enough to eat and drink and their specific dietary needs were met.

People and relatives were encouraged to give their views about the service. People and relatives confirmed they knew how to make a complaint and would do so if they had cause to.

Plans were in place to manage emergencies including alternative accommodation should the home need to be evacuated. The environment and equipment was regularly checked and servicing contracts were in place, for example for the hoists and stair lift.

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 was safe.

People and their families felt the home was safe. Staff followed safeguarding procedures to protect people from abuse or improper treatment.

Individual risks to people had been assessed and action taken to minimise the likelihood of harm.
Medicines were managed and stored safely and people received their medicines as prescribed.

There were sufficient staff to meet people's needs at all times. Recruitment practices ensured that only staff who were suitable to work in social care were employed. The home was clean and tidy.

Is the service effective?

Good

The service was effective.

People had access to health professionals and other specialists if they needed them and referrals were made in a timely way. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

People's rights were protected because staff had a good understanding of the MCA 2005, best interest decisions and DoLS.

Improvements had been made overall to induction, training and supervision provided. Staff told us this supported them in their roles.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy, dignity and choices and developed caring and positive relationships with them. They provided gentle reassurance to people if they became confused or worried.

Staff supported people and their families to express their views and be involved in making decisions about their care and support and promoted people's independence.

People received caring and compassionate care at the end of their life and families were supported by staff during this time.

Is the service responsive?

Good

The service was responsive.

People had care plans which were personalised and focused on their individual needs, choices and preferences. People and their families were involved in planning their care.

There were opportunities for people to participate in activities, for their physical, social and emotional stimulation, if they wished to do so.

People and families knew how to make a complaint and felt confident any concerns they had would be responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to monitor and assess the quality and safety of the home, although these were not yet being fully effective at driving improvements.

The culture within the home was open, transparent and inclusive. Staff felt supported in their roles and understood the vision and values of the home.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Little Brook 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. We also needed to check the provider had the made improvements we told them to make during our comprehensive inspection in July 2015 and our focussed inspection in January 2016.

This inspection was unannounced and was carried out on 16 & 19 January 2017 by one inspector.

Before the inspection the provider completed 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 reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people living at the service and six relatives. We observed people being cared for and supported at various times during our visit to help us understand people's experiences. We spoke with three members of the care staff, the chef, the activities co-ordinator, the deputy manager and the registered manager. Following the inspection we tried to contact two healthcare professionals for their views about the service but were unable to obtain any feedback.

We looked at four people's care records, and pathway tracked three people's care to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for six staff. We also looked at other records related to the running of the home, such as medication records, complaints, incident and accident records and audits monitoring the quality of the service provided.

The home received its last comprehensive inspection in July 2015 when we found six breaches of regulations and issued four enforcement notices. We returned in January 2016 and found the provider had met the requirements of the enforcement notices but remained in breach of two regulations.

Good

Is the service safe?

Our findings

People told us they had no concerns and felt safe living at Little Brook House. One person told us they trusted the staff to keep them safe. Relatives were all positive about safety within the home and told us staff provided care in a safe way.

People were protected from abuse and improper treatment. Safeguarding procedures were in place and these were understood by staff. Staff had received training in safeguarding adults and understood their responsibilities for reporting any concerns to the registered manager and to the local authority safeguarding team. Safeguarding information was readily available to staff, including contact details of external agencies. Staff were aware of the home's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home.

Risks to people had been identified and action taken to mitigate those risks. Individual risk assessments, for example relating to people's falls risks, mobility or skin integrity had been completed and were regularly reviewed. Staff were aware of identified risks to people and understood the actions needed to reduce them.

Systems were in place for the safe storage, administration and management of medicines, including Controlled drugs (CDs). CDs are medicines that are managed under the Misuse of Drugs Act 1971 and require additional safeguards. A CD cupboard was in place to ensure CDs were stored appropriately. People's individual medicines were stored in locked cabinets in their bedrooms. A new medicines cupboard had been designated for the storage of stocks of regular medicines. This was tidy and well organised. Medicines requiring disposal or return to the pharmacy were recorded and securely stored until they were returned. A thermometer was in place to monitor temperatures daily to ensure medicines were stored in line with manufacturer's instructions. These were not currently recorded; however, this was put in place at the time of inspection.

People received their medicines only from staff who had been trained to do so. Regular observations and assessments were carried out to ensure staff remained competent to give people their medicines. Medicine administration records (MARs) were in place for each person who received medicines. These had been signed by staff after each medicine had been given.

People were supported by sufficient numbers of staff to meet their needs. One person told us they didn't want for much but "Staff always have time to sit and chat." A relative confirmed this and said "One to one [time], it's better. Definitely improving. Staff sit chatting and watching TV with everyone. A member of staff was doing someone's nails."

The registered manager told us there were three or four care staff on each morning and afternoon shift and this was confirmed when we looked at the rotas. Staffing levels were regularly reviewed and assessed in line with people's changing needs and any new admissions. There were also two awake staff at night, domestic staff, a cook and two part time activities co-ordinators and a maintenance person. The registered manager told us there had been a turnover of care staff over the past year. This had delayed some of the delegated

duties they had planned but these were now being implemented following the establishment of a more stable staff team. For example, key working arrangements and supervisory responsibilities. Recruitment was on-going and agency staff were still required to cover shifts, however, these were regular staff who provided continuity of care. This was confirmed by staff who told us "They're brilliant" and "They're the same agency staff who know the residents and the home well."

There were robust recruitment processes in place to assess the suitability of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. All relevant documentation was in place such as proof of identity and a recent photograph. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting.

The home had an emergency plan which contained useful phone numbers and contingency plans for alternative accommodation in the event the home had to be evacuated. Personal evacuation plans had been completed for each person, detailing the specific support they required to evacuate the building. Regular tests of fire fighting equipment and alarms were carried and recorded. Regular fire drills were undertaken and training for staff in the use of evacuation equipment was planned for 25 January 2016.

Equipment within the home, such as hoists, the stair lift and gas appliances were regularly serviced. Staff reported any environmental or equipment repairs to the maintenance staff who addressed these promptly. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that most staff had completed training in infection prevention and control in 2016.

Good

Is the service effective?

Our findings

Staff at Little Brook House supported people to maintain their health and wellbeing. One person said "I haven't needed a doctor" but went on to say they were confident staff would call a doctor if they needed one. A relative told us their family member received the healthcare they required in a timely way and said "They [staff] involved professional staff [GP] when they were concerned about their weight loss. They kept us informed."

At our previous inspection, we identified that most staff had not received adequate training, supervision or appraisal to support them in their roles. At this inspection, we found overall improvements had been made. For example, most staff had received training in moving and handling, food safety and fire safety. Staff told us they had opportunities for further development. One member of staff told us they were currently completing their level 3 diploma in health and social care. The deputy manager and a senior member of staff were about to start an assessor's award. When completed, they would be able to assess and sign off accredited training for other staff within the home. The registered manager had a schedule of training in place for the coming year and had prioritised training to meet the changing needs of people. For example, they had bought forward training in pressure area care as there were people who now required additional care and support with this.

New staff completed an induction that included working alongside experienced staff as well as completing the national Care Certificate which sets out common induction standards for health and social care staff.

Staff told us they received supervision and appraisal which provided them with opportunities to discuss their work performance, concerns and any training with their line manager. We saw records of meetings which confirmed that this was an improving picture. The registered manager was in the process of implementing a schedule to monitor supervisions which they had delegated to senior staff to carry out.

Records confirmed that staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses, when they had any concerns about people's health. For example, one person had received visits from a district nurse to change dressings on their arm, and another person had regular monitoring visits by the mental health team to review their behaviour and mood. A relative said they thought the staff were competent and understood how to care for their family member. They told us that although their family member spent most of their time in bed, they had not developed any pressure sores as staff took appropriate action to reduce the risk of this happening. People also had access to a range of health care services including chiropody and opticians.

People's rights were protected because staff had acted in accordance with the requirements of the mental capacity act and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 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. The registered manager demonstrated a good

understanding of mental capacity and how to make best interest decisions. They had carried out assessments, where appropriate, to establish whether people had capacity to make specific decisions. Where relatives had stated they had lasting power of attorney (LPA), the registered manager had not requested evidence of this. They acted on this and wrote to relevant parties and were in the process of obtaining the documentation.

Staff understood the principles of the MCA 2005 and were confident in applying them. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require appropriate support in relation to best interest decisions that may need to be made.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and had submitted DoLS applications to the local authority for authorisation where required.

People had enough to eat and drink and told us the food was good. Comments included "The soup here is terrific. My favourite dinner is steak and kidney pie" and "The food is quite nice. You get a choice and they would always find you something else if you didn't like it." We observed staff patiently and politely assisting people to the dining room when their meals were ready. Staff were observant and gave verbal prompts and encouragement to people to ensure they ate as much of their meal as they wanted. The dining experience was relaxed and people chatted with each other. People ate at their own pace and were not rushed. A choice of wines were available for people who wanted to have a glass with their meals. Soft drinks were also offered.

The cook was knowledgeable about people's dietary requirements and any allergies or food likes and dislikes. They explained the home had recently introduced ready prepared foods which were delivered from a supplier. These were specifically made with the needs of older people in mind and were nutritionally balanced. They explained the ordering, storage and cooking processes and said that a new oven had been delivered and was awaiting installation.

People's support plans included nutritional assessments and details of their dietary requirements and any specific support needs. Relatives told us their family member required pureed foods during the last few days of their life and said they especially liked banana custard. They went on to tell us staff made this "Just for her." Another relative told us their family member hadn't been drinking properly and said "They [staff] are very good at bringing drinks and asking her if she wants anything." They explained their family member liked to use a china cup with a spout, which the home had bought for her. The registered manger had recently introduced a 'Hydration champion' within the staff team. Their role was to ensure people were offered regular drinks to ensure they didn't get thirsty or de-hydrated.

Good

Is the service caring?

Our findings

People told us the staff at Little Brook House were very kind and caring. People said "The staff are very nice" and "The staff are wonderful. They know me well." Another person staying on respite told us "They're always pleased to see me when I come back." Relatives told us people were treated with respect and comments included "The staff are fantastic. So kind and efficient."

We observed that staff were kind, caring and discrete in their approaches to people's care. For example, one member of staff knelt down to talk to a person about resting their legs. They explained why they should put them up, and then noticed the person's socks were very tight. They offered to buy some new ones that didn't have tight elastic, saying "[The shop] is just around the corner from me." They gently pulled the person's trouser legs back down to cover their legs up. The person was thankful and the staff member said caringly "You're very welcome."

Staff respected people's privacy and dignity. We observed they knocked on doors before entering people's rooms and asked for permission before providing any care or support. People received personal care in the privacy of their bedrooms. Staff spoke in a way which maintained confidentiality when communicating between themselves about people's support. The home had a dignity tree in the reception area which encouraged people to write on paper leaves what dignity meant to them. The registered manager told us this was important because it helped staff to think about the importance of promoting people's dignity in all aspects of care.

There was a good rapport between staff and the people they supported with lots of smiles and banter. Staff sat with people throughout the day and chatted with them about things that were important to them, such as family and what they would like to do.

We observed staff supporting people in the communal areas of the home and noted they had a good knowledge of the people they supported and encouraged people to maintain their independence as much as possible. Staff supported people and relatives to express their views and be involved in making decisions about their care and support.

Staff facilitated relationships between people using the service, their families and staff and people were supported to keep in contact with friends and families. Visitors were welcome at any time although they were encouraged to avoid mealtimes and this was confirmed by relatives we spoke to. There were private spaces to receive visitors as well as people's bedrooms which were personalised with their own belongings, such as pictures, ornaments and photographs.

People received caring and compassionate care at the end of their life. We spoke with relatives whose family member had recently passed away at the home. They wanted to share their experience with us and told us the staff had "Gone more than the extra mile" to make their relative's last few days as peaceful and comfortable as possible. They told us their family member "Had capacity and could verbalise what she wanted. She had faith in them [staff]. They not only supported mum, they were so supportive to all of us. The

last 48 hours we were here all the time. They fed and watered us. They couldn't have made it easier for us." They explained to us in detail about the care that staff had given and said they had "Dealt with it amazingly well." They were grateful for the care and kindness and told us how the registered manager had sent flowers in for them even when they were not on duty.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received overall. One person told us "I moved in and settled in. They're all very helpful." Another person said "I get my papers delivered every day" and went on to tell us which papers they enjoyed reading. Relatives were also happy and confirmed they were kept informed and involved.

At our previous inspection we found that some improvement was required in relation to the planning of people's care. At this inspection we found the registered manager and deputy manager had made significant improvements within the home since.

Pre-admission assessments were completed with people and their families before they moved into Little Brook House to ensure their individual care needs and preferences could be met. Personalised care plans were developed which provided guidance to staff about how each person would like to receive their care and support. These included their medicines, personal care and any aids they used to help with, for example, their mobility. Care plans also included information about people's preferences, choices, life histories and the people who were important to them. People's care plans were reviewed regularly or when their care and support needs changed.

The registered manager showed us they had implemented an electronic care planning system and they were in the process of transferring all care information from paper records on to the new system. The registered manager told us this was a work in progress and they were working hard to complete the transfer of information from paper records. People's daily care and any health interventions were recorded on the new system which provided a detailed picture of the care and support people received.

Most people commented they were happy with the level of entertainment and activity to keep them occupied. One person told us "I can read or watch TV. We have DVDs sometimes." Another person said "I like reading books" and staff reminded them about the bookshelves in the small lounge where they could choose from a range of books. The home had an activities programme displayed in the conservatory which detailed the activities that were planned each day, although we were told this may change depending on people's preferences on the day. A part time activities co-ordinator told us "I do two or two and a half hour sessions, depending, which is about right for their attention span." They encouraged people to take part in quizzes, games and arts and crafts, such as making Valentine's decorations. Not everyone wanted to participate in activities and their choice was respected. Photographs showed the home held events throughout the year such as a summer fete, firework night, and a Christmas visit to a garden centre to see the reindeer.

People and relatives told us they felt able to raise any concerns or complaints with care staff or the registered manager and felt confident these would be addressed, but had not had cause to do so. One relative said "There has been the odd thing but it's been sorted." The complaint records showed two complaints had been received in 2016. These had been investigated and responded to in writing.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us they knew who the registered manager was and they often saw them around the home. A relative commented "We have a good working relationship with [the registered manager and deputy manager]." Another relative said of the registered manager "I don't know how she does it. She's always so calm. She and [the deputy manager] work so well together."

At our previous inspection we found that some improvement was required in relation to systems to monitor the quality and safety of the home. The registered manager and deputy manager had made significant improvements within the home since our last inspection; however there was still some work to do to ensure systems were effectively embedded.

Individual incidents and accidents were logged and actions taken were recorded. However, there was no formal process for analysing these to identify any trends. This had sometimes resulted in missed opportunities for learning. We spoke with the registered manager about this and they agreed this would be helpful and they would put this in place.

A range of audits had been implemented to monitor the quality and safety within the home which included infection control, medicines, including controlled drugs, and care plans. However, these were not always completed consistently and had not always identified shortfalls, such as errors in recording or out of date information. The registered manager told us they were about to purchase an auditing tool which would support with the improvements required for monitoring these areas. They also said that once the electronic care planning system was fully implemented, this would ensure all information relating to people's care was up to date.

The registered manager and deputy manager worked well together and communicated effectively about their ideas to drive improvements. For example, they had implemented the new electronic care planning system as a tool to monitor and review people's care and as a means to ensure key information, such a medicine changes, was communicated to staff. The system gave them immediate access to records and reports which was demonstrated when the inspector requested specific information during the inspection.

The registered manager had reviewed roles and responsibilities within the staff team and was gradually delegating more, in line with the new staff starting. They had initiated a key worker approach and a 'resident of the day' review system to enable and empower staff to take responsibility for people's care. New 'Champion' roles had been put in place and staff were receiving additional support to take on their new lead responsibilities, such as infection control, end of life care and continence care.

The culture within the home was open and transparent and staff felt able to raise any concerns with the management team. Staff told us they felt very well supported by the registered manager and deputy manager to carry out their roles. A staff member told us "She [the registered manager] knows what she wants. She's really good at getting us involved. She's responsive and approachable. It's been brilliant, really good." Another staff member said "She's really approachable, a really good manager. [The deputy manager]

is really good too. They work well together." Other comments included "Any issues I can go to her" and "She's open, approachable, always makes time to talk." Staff meetings took place and minutes of a meeting held in October 2016 showed they had discussed a number of issues including hydration, key working, maintenance, security and medication records.

People were asked for their views about the care and support they received. The registered manager spoke with people on a weekly basis to find out if they were happy with their care and made a record of what was discussed. People had been asked for comments on the standard of food which included "Very nice. I'm having lots of veg" and "Nice variety. Pud was lovely" and "Enjoyed the fish and veg a lot." Thank you cards from families showed that they appreciated the care their loved ones received. For example, "Could not have been happier with her care and wellbeing. The care and compassion she received was beyond what we could have expected." Another person said "A big thank you for your care during my respite. Knowing I was safe and well looked after made my husband able to have a break. You have so much patience." People and relatives had also left comments on an on-line feedback site which showed they were very satisfied with the quality and standard of care.

The registered manager had developed relationships and networks with other care homes and pro-actively worked with other local organisations to share learning and good practice. For example, they had signed up to 'Dementia Friends' and had received a 'Dignity champion certificate of commitment' to promote good practice in these areas.