

Qualitas Healthcare Limited

Brookwood Manor

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

This inspection took place on 21 March 2017 and was unannounced. The service is a care home without nursing care and is registered to provide accommodation for up to 28 people. There were 26 people living at the service on the day of our unannounced visit and two of those people were in hospital.

The manager had been in post for nine weeks at the time of our inspection and had commenced the registration process. 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.

People who used the service and their relatives felt the service was safe.. There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm. There was a culture of transparency and people were encouraged to whistle blow on poor practice.

The manager analysed falls so that action could be taken to avoid future falls where possible. The directors of the service had put in place systems for maintaining the building and ensuring there were regular fire safety checks. There were processes in place for the safe recruitment of staff and there were enough staff to provide the care to meet people's needs. There were effective, organised systems in place for the safe handling of medicines.

There was induction and on-going training in place for the staff, as well as planned supervision and appraisals. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and the team were committed to ensuring that people were supported in the least restrictive way possible.

People were supported to eat and drink sufficient amounts and were encouraged with regard to their capacity to make choices about food and drink and provide feedback. People received effective healthcare support from a range of external healthcare professionals

People were supported by caring staff that knew them well. The service had a person centred culture focussed upon supporting people to meet their assessed needs. Many people living at the service had a diagnosis of dementia and staff had been given additional training in dementia awareness. People's rights to privacy and dignity were valued and respected.

Each person had a care plan written from an assessment of their needs. Relatives were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to with understanding.

Robust and frequent quality assurance processes by the directors were in place regarding the safety and

quality of the service. The manager and deputy once established in post would take on more of these responsibilities. Regular evaluations took place to ensure that the service had a positive impact on the lives of the people living at the service.

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.

There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm.

The recruitment process was clear and robust. There were enough staff to support people safely.

There were effective, organised systems in place for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received on-going supervision and training to develop their skills.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were supported to eat and drink sufficiently.

People received on going healthcare support from a range of external healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

Staff were understanding and empathic to the needs of the people using the service

People's rights to privacy and dignity were valued and respected.

Relatives were involved appropriately in the planning of people's care.

Is the service responsive?

The service was responsive.

Each person living at the service had an assessment of their needs in place which was regularly reviewed and a subsequent care plan had been written of how to meet individual assessed needs.

People and relatives were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to appropriately.

Good ●

Is the service well-led?

The service was well led.

The service had a statement of purpose and a commitment to deliver personalised care.

The manager and deputy worked over seven days per week and also had an on-call system to support and lead the team at all times.

Robust and frequent quality assurance processes ensured the safety and quality of the service.

Good ●

Brookwood Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 21 March 2017. The inspection was unannounced. The inspection team consisted of an inspection manager and two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 also contacted two professionals who visit people using the service.

During the visit we spoke with six people who used the service, and three relatives. We spoke with three care staff, one member of the catering team, the activities coordinator, the deputy manager, manager, and two of the owners.

To help us assess how people's care needs were being met we reviewed six people's care records and other information, for example their risk assessments. We also looked at medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the management team.

We 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.

Is the service safe?

Our findings

People felt safe living at Brookwood Manor. One person who used the service told us, "Staff are kind, they sit down and talk with me." A relative told us, "[My relative] is well looked after, rarely there are no staff in the lounge but they are never far away and come quickly when needed."

Staff were very clear about their role in safeguarding people and had knowledge of the systems in place to protect people from abuse and were confident in reporting any concerns. Safeguarding training sessions were held for staff when joining the service and further training was provided on a yearly basis. All of the staff we spoke with told us about the training and the types of abuse they had learnt from the training. One member of staff told us, "I would report any abuse to the manager and I know I can report this myself directly to the customer first safeguarding team."

Risks to people's health and how to support people with behaviours associated with their conditions had been assessed and actions had been taken to support the person. This included recording when a person had become upset and to try to identify what had triggered the situation. The plans were new and still being developed by the management team with the staff. Some were not fully complete yet with regard to what staff should do if a person became upset. However, when speaking with the staff, we learnt that they did know what to do and the information provided to us was consistent. A member of staff told us, "Sometimes the person shouts at us for no obvious reason, so we step away, after a short time we approach them again and they do not shout and are quite content for us to care for them." A relative told us, "I have seen staff approach people, they wave their hands at them or shout at them sometimes. The staff leave them and come back later and try again, very patient and understanding."

The staff recorded accidents, incidents and any falls which were analysed by the manager and deputy manager. The manager had contacted the falls prevention team for support and advice regarding how to support anyone who experienced falls to determine any action that could be taken by the staff to support the person.

We saw the maintenance person working in the service during our inspection and we saw that records of testing the fire alarm were carried out weekly. All of the fire-fighting equipment had been checked that it was in date and fit for purpose.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. A relative told us, "You are made welcome when visiting, there appears enough staff, they are not rushed. For example, they ask people what drink they want, rather than just give them a drink, hence they have the time to do that." The manager told us staffing levels were in line with the dependency needs of the people using the service. We saw the rota for the past three months and planned rota ahead. This was stable and where staff had not been able to fulfil a shift this had been covered by a colleague. The manager or deputy were present at the service seven days per week and each shift was led by a senior carer.

There were effective recruitment practices in place. The manager told us that the recruitment process was

based upon identifying from the application form and then interviewing potential staff to determine, if they had the right skills, attitude and values to be employed at the service. There was a policy and procedure for the recruitment of staff and we looked at four staff files. We saw that records of interviews had been kept and all staff successful at interview were given a job description and contract. The service carried out checks with the Disclosure and Barring Service (DBS) to ascertain, if the person had a history that would prevent them from working with vulnerable people

People received their medicines on time and as prescribed. One person told us, "The staff bring me my medicines on time." Medicines were well organised and stored safely and medicine records were completed accurately. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. We saw that the medicines for the morning were completed by 9.15am when we entered the service. This meant that the medicines were given at the times they were prescribed and there were sufficient members of staff to ensure this happened.

The staff that administered medicines were trained in the safe administration of medicines and had their competency assessed on a regular basis. Audits of medicines were carried out regularly and these were effective in identifying and correcting any issues identified.

We saw from the medicine records that an audit was completed on a monthly basis at the time that new medicines were ordered to identify that the stock of medicines was in date. If not, this medicine was recorded into a returns book and returned to the pharmacy. The temperature of the medicine room and fridge was checked and recorded daily.

Is the service effective?

Our findings

The staff we spoke with told us that they had been provided with induction training when they joined the service. A new member of staff was present at the time of our inspection and had not been included onto the rota. The manager explained this was because the new member of staff had been assigned to work with experienced staff, referred to as shadowing while they learnt the role. The induction was over a period of three months which could be extended by either party for a longer period.

During the induction the new member of staff was met by the manager or deputy at an arranged time for supervision to discuss how the new member of staff was taking to the role and to determine any further support or training that would be of value to them.

Supervision was then on-going for all staff as was a yearly appraisal. The staff we spoke with informed us that the supervisions sessions had not all been fulfilled as planned, but was expected with the recent change of management. The supervision sessions delivered were still within the timeframe of the policy and procedure.

We saw that training was arranged on an on-going basis throughout the year. The staff we spoke with confirmed that they had received training which included the handling of food, lifting and handling, dementia care, fire safety and first aid. We observed staff using lifting and handling techniques to support people to move from one area to another and from wheelchair to lounge chair. We saw this was carried out by staff taking time to explain to the person what they were doing and staff were aware of what to do from their training and referring to the persons care plan.

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.

The directors, manager and deputy had a good knowledge of the MCA. Mental capacity assessments involved the person and others, as appropriate. They all commenced on the basis that the person had capacity and evidence had been sought and recorded if that was not the case. The staff team then worked closely with the person, relatives and external professionals to assess capacity and develop clear guidance on how best to involve the person in decisions. This enabled the person to be involved in their care as much and as appropriately as possible whilst considering their safety and well-being.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management and staff team had a very good understanding of DoLS and had made applications where appropriate to ensure that people were not being deprived of their liberty unlawfully. Support plans contained information about the restrictions placed upon people and as far as possible people were informed about DoLS. The management team were committed to ensuring that people were supported in the least restrictive way possible.

The manager told us about the recent change for the lunch time meal to change from two sittings to one. This was because people using the service did not fully understand why there were two sittings and why those people of the second sitting could not have their lunch at the same time as other people.

The majority of people used the dining room while other people were supported with their meals in the lounge. We saw that this information and reasons why had been carefully recorded in the person care plan. It was early days but the people using the service who were aware of the change, relatives and staff all considered this new arrangement was working well.

People were positive about the food provided. Everyone we spoke with said the meals were very good. One person told us, "The food is lovely." A relative said, "The food looks good and plenty of, whenever I visit I see that teas and biscuits are served between meals."

People's nutritional needs were assessed with regard to the amount of food and fluids taken when this had been recorded as a concern. There were also risk assessments in place with regard to a person who may choke and their diet while respecting their choice was prepared to lessen the likelihood of them choking. The catering team were informed on admission of information of which they needed to be aware such as choices, preferences, allergies and anybody who was diabetic, in order that they could take account of those needs and preferences.

The manager told us and we saw evidence in the care plans that the service engaged with and worked with other professionals to meet the needs of the people using the service. This included taking advice from psychiatric nurses regarding how to support people living with dementia which was recorded in the persons care plan. We also saw that doctors, chiropodists and safeguarding officer's advice had been sought and recorded as required.

Is the service caring?

Our findings

The service was working towards having a person centred culture in the provision of dementia care. One person told us, "The staff are very caring." They were unable to explain to us or give an example but smiled and pointed towards a member of staff and told us again, "They are caring." A relative told us the staff took their time and were caring in their manner. They told us, "The staff have an understanding and sympathy for the people here." A professional told us, "The staff are very helpful and call me appropriately."

The staff knew people well, and people appeared relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves as fully as possible. Staff were responsive to requests for support and reassurance. For example, we saw a person appearing lost and confused. A member of staff approached them and quietly asked if they were looking for the lavatory, they then assisted them to the lavatory. Another person was approached carefully and respectfully by a member of staff who knew that to approach them quickly or from their side would startle them. Once recognised the person sang along with the member of staff and from their smiling and laughing at the end of the song had obviously enjoyed the interaction.

People were treated with dignity and their right to privacy was respected. Staff had attended dignity and respect training with regard to the care of older people and those living with dementia. Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. Each room that we saw had been personalised and the shared rooms clearly designated into each person's area. The directors had plans to further develop the service, to provide additional space for privacy, rest and relaxation.

People were given the opportunity to discuss their wishes and preferences in relation to all of their care including end of life care planning. The care plans were written and developed with the person and their families and focussed upon being person-centred.

Time had been taken to launder the clothing carefully and returned to the right person. In fitting with the king or queen of the day approach this was an opportunity to deep clean the person's room thoroughly by the cleaning staff who worked for the rest of the time to keep the communal areas clean and tidy. The manager saw this approach of ensuring the person room was clean as an important aspect of how the service respected and cared for the person.

Is the service responsive?

Our findings

We saw that during the recent change of management at the service, the new manager was introducing new forms for the recording of care. The care plans were clear and related to the assessed needs of the person. Staff told us they liked the care plan format but like anything new, time was required while they became familiar with the new plans. We asked the manager and deputy how they would manage this process to ensure that information was not lost and it was recorded into the care plan. The manager told us that they would be reviewing the care plans with the deputy as they got to know the people and their families themselves to ensure that all relevant information was recorded. This would include talking with the staff to ensure their knowledge of the person needs was included. The manager told us that the care plans would then be reviewed after this initial review on a six monthly basis and more frequently as required.

A relative told us that they visited regularly and read poems some of which they had written themselves to people using the service. We heard poems being read and this was enjoyed by the people using the service.

The activities co-ordinator explained to us the activities that were planned for the week but were subject to change depending upon circumstances at the time. They told us, "Activities are responsive to people's needs and interests and we try to work with people to find out what they really enjoy. I have found that bingo is not that popular with all, just a few so we do have a game of bingo but also do word games as well." Relatives told us the activities plan was usually followed and additional entertainment sessions such as visiting singers were also arranged. People's religious and spiritual needs were recognised and embraced. One person's religious beliefs had been identified in an assessment conducted prior to them moving into the service and arrangements made to respect their religion.

In order to develop the care practice the new management team were putting into place a king or queen of the day, which is sometimes referred to as the resident of the day. This would happen on a monthly basis. This practice is designed to involve all staff in the care of the person by providing an opportunity for the staff to study the person's history and confirm they are aware of what their needs are and the action to take to meet the person's needs. This approach was to further support the individual person centred care provided by the service. Each person's front door to their room had been individualised and there was a memory box outside to help remind the person it was their room or clothing from a previous part of their life, such as jockey outfit.

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed and routines were adaptable to suit the needs of people who used the service. For example, staff had identified that one person was not at their best in the mornings and staff would check upon them regularly to determine when they were ready to get up which varied from day to day. Other people in the service usually awoke around the same time and were ready to get up. We saw in people's care plans that people received a bath with the frequency that they took a bath prior to coming to the service.

The management team were responsive to people's feedback and the one of the directors told us this

information was to develop and improve the service. At the time of the inspection there were no outstanding complaints and the service had a complaints policy and process. We saw that complaints made had been responded to appropriately and a number of compliments had been recorded. During the inspection the directors and manager spoke with a relative to discuss and try to resolve concerns they had for the care of their relative.

Is the service well-led?

Our findings

People we spoke with gave positive feedback about the service. One person who used the service commented, "The staff are nice, you are never rushed." A relative told us, "There seems to be enough staff and the staff appear happy and content."

One professional told us, "The service staff are helpful as they provided respite care." We saw that the service had responded quickly to a request for respite care. The assessment was detailed and consideration had been given to if the service could meet the persons care needs. We saw that the care plan had not been fully written after a week. This was because the service was still assessing the person needs as an on-going process since joining the service. The staff were aware of what the persons needs were and had added to the daily notes in the care plan.

The service had a statement of purpose of which the new manager had become aware. They were supported by a deputy manager who had joined the service within a fortnight of themselves. They explained to us that they had spent the first few weeks of their employment getting to know the people using the service, staff, care plans and routines. They decided to make some changes and the manager sent us an action plan of the innovations and changes they wished to make. This had been shared with and agreed by the directors with the support of their deputy. We questioned how the staff would be made aware and whether there was an opportunity for the staff to be involved with a review of the changes. The manager explained that information would be shared with the staff through staff meetings and these would also serve as an opportunity for staff to feedback.

The manager said they would be having an open door policy for anyone to meet with them and planned doing some of the staff supervisions themselves in order to support staff and also know how the staff were feeling. They also planned to review the care plans with the person and family as appropriate every six months while also overseeing that the care plans were audited monthly to ensure they remained relevant and up to date.

Staff we spoke with were very positive about working at the service. However, two members of staff considered things were happening very quickly and would welcome the opportunity to discuss the changes they had seen at staff meetings. Relatives told us they were pleased with the care provided. However, some family members of one person using the service were not content with the care of their relative. We encouraged them to meet with the senior staff and directors.

The manager told us they wished to create a culture of openness and transparency and this included that all staff had received training in whistle-blowing on poor practice. The directors of the service told us that they visited regularly and this was confirmed by the staff. They had identified with the new manager that they wished to appoint an administrator to free the manager to spend more time on care and management duties. They also wanted to ensure the deputy manager had time to work with the staff providing direct care while also having none direct care time which would be focussed upon managerial duties and care reviews. The directors were also aware of events at the service from asking the manager to provide reports to them

on a monthly basis. The directors also took it turns to be available to support the manager and deputy by being on call.

There were clear mechanisms in place to ensure that feedback from people who used the service, relatives and staff informed future developments of the service. Surveys were used by the directors and the new management team to learn lessons from the feedback and build intended changes into the action plan already developed by the manager.

The directors told us they were passionate about providing a culture of continuous learning, development and improvement at the service. They were looking forward to working with the new management team. They saw their role as not to interfere but had a vital part to play in setting the scene and using their own management skills to support the development of the service.

We saw there were organised, effective systems in place to monitor and improve the quality of the service. These included training and supervision for the staff and regular reviews of peoples care. There were also further surveys planned and auditing of the service such as medicines and cleaning were in place and well established.