Avidcrave Limited

Braintree Nursing Home

Inspection report

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11 October 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 06 and 11 October 2017 and was unannounced.

Braintree Nursing Home provides nursing and personal care for up to 51 older people, some of whom have a diagnosis of dementia. There were 48 people living in the service at the time of our inspection. The service consists of two separate buildings referred to as the White House and main house. Both of which are spread across two floors and have communal lounge areas. The two buildings have access to a secure courtyard area with seating and flower beds.

At our previous inspections in May 2015 and June / July 2016 we found that the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of management oversight by the provider. At this inspection we found improvements are still required in relation to the implementation of governance systems to ensure the service is well led and records relating to people's care are accurate.

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

Before the inspection we received information of concern about poor cleanliness and poor hygiene in the service. Although we found people's rooms and communal parts of the service were generally clean and tidy, the standard of cleanliness and hygiene in toilets and bathrooms needed to improve. Cleaning schedules, including a deep clean rota are in place; however the last recorded deep clean of toilets and bathrooms was signed for on 16 August 2017. A senior member of staff has recently taken over responsibility for monitoring infection control and has implemented an audit which they are now checking to ensure the service is kept clean.

We received mixed feedback from people, their relatives and staff in relation to staffing levels. People's relatives felt there should be more staff in the White House, however we saw and staff confirmed there are enough staff available to meet people's needs. The registered manager has calculated staffing levels to ensure they are sufficient to meet people's assessed needs and this is kept under review.

Recruitment practices are not carried out robustly to ensure potential employees are suitable to work at the service. Two out of the three staff files did not have references from their previous employer to check their previous conduct and suitability for their new role. We recommend that regular checks of recruitment files are undertaken to ensure all the information needed to demonstrate the fitness of the prospective employee has been obtained.

Overall people's medicines are well managed; however nursing staff are not always adhering to the

provider's policies and procedures when administering medicines with expiry dates and for the disposal of unused medicines. We recommend that additional competency assessments are carried out by the registered manager to check that staff are reading and adhering to the medicines policy and procedures. This will ensure all medicines are administered correctly, in date and disposed of appropriately.

Systems are in place to identify and reduce risks to people using the service. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witness or have an allegation of abuse reported to them.

Staff receive training to meet the specific needs of people using the service and relevant to their roles. New staff are mentored by an experienced member of staff until assessed as competent to work unsupervised.

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

People are supported to maintain their health and have access to appropriate healthcare services. The service is committed to a local authority scheme, known as Prosper aimed at promoting new ways of reducing preventable harm from falls, urinary tract infections and pressure ulcers. A review of people's care records reflect that the implementation of the Prosper programme has clearly had an impact on reducing the number of falls, urinary infections and pressure ulcers. Although people are receiving sufficient food and drink, recording on people's fluid charts is inconsistent. We recommend that additional training is provided to ensure staff complete records correctly to reflect the actual care provided. Additionally, the language used by staff when completing records about people's behaviours is not always written in a dignified way.

People are provided with the care support and equipment they need to stay independent. Staff are kind and caring and have developed good relationships with people using the service. Relatives confirmed staff are caring and looked after people well.

People and their relatives were positive about the social engagement for people using the service. Although there is a timetable of activities as a guide people are asked on the day what they want to do. The service has established good relationships and links with the local community.

Concerns or complaints are taken seriously, explored and responded to. Quality assurance surveys completed by people, relatives and health professionals showed they have been asked for their feedback on the quality of the service. People's feedback has been reviewed and action taken to address areas they identified as requiring improvement.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to there not being effective systems in place to monitor the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Systems for recruiting new staff were not always robustly carried out to ensure potential employees were suitable to work at the service.

The standard of cleanliness and hygiene in toilets and bathrooms needed to improve.

Staff were not always adhering to the provider's policies and procedures when administering medicines with regards to expiry dates and disposal of unused medicines.

Systems were in place to assess and respond to risk. Staff demonstrated a good awareness of safeguarding procedures and how to recognise and report signs of neglect or abuse.

Is the service effective?

Good

The service was effective

Staff received a range of training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

People were supported to maintain their health and had access to appropriate healthcare services. Staff used innovative ideas to encourage people to eat and drink.

Is the service caring?

Good

The service was caring

Staff were kind and caring and had developed good relationships with people using the service.

People were provided with the care support and equipment they needed to stay independent. People's privacy, dignity and rights were respected and upheld.

Is the service responsive?

Requires Improvement

The service was not always responsive

Further work was needed to ensure staff completed people's records, including health charts correctly to reflect the actual care provided. The language used by staff when completing records about people's behaviours had not always been written in a dignified way.

People's care plans had been developed from the initial assessment and covered all aspects of their care and how they preferred to have their needs met.

People and their relatives were largely positive about the social engagement for people using the service.

Concerns or complaints were taken seriously, explored and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Our previous inspections in May 2015 and June / July 2016 found that the provider did not have robust systems in place in relation to assessing and monitoring the quality of the service. Although some improvements had been made, further work was needed to monitor the quality of service and make the required improvements.

There was an open and positive culture in the service. Staff felt supported and valued. Communication between staff and the management team was good.

People, their relatives, staff and health professionals had been asked for their feedback on the quality of the service. People's feedback had been reviewed and action taken to address areas requiring improvement.

Braintree 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 inspection took place on 06 and 11 October 2017 and was unannounced.

On the first day of the inspection the team consisted of two inspectors, a specialist professional advisor in nursing care for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, on this occasion their expertise was in dementia care. The second day of the inspection was completed by one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of any safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke with nine people who were able to express their views, but not everyone chose to or were able to communicate effectively or articulately with us. Therefore we used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twelve relatives and two visiting health professionals who were visiting the service during our inspection. We also spoke with ten care staff, three nurses, the deputy manager, registered manager and the registered provider.

We looked at seven people's care records, three staff files and reviewed records relating to the management

of medicines, complaints, staff training and how the registered persons monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Prior to this inspection we received information about poor cleanliness and poor hygiene in the service. Concerns had been raised about continence products in waste bins, people's bed linen not being changed on a regular basis and laundry not being cleaned properly due to one of the washing machines not working properly. Although we found people's rooms and communal parts of the service were generally clean and tidy the standard of cleanliness and hygiene in toilets and bathrooms needed to improve. For example, sink overflows and taps had lime scale build up and were dirty; plug holes were dirty and matted with hairs. Toilet seats were stained underneath, had lime scale around the rim, and had dirty hinges.

There was a strong odour on entering the main house which was confined to one area and this was discussed with both registered persons and needs to be addressed. We checked the laundry and found people's clothes and bedding were clean. All the washing machines and tumble dryers were working. The member of staff working in the laundry fully understood their role and the importance of keeping dirty from the clean laundry in separate areas. We looked at the cleaning schedules which showed there was a deep clean rota in place covering all areas of the service. However these records showed there had been a gap in deep cleaning in people's rooms and bathrooms and the last recorded deep clean was signed for on 16 August 2017. A senior member of staff had recently taken over responsibility for monitoring the cleanliness of the home and infection control. They showed us a new weekly audit they had implemented and added in regular descaling of taps, toilets and cleaning plug holes to this schedule during our inspection. They informed us they had ordered descaling fluid and would ensure all areas we identified would be cleaned thoroughly and descaled with immediate effect.

We received mixed feedback from people, their relatives and staff in relation to staffing levels. Comments included, "The staff are very nice but they are too busy to talk to me," and "Staff are always busy and don't often have time to sit and chat." People told us the response time to staff answering call bells was 'acceptable'. One person commented, "Staff generally come quite quickly and they come back quickly, I have not had to wait long". Another person told us, "Buzzer, they come fairly quickly." However, one person said, "They [staff] don't always come straight away but do come eventually." We found staffing levels varied between the White House and the main house. For example, one person living in the nursing unit told us, "There is definitely enough staff and their care is impressive." Whereas relatives told us in the White House "Staff don't have time to talk to people, we could do with another couple of staff." Another relative told us, sometimes in the morning they are a bit short staffed, and at weekends there is less visible staff."

Staff working in the White House said there was enough staff on duty as long as no-one called in sick. One member of staff said, "If all the staff come in then there are enough." During the inspection we observed staffing numbers in the main house were sufficient to meet people's needs, however in the White House there were between six and eleven people in the lounge area being supervised at times by only one member of staff. This member of staff told us they were responsible for providing continuous one to one support to one particular person and told us, "I'm worried if people get up to walk, I won't be able to help them as I'm on one to one with [Person]. The registered manager confirmed they calculated staffing numbers based on the needs of the people using the service. They acknowledged last year there had been issues with staffing

levels including weekends, which had been due to long term illness and high levels of sickness. They told us new staff had been recruited improving staffing levels and sickness had been dealt with through supervision and was now improving.

We reviewed a selection of staff files and found in the main staff had been recruited in accordance with the providers recruitment policy. This had included criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. However, we found that although they had been requested, two out of the three files did not have references from the staff's previous employer to provide feedback about their previous conduct and suitability for their new role.

We recommend that regular checks of recruitment files are undertaken to ensure all the information needed to demonstrate the fitness of the prospective employee has been obtained.

Staff had access to and were aware of the provider's policy and procedures for managing medicines, however we found nursing staff were not always adhering to these. Nursing staff had not always written the opening dates on bottles or boxes of medicines. For example, clear instructions were written on the box and bottle of a person's eye drops that they should have been disposed of 28 days after being opened. Nurses had not checked the expiry dates before administering them which led to this person being given the expired eye drops for three days, even though a new eye drops were available. When we pointed this out to the staff nurse on duty they disposed of them immediately. We also found that unused medicines were being disposed of in in a special bin for collection, but these bins were overfilled, which meant that the lid could not be secured in place. Neither had staff removed and destroyed the labels prior to disposing of medicines as indicated by the service's policy, which meant people's confidentiality was not protected.

We recommend that additional competency assessments are carried out by the registered manager to check that staff are reading and adhering to the medicines policy and procedures. This will ensure all medicines are administered correctly, in date and disposed of appropriately.

People told us that they received their medicines when they needed them. One person commented, "I have my daily tablets, never missed any and if in pain I can ask if for more." Another person told us, I have tablets for my epilepsy and I have never missed any." One person was able to describe the medicines they took and the time they should have them, but was not sure why they took them, but told us, "I have never missed any, they [staff] give them to me regularly."

Random sampling of people's medicines, including controlled drugs against their records confirmed they were receiving their medicines. Where people had been prescribed 'as necessary' medicines, such as analgesia, specific plans were in place, including the details of the medicines and how to give it. Pain management charts were used to manage and monitor people's pain. A member of staff told us, "For people who are unable to communicate verbally and in particular people on end of life care, we use the pain scale to inform us whether the person is in pain and also use the right analgesia for the level of pain". Body maps were in place to show the application of patches used for the management of pain. These showed that the staff alternated between sites, recorded the dates of application and removal in order to ensure that patches were not left on the person for longer than they should be. Body maps were also used to show the location of the application of cream and ointment. The recording on these maps were consistent with people's prescriptions, and there were no gaps.

People and their relatives told us Braintree Nursing Home was a safe place to live. One person told us, "It's very good here; they [staff] are definitely kind, no one shouts or is rough. I feel safe; the staff are here. I would

tell a member of staff if I had a worry." One relative told us, "When I go away I don't worry about [Person] as it feels right here and it feels safe, it is the way staff are with them." A second relative told us, "It is good here and I have not seen anything to worry me." A third relative said, "I am confident [Person] is safe here, if I wasn't I would say something."

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff told us, "We talk to people and get to know them; I would look for anything different such as changes in mood or behaviour, or any marks or bruising and report this to the manager." Staff told us they were also familiar with the provider's whistleblowing procedures. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation that is either private or public. One member of staff told us, "If I thought nothing was being done I would go higher and report to CQC."

Systems were in place to identify and reduce the risks to people using the service. People's care plans included detailed risk assessments. These documents were individualised and provided staff with a clear guidance on the support people needed to manage and reduce risk, such as falls. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. For example, we observed staff supporting people to move around the home holding people's hands to provide comfort and security and prompted people to use their mobility equipment for their safety. Where people had been identified at risk of walking without supervision or support, staff worked hard to support people to stay safe whilst at the same time not unduly restricting them. One member of staff told us, "[Person] does not have one to one support, but they can be unsteady on their feet so we need to keep an eye on them." Another said, "[Person] closes their eyes when they stand up, so we need to be with them when they stand to prevent them from falling."

Good

Is the service effective?

Our findings

Staff told us they received a variety of training which ensured they had the knowledge and skills to meet people's needs. Training had included how to move and position people using equipment such as slide sheets, hoists and slings. Staff told us they were regularly observed by senior members of staff to check their competence. Throughout the inspection we observed staff moving people safely using the correct equipment, however on a couple of occasions staff had not followed guidance when assisting two people to transfer using their walking frame and a stand aid. This was feedback to the registered manager who addressed the importance of correct moving and handing and talking with people during transfers at a staff meeting held on 09 October 2017.

Staff told us they had received additional training to meet the specific needs of people who used the service. For example, where people required a stoma bag, staff had received training in stoma care followed by practical sessions where they were observed by experienced staff before carrying out the necessary care themselves. One member of staff told us, "My mentor showed me how to do it then I did it as well which is the best way to learn." Staff confirmed they received an induction when they joined the service. This had included a range of training, such as safeguarding and fire safety and being shadowed by an existing member of staff referred to as a 'mentor' until they were assessed as competent to work unsupervised. New staff had completed the Care Certificate as part of their induction. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. Staff told us they were supported to take further qualifications to help them develop professionally. One staff member said, "My [Mentor] is helping me do my National Vocational Qualification (NVQ) level 2."

Staff told us that they received supervision but this had not been consistent. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. The deputy manager told us a new supervision structure had been developed. Nurses and care practitioners had been allocated groups of care staff to provide consistency and ensure regular supervision meetings were carried out. Staff were positive about the support and supervision they had received. Comments from staff included, "I like supervision, we get to talk about training, I feel supported" and "We get praise, it's a positive experience and enlightening, it's nice to hear good things."

We saw that people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear procedures in place for staff to follow when people were not able to make decisions about their care or treatment. For example, where a person had been assessed as needing their medicines administered covertly a meeting involving staff, their GP and family member had been held to discuss whether it was in the person's best interest to have the medicine covertly. A plan was in place identifying how the persons medicines would be given covertly and staff knew how to conceal these in food

without the person's knowledge. Best practice would be for a pharmacist to be involved in making the decision for medicines to being given covertly. No pharmacist advice had been sought to explore the effectiveness of crushing tablets and mixing these in with food and drinks.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in pace to lawfully deprive people of their liberty for their own safety.

Staff had received training in MCA and demonstrated how they applied the principles of the legislation in their daily practice to support people to make decisions. Staff comments included; "We get to know people, we talk to their families, get to know what they like, we give choices, it's up to people what they want" and, "We always show people choices and check they are ok with it." One member of staff told us, "If people can't verbally communicate we look for body language, for example, [Person] will smile at us to give consent."

The PIR states that the service had committed to implementing the Prosper programme. This programme is a Local Authority scheme aimed at promoting new ways of reducing preventable harm from falls, urinary tract infections and pressure ulcers. A review of people's care records reflected that the implementation of the Prosper programme had clearly had an impact on reducing the number of falls, urinary infections and pressure ulcers. A member of staff had been appointed as a Prosper champion. Champions are staff that have shown a specific interest in particular areas. They are essential in bringing best practice in to the service, by sharing their learning, acting as a role model for other staff and supporting them to ensure people receive good care and where required treatment. The Prosper champion showed us some of the work that had taken place in the service to encourage people to eat and drink. This had included innovative ideas, such as, lemonade or angel delight lollies, a smoothie making and tasting day and 'penguin bananas'. These were bananas dipped in chocolate and decorated to resemble penguins, and encouraged people to eat more fruit and increase their calorific intake. This simple idea saw Braintree Nursing Home named as 'home of the month' in the Prosper August 2016 newsletter.

A member of staff referred to as a 'hydro-nutritionist' had been given responsibility for making sure people received sufficient fluid and nutrition throughout the day. People confirmed they had access to drinks and snacks when they wanted them. One person told us, "Staff push me to drink and are always filling my glass up, "They say before you go to bed I should drink some water to help my blood pressure. I have always got some water". A relative also told us, "They [staff] are insistent on offering drinks". People had access to snacks as and when they wanted them. We saw a range of sweets, snack boxes and fruit available in the lounge areas. One person told us, "When staff bring the tea trolley around at 11am and 3.30pm there are biscuits, I am never hungry."

We observed people having their midday meal. Overall this was seen to be a positive experience for people. However, we noted there was minimal engagement between staff and people where they needed support to eat their meal. The registered manager discussed this feedback with staff at a meeting held on 09 October 2017 and staff were reminded to encourage people to sit at a table, rather than remain in armchairs to make the meal time more sociable. People were complimentary about the food. Comments included, "Food is good" and "nice, tasty and fine." One person told us, "The food is fine, they got prawns specially in for me today, they were lovely." Another person told us, "Food is lovely, get all sorts and it is hot, I like anything, fruit we have bananas and custard at dinner time." A third person commented, "Food is marvellous, choice and good variety, I have a choice in what I eat." People told us their individual preferences and cultural needs with regards to meals had been taken into account. For example, a person had been supported to visit a

local Polish supermarket to purchase food items of choice. Another person had expressed a wish to have a curry and staff had supported them to get a takeaway.

Where people had been identified as at risk of malnutrition and / or choking referrals had been made to specialist healthcare professionals including the dietician and Speech and Language Therapists (SALT). Staff knew about people's food preferences and specialised diets, including the use of fortified food and snacks and milk shakes for people underweight. Where people were at risk of choking, risks assessment had been put in place containing instructions for staff to prevent choking and how to deal with incidents should they occur.

People told us they were supported to maintain their health and had access to appropriate healthcare services. Comments included, "The doctor comes, dentist comes, and chiropodist every three months" and "Seen doctor on rounds twice". People's records confirmed they had regular appointments with health professionals, such as the Percutaneous Endoscopy Gastronomy (PEG) nurse, chiropodists, opticians, and their GPs. A relative told us, "My [person] has seen the doctor twice in the last two weeks; my sister is a chiropodist and she does [persons] feet. I take [person] to their hospital appointments".

Relatives were confident that their family member's health was being monitored and that action was taken promptly if they were unwell. Eleven of the 12 relatives spoken with felt they were kept informed about their family member's health, however one relative felt communication needed improving. They told us, "I am [Person's] registered next of kin and first contact and they were in bed for three days with a heavy cold, but I was not informed until I visited." Other comments from relatives were more positive, including, "They are good at communicating; they always let me know if [Person] is unwell," and "I have no concerns; when [Person] had a chest infection staff insisted on calling the doctor even though they did not want one". Another relative commented "My [Person] has their food through a gastric tube, it's managed really well, staff work well with external health professionals. I'm pleased to say I have no worries about their health; when [Person] was at home they were in hospital every six weeks; the last nine months since being here they have not been in hospital once; they [staff] jump on everything really quickly."

Good

Is the service caring?

Our findings

Prior to this inspection we received information of concern about people not receiving appropriate personal care, with regards to cleaning their teeth, dentures going missing, people's hair not being washed and nails not being checked on a regular basis. During our inspection we found people were clean and dressed in appropriate clothing, their nails were clean, hair was tidy and their glasses were clean. One person told us, "I am always lovely and clean, the carers are alright and there is nothing to improve" However, we received mixed feedback from relatives suggesting this was not always the case. One relative told us, "[Person's] teeth and glasses go missing, they have new ones now." Another relative commented "[Person] is always in their own clothes, hair is okay, but they sometimes have dirty finger nails." A third relative said, "[Person] is always in her own clothes, but sometimes they are very creased". A fourth relative told us, [Person] is always clean and in their own clothing".

The deputy manager told us a new structure had been developed where nurses and care practitioners had been allocated groups of care staff to supervise. Attached to each group was a number of people using the service. The deputy told us the staff in each group would be responsible for ensuring the care needs of people in their group were met. The deputy said that this would ensure there was better oversight of people's care and ensure their personal care, including mouth care, hair and nails were completed. Additionally, the service had two dignity champions in place. Both were enthusiastic and saw their roles as supporting staff and challenging poor practice as described by relatives to ensure peoples dignity independence and rights were upheld.

People and their relatives told us staff were respectful of people's privacy. One person told us, "They [staff] usually knock at the door, they are nice polite girls". Another person commented, "They [staff] always knock and come in for a quick chat, they are all very pleasant". One person told us staff respected their confidence and said, "They [staff] would not tell anyone else about you, they talk to you in your room or they come and talk softly beside you." We saw staff respecting people's privacy during the inspection. For example, we saw a member of staff knocking on the door of a person's room, waiting to be invited in and greeting the person on entering. The person responded with a smile and addressed the staff by name. We also saw staff responding to people's call bells, knocking on their doors and asking, "How can I help you" and "Are you alright" in a friendly manner.

People told us their dignity was promoted by staff when assisting them with their personal care. One person told us, "Staff make themselves known and ask before they help me with my personal care". Another person told us, "I have a bath once a week and I get such a lovely wash down other days; they [staff] dry you thoroughly. When I have a bath I love it and we have a chat, it is a good bath". Other comments included, "They [staff] wash and bed bath me three to four times a week as I cannot sit in the bath, but I am never rushed," and "I have mainly female staff to attend to my personal care, but sometimes they are male, but this does not worry me".

People were positive about the staff and told us they were happy with the care and support they received. One person commented, "The staff are lovely, I have not had one that I don't like and to be quite honest I

could talk to any of them if I had a problem". Other comments included, "Staff are really obliging and they all have a chat" and "It's very nice here, I am looked after very well. I have got quite friendly with staff and they all pop their heads in and we talk" and "It is fine, very friendly pleasant staff, no bad points, they are very obliging". People's relatives were equally positive about the service and were happy with the care their family member received. One relative told us, "The staff are very good, it is their attitude and kindness and they are very helpful and friendly". Other comments included, "My [Person] has been here for six weeks and I have nothing but praise. They [staff] have been marvellous. Yes, there are times when [Person] had not liked the food, but the staff had given them an alternative. I don't feel separated from my [Person] as I can visit any time. I am lucky because I get to keep the company of my [Person] and we are very happy" and "Staff seem very kind, very patient and my [Person] seems happy enough".

Staff knew the needs of people using the service well. They had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement. We saw positive interactions between staff and the people they supported. They were friendly, affectionate and showed concern for people's wellbeing. For example, we saw a member of staff approach a person needing help with personal care, in a sensitive manner saying, "OK sweets let's get you sorted". Another member of staff passing through the lounge stopped and covered a person's legs where their blanket had slipped off. The person thanked the member of staff, who replied, "You are very welcome." A member of staff was observed speaking with a person asking if they still had a headache, they asked if they were drinking enough, and if they would like a lighter glass. We also saw a member of staff dance with a person, giving them a hug and the person smiled in response.

Staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. One member of staff gave an example, telling us, "[Person] can be messy when eating their food but we encourage them to do it, as we don't want to take away their independence. We do help with cutlery and drinks as their hands shake." Another member of staff said, "People are all individual, we try to get them to do what they can, involve them; talk and reassure and step in where necessary." We observed these values being put into practice. For example, we saw a member of staff supporting a person to transfer from an arm chair into their wheelchair. They talked through the process each step of the way with the person to give them reassurance and finished by asking them to put their feet on the foot plate. The person responded in humour by saying, "You are only as old as you feel, are you ready to go". Relatives confirmed staff encouraged people to remain as independent as possible. One relative said, "Staff allow [Person] to do what they can do, they discreetly assist." Another relative told us, "Everything has been set at the right height and within reach so that my [Person] can be as independent as possible."

People were supported to express their views and were involved in making decisions about their care, and where required treatment. For example, we observed a nurse supporting a person to take their medicines. When administering their medicine they asked the person, "How would you like to take you medicine?" People told us they were able to make choices about their meals, care and how they spent their day. The service receives the majority of their cooked meals from a home delivery service. Regular tasting sessions had taken place with people and their relatives so that they were involved in making decisions about the menu. The service has a welfare facilitator who liaises closely with people using the service and their relatives. This includes spending time with people on a one to one basis obtaining their views about the service and having a wellbeing chat to find out if there was any additional help or support they needed. The welfare facilitator gave an example of how a person had told them they felt 'useless' as they had everything done for them. The welfare facilitator told us having discussed this with the person they came up with an idea of having a tea party. This meant the person was able to invite their own guests and made the tea which had promoted their independence and feeling of self-worth.

The PIR states that the service often receives compliments from relatives who have lost their loved one and at this time they express how peaceful their passing appeared and how good the care and support was from our staff and how much empathy and compassion was shown. This was confirmed in discussion with relatives. One person told us, "My [Person] was here for a year before they passed away. I couldn't have asked for more, they received fantastic care, staff were incredible. My [Person] died in their sleep and we [family] were able to spend as much as time with them as we wanted. We were given tea and coffee and nothing was too much of a problem."

Requires Improvement

Is the service responsive?

Our findings

Concerns were identified at our previous inspection in June / July 2016 about the computer based care plans not being used effectively, particularly in relation to recording clinical information about catheter management and wound care. At this inspection we saw that this had improved. For example, one person's care records showed a pressure wound had been appropriately documented and that the wound had healed. Photographs of the wound had been dated and showed the healing progression. Although recording of information in care plans had improved, further work was needed to ensure staff completed health charts correctly to reflect the actual care provided. For example, where people were deemed to be at risk of dehydration health charts had been put in place to monitor their fluid intake. These charts were not routinely being checked by senior members of staff to ensure people were receiving enough to drink. The target amount of fluids for people in a 24 hour period was not always identified and the recording of intake and output was not consistent. For example, the charts for one person between 29 September and 06 October 2017 recorded their fluid intake over 24 hours as below 900 millilitres, which was below that recommended for a person of their weight. However, when we spoke with the person their general appearance suggested they were receiving adequate fluids as their skin showed no sign of dehydration and their lips were moist, reflecting this was a recording issue rather than a lack of care. Additionally, the language used by staff when completing records about people's behaviours had not always been written in a dignified way. References to people, 'wandering', 'being rude and awkward', 'winding up other residents' and 'apologising for bad behaviour' had been recorded by staff. This showed a lack of understanding of the diverse needs of the people using the service.

We recommend that additional training is provided to staff with regards to recording information about people's care to ensure records are completed accurately and written in a dignified way.

Relatives confirmed a thorough assessment of their family members needs had been completed prior to their admission to the home. One relative told us, "I sat with the manager and administrator and they asked me lots of questions for an hour about my [Person's] background". People's care plans had been developed from the initial assessment and covered all aspects of their care and how they preferred to have their needs met. For example, whether people preferred a bath or shower and what time people wanted to be supported to go to bed. We saw people, their relatives and relevant health care professionals, such as the tissue viability nurse and community mental health team, had been involved in the development of care plans where this was appropriate. Feedback from a health professional during the visit confirmed the computerised care plans were easy to use, comprehensive and person centred.

People's care plans were being reviewed monthly, or sooner according to their clinical needs. For example, one person had been identified as losing weight. We saw this had been reviewed weekly and then reverted back to monthly once their weight had stabilised. This was supported in conversation with a visiting health professional who told us, "People are well cared for, the staff work well as a team and are good at identifying and taking action where health issues are identified." Staff told us they were kept up to date about changes in people's needs and any new risks via hand-over and through an instant messaging service via the internet which was only accessible to staff group at Braintree Nursing Home.

Some people who used the service were living with dementia and presented with behaviours that could be perceived as challenging to staff and others. People's care records contained guidance for staff on how to support people when showing signs of anxiety and / or distress. We observed that staff dealt with difficult situations very well and were adept at diffusing people's agitation and anxiety. Staff spoke to people in a gentle and calm manner, used distraction techniques and worked at changing the environment for the person or tried switching staff. For example, we saw one person lashing out at staff and becoming very agitated. Staff managed the situation well deflecting the person by offering them a hot drink. The member of staff told us, "[Person] responds well to the offer of a milky coffee, it makes them feel better." They commented, "We don't take it personally, we don't react; we keep a record of their behaviour on a chart so we can monitor what triggers their agitation and learn from this so we can make sure we meet their needs."

Relatives told us that people received care that was focussed on people's individual needs. One relative said, "My [Person] can have what they want, listen to the music they like and watch what they want; the individualised aspect of care is outstanding. They [staff] have really taken on board what they like." Another relative told us, "My [Person] seems to have settled alright here. The service was recommended to me and so far it could not be better. The staff are good with them, they chat to [Person] and do everything for them". Staff had a good understanding of people's preferences as well as the support they needed in order to meet their needs. For example, one member of staff told us "[Person] is very particular, they like their tissues folded in a certain way, their bed made and curtains drawn in a particular way, as that's how they had done things in their own home. By doing these things the way they like them to be done helps them to feel relaxed and happy. It's the little things that mean a lot to people".

We observed staff responded to peoples' needs promptly. For example, we observed a member of staff respond to a person's call bell who told them, "I will go and get help to make you more comfortable". Two staff came back within a few minutes, asking "Are you alright, are you doing well" and a friendly conversation followed. We spoke with a person who told us they were not feeling well and had pain in their chest. We passed this information onto a nurse who responded immediately by checking the person's blood pressure and provided reassurance that they would call the GP. Later in the day the same person was observed in their door way wearing their nightwear. A member of staff asked them if they wanted to go downstairs, as their relative had been asking after them. The person responded by saying "Yes, but I need to get dressed." The member of staff encouraged them to get dressed by saying "We can go outside in the garden, it is lovely and you can have a cup of tea and biscuit with your relative". Considering this person was feeling unwell and unsettled earlier in the day this member of staff showed patience, encouragement and kindness which had a profound effect on the person's wellbeing. They were seen dressed with an outdoor jacket on walking outside in the garden.

One relative told us the care, support and encouragement provided by staff to their family member had helped them to regain some of their independence. They said, "My [Person] was in hospital and begged to come back to Braintree Nursing Home. They were very poorly, but with staffs encouragement they got them back on their feet and walking again." This was confirmed by the registered manager who told us they had successfully rehabilitated three people following admittance to the service from hospital. All three had been unable to weight bear and one person had been admitted to the service with multiple pressure sores. The registered manager told us all three people had made remarkable recoveries and were walking independently. Two people had moved back to their respective homes.

People told us there relatives and friends could visit at any time. One person told us, "Family can come anytime and they do pop in quite often, not heard of any visiting restrictions". A relative told us, "I can visit anytime".

People and their relatives were largely positive about the social engagement for people using the service. People told us they were able to spend their day as they chose. One person commented, "I wake early and go to sleep about 11ish, I go out most days shopping or walking in the park for a couple of hours and if I get back after lunch has started they have kept mine warm for me". Another person told us, "I read books, one of the staff brings me their OK magazine, I wake up and sleep when I want to and have my TV on in the evening, not loud, but sometimes I watch until 9.45". The welfare facilitator told us although they had a timetable as guide for activities, people were asked on the day what they wanted to do. They told us they saw their role as "Keeping the day happy". One person told us, "We play guessing games, do exercises, play dominos or cards, and we have entertainers come in to sing to us, there is enough to do, I do my word searches, I am never bored".

The welfare facilitator gave examples of themed events they had coordinated including a Caribbean day, where staff and people dressed in grass skirts, played a number of beach type activities with steel band music and the catering staff had made curry for lunch. One relative told us, "The welfare facilitator gets the residents motivated and interested in games and gets them involved". Animals were regular visitors to the service as they enhanced people's wellbeing. Animals had included barn owls, goats and most recently a skunk. The registered manager had also arranged for reindeers to visit the service at Christmas. A relative told us, "We attended a race night, a Fete and karaoke evening". Another relative said they had attended the greyhound race night, which had been a big success and that a singer came during the week. "My [Person] was singing along, which is lovely to know".

The registered manager told us they had established good relationships and links with the local community. Coffee mornings were held every Thursday and social events were held in the evenings which were very well attended. They told us they were in the process of building a supportive network for some of the relatives of people using the service who were experiencing loneliness and were looking to start a lunch club for relatives.

People and their relatives told us they were able to give their views and raise concerns or complaints. One person told us, "I can talk to anyone, if I have concerns". Another person told us, "If you have got to be somewhere this is the place to be, all clean everywhere, bedding always clean, and toilet always clean. I have got no complaints". One relative said, "The manager listens to me and sorts things out." Another commented, "I like the open door policy here, I can see the manager at any time." The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed there had been six complaints raised about the quality of the service since our previous inspection. These complaints had been fully investigated by the registered manager and a response and apology provided to the complainant. The outcome of the investigation included the action taken to prevent the same concerns reoccurring. For example, a relative had raised concerns about the condition of their family member's room and broken furniture. The registered manager had taken immediate action to have the person's room decorated and refurbished. The person had been given an alternative room whilst the refurbishment took place. Feedback from the relative confirmed they were happy with the action taken.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections in May 2015 we found the registered provider did not have effective systems in place to monitor the quality of service. At our following inspection in June / July 2016 we found there had been a lack of oversight of the systems in place to monitor people's care and maintaining clinical equipment. At this inspection we found two care practitioners had been appointed to have greater oversight of people's care and ensure effective plans were in place to managing their specific care needs, such as wound and catheter care. They had implemented weekly clinics for people to have wellbeing checks, including weight and blood pressure and any concerns identified with their health were reported to their GP. Additionally a hydro nutritionist had been appointed to ensure people were receiving adequate food and fluids. However, we found inconsistencies in the recording on people's fluid charts. The monitoring system used by the registered manager had not highlighted or addressed these concerns.

Although some audits of the service were taking place, such as medication, infection control, hot water and room temperatures and falls these were not always identifying where improvements were needed. Staff told us and we saw for ourselves that the service had only one standing hoist and that this went back and forth between the two buildings "several times a day" taking a member of staff away from care to do this task. We also found wardrobes in people's rooms were on castors and had had not been fixed to the walls. There was a potential risk these could be pulled and fall on top of the person. We fed these concerns back to the registered manager at the end of the first day of our inspection. When we returned on the 11 October 2017 the registered manager had ensured the wardrobes had been secured to the wall and had ordered a new standing hoist. However, we had to raise these issues with the registered persons for action to be taken. We spent time talking with the provider and registered manager. Both were passionate about providing a good service. The provider told us they were at the service on a daily basis and had their 'finger on the pulse' with regards to the running and maintenance of the home, but acknowledged they were not recording this to reflect their on-going monitoring of the service.

Whilst some improvements had been made there remains a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The welfare facilitator told us they had started having regular meetings with relatives to improve communication and obtain their views about the service. The minutes of the most recent meeting held in May 2017 showed a range of issues about the service were discussed, including funding, using tag-on labels to prevent clothing going missing and the implementation of faster broadband to access the internet and enable people to keep in contact via skype.

The PIR stated, 'We have an open door policy to ensure people, staff and relatives feel able to communicate effectively with management. There is a strong ethos from the provider and management team that filters throughout the staff of a family run home that is supportive to all of those within its walls. We have a strong management team, with consistent staff who have worked at the home for more than 10 years.' This statement was confirmed in discussion with people, their relatives and staff. One person told us, "Manager I know them, they are very pleasant and I see them downstairs and they chat". Another person said, "I have

no concerns, I can speak with the manager and they answer my questions, they are alright with me". One relative told us, "There is an open door policy here. I speak to the manager and I know the owner and know all the senior staff. I am as happy as I can be for my [Person] there is a very relaxed atmosphere". Another relative commented, "The manager is often here in the White House and chats to me and to any relatives. They seem to be kind enough to residents". A third relative commented, "Staff are helpful and they all speak to you and treat you well, not a fault to find".

The majority of the staff team had worked at Braintree Nursing Home for a long time. They told us they enjoyed working at the service. One member of staff told us, "You don't stay that long in a place just for money". Another member of staff told us, "This is a nice place to work, I have health issues and the manger understands and it is not easy for me to work anywhere but I feel comfortable and secure here". Staff told us and records showed that they attended regular staff meetings where they were able to share ideas and were updated on changes in the service.

Staff felt there was good communication between the management and themselves. An electronic instant messaging service had been set up so that management and staff were able to communicate quickly and effectively. This enabled the registered manager to cover shifts and share information instantly with staff even those who were not on shift or in the service. The registered manager told us this also enabled them to share suggestions, ideas and important information with staff and facilitate a very clear and transparent management style.

Surveys completed by people, relatives and health professionals showed they had been asked for their feedback on the quality of the service. Responses from people using the service showed they were happy, staff were friendly, had a good choice of food, and that there was a lovely atmosphere within the home. People had fedback that they liked the spontaneous activities, such as bat and ball, and had really enjoyed the race night. Where people had raised a few niggles about having to wait to go to the toilet and wanted new additions to the menu these had been actioned. The meal choice had been added and staff had been instructed to clearly communicate with people if they needed to wait for a short time and for how long. Relatives felt that overall people received good care, had good food and were impressed with how quickly people's health needs were addressed. Feedback provided by three GP's was that the care provided at Braintree Nursing Home was of a good standard. They described the staff as caring, friendly, helpful and willing and able to follow their instructions. They also felt staff were proactive in identifying where people's health had changed and were quick to seek help and advice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks relating to their health, safety and welfare. This was because systems for assessing and monitoring the service were not robustly being carried out to identify where improvements to the service were needed.