

Brooklyn Home Limited

Ann Slade Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ann Slade care home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

People's experience of using this service and what we found

Although the service had identified risk and staff were aware of risks to people, we have made a recommendation about the recording of risks in people's care records.

People living at Ann Slade Care home benefitted from a service that provided safe and person-centred care. People and their relatives told us they were happy with the care and support and provided positive feedback about the staff.

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

Staff received training and support to enable them to effectively meet the needs of the people they supported.

The service had a registered manager in place who was supported by the provider. Both people and staff spoke positively about the manager.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published 23 February 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ann Slade Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ann Slade Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We spoke with two members of staff including the registered manager and interim assistant manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives who regularly visit the service and three members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although people's care records identified risk to people, further detail was required to guide staff on how to manage and mitigate some identified risks to people.

We recommend the provider reviews care records to ensure risk to people is documented effectively.

- Staff spoken with were aware of the risks to people and to how to care for them in a safe manner.
- People and their relatives told us they felt Ann Slade Care Home provided a safe service. One person told us, "I certainly feel safe in these four walls."
- A system was in place to ensure accidents and incidents were recorded. Information was reviewed and shared with staff to help ensure risk to people was effectively managed and mitigated.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people and to ensure that any incidents which exposed people to potential or actual harm were identified, and reported appropriately to the relevant external agencies.
- The registered manager told us that in the event of a safeguarding incident, information was shared with staff to learn from the incident and to help prevent the risk of recurrence.
- Staff had received training in safeguarding and were familiar with the service's own safeguarding policy. Staff told us they felt able to recognise and report on a safeguarding incident and that they would not hesitate to raise anything of concern.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Regular audits ensured medicines were administered correctly and any issues found were addressed. The service carried out daily stock balance checks which helped reduce the risk of medicine errors.

Staffing and recruitment

- Recruitment of staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Staff rotas showed there were sufficient numbers of suitably qualified and skilled staff deployed.
- People were cared for by staff who were familiar to them and knew their needs. The service had a low turn over of staff and many staff members had worked at the home for a prolonged time.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The premises were clean and there had not been a single case of COVID-19 at the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported. A relative confirmed this, "When [Name] first arrived, we were asked lots of questions about their preferences and needs, so that staff knew just how to care for [Name]."
- People's care records reflected their current care and support requirements and contained any guidance or advice which had been provided by external health care professionals.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge. One member of staff told us, "The training is excellent, and if I want any additional training, I ask for it and it's arranged."
- Staff told us both the training and supervision processes supported them with their role and responsibilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with legislation and guidance. People and their relatives told us staff asked them for their consent before any intervention.
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs.
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records.
- Both care and kitchen staff were aware of the dietary needs and preferences of people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Appropriate inter-partnership working took place. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements.

Adapting service, design, decoration to meet people's needs

- The registered manager had used best practice guidance to adapt the service to meet the needs of people living with dementia and other cognitive impairments. For example, dementia friendly signage had been installed to help people better navigate communal areas. The garden had recently been refurbished to create an inviting and sensory space where people enjoyed spending time.
- Plans were in place for further refurbishment, such as the replacement of patterned carpets with plain flooring to further assist people living with dementia with spatial awareness.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, one person told us, "I have only been here a couple of months, I was made to feel so welcome, there are lovely staff who know me as a person."
- We observed positive interactions between people and staff throughout the day. One member of staff told us, "We are like our own community here, we know our residents so well."
- People's care records contained information about their background and preferences with input from their relatives. This information helped staff deliver individualised and dignified care.

Supporting people to express their views and be involved in making decisions about their care

- People's views and wishes were acted on. People had been consulted on décor and had voted on what themed murals they wanted for the communal walls and which colour paint they preferred for the dining room.
- The registered manager operated an open-door policy and encouraged people and their relatives to provide their feedback and raise issues or concerns at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. The service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this.
- For people who were not always able to communicate verbally, other methods of communication were in place such as communication cards, pictures and visual aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received positive feedback from people's relatives in relation to the way staff supported and cared for people and maintained relationships, one person told us, "Staff are very good, I am happy here and I see it as home." A relative commented, "[Name] has settled in the home amazingly well, staff are brilliant with them, know their needs and have great banter with [Name]."
- People received personalised care that was responsive to their needs. People's care records demonstrated that care and support was tailored as far as possible, to the person's wishes and preferences. Activities were provided both in group format and on a one to one basis.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People and their relative's complaints were listened to and acted on. The service had only received one complaint in the past year. Relatives told us they would not hesitate to raise any concerns and had faith that issues would be dealt with.

End of life care and support

- People's end of life wishes, and needs were considered. Advanced care planning was in place for people.
- Staff had received specific training on how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.
- The service demonstrated a commitment to continuity of care. Wherever possible, the service cared for people from their admission until the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although people's care records were kept electronically, some records such as end of life wishes and capacity assessments were kept as papers records, meaning that staff had to locate information from different sources. We spoke to the registered manager about this who confirmed that paper records would be transferred onto the electronic system.
- The registered manager demonstrated a good understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- The registered manager and provider demonstrated a commitment to high quality and person-centred care. Audits were in place to ensure that the safety and quality of care was monitored and analysed.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil an ethos of individualised and person centred care, one staff member summed it up as follows, "We promote the idea that it is a home from home, that's all we want for our residents."
- Staff told us there was an open and inclusive culture within the service and spoke positively about the manager, comments included, "[Manager] is constantly there, so helpful and supportive," and "I can approach the manager at any time, they always have the time and patience for me." Relatives shared these views, one told us, "[Manager] is so helpful, approachable and always takes the time to talk things through, just wonderful."
- The registered manager worked effectively with external agencies to help achieve positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from people and staff and relatives was welcomed by the provider. They used any feedback to help make further improvements, such as changes to the menu in line with people's preferences and redecoration of the home.

- Staff told us communication by the management team was good and that their views were listened to, one told us, "Staff are really listened to and we have a very open relationship with the manager."
- Regular staff meetings were held which enabled the registered manager and provider to continuously monitor and improve people's experiences of the care and support provided.
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.