

Brenan House Residential Home

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Inspection report

21 Vale Square
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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 09 December 2016 and was unannounced.

Brenan House is a large Victorian building situated in front of a tree lined square, and provides care and accommodation to up to 16 older people.

Accommodation is set over three floors with two lounges, one upstairs on the first floor and one on the ground floor with an adjoining conservatory that leads out to a rear courtyard. There is a shaft lift for people to access all floors.

One of the owners is the registered manager and was present on the day of the inspection. 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.

At our last inspection in October 2015, the service was in breach of some of the regulations and was rated 'Requires Improvement'. The provider sent us an action plan outlining how they would rectify those breaches. At this inspection all the regulations were met.

There were enough staff to keep people safe. Staff were checked before they started working with people to make sure they were of good character and had the necessary skills and experience to support people effectively. Staff had received sufficient training and guidance to make sure they knew how to support people safely and in the way they preferred. Staff received regular supervision and support from the registered manager who worked alongside them some of the time.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them. Consideration had been given to people's safety and potential risks had been assessed. People had the equipment and support needed to prevent unnecessary accidents and incidents.

The registered manager and team had worked hard to update and review the care planning system. Each person had a care plan that included their preferences and all the information necessary to meet their individual needs. People were involved in the assessments and planning and staff had a good understanding of making sure people had the right support to make decisions and give consent to care. This included support needed in regard to the Mental Capacity Act.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to

their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were treated with kindness, patience and respect. Staff said they had built up good relationships with people and people were complimentary of the kind and caring nature of the staff. A person said, "The owners and staff are kind and good, and all the people are alright in here. I would recommend this home."

People were supported to eat and drink healthily. There was a good variety of homemade cooked food and people were complimentary of the meals provided. Relatives told us that people were well fed and the food always smelled good.

People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed. People received their medicines safely and when they needed them, by staff who were trained and competent.

People, staff and relatives told us that the service was well led and that the registered manager and staff team were supportive and approachable and that there was a culture of openness within the service. A person's friend said, "I visit other homes and this is definitely the best."

People and their visitors told us that if they had a concern they would speak to the registered manager or any of the staff. There was a clear complaints procedure and opportunities for people to share their views and experiences of the service.

Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe from harm and abuse.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

People were always asked for their consent when being given care. Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy varied diet and at their own pace.

People were supported to maintain good health. The home was involved in healthcare projects to reduce hospital admissions and improve hydration and wellbeing of older people.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Care was given in a respectful and dignified way.

People had support from friends and family to help them make

decisions about their care and support. People said they were listened to and what they said mattered.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. Staff were flexible and responded quickly to people's changing needs or wishes.

People were supported to make choices about their day to day lives. There were a variety of activities organised that people could join in with.

People and their relatives were confident to raise concerns with the registered manager and staff and knew they would take them seriously and work to resolve them.

Is the service well-led?

Good ●

The service was well-led.

There was a warm family style culture where people and their relatives said they were listened to.

The registered manager was clear about their responsibilities and staff were well supported by the leadership in the home.

The registered manager encouraged people, their relatives and staff to share their views which were taken into account in the running of the home.

Brenan House Residential 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 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.

This inspection took place on 9 December 2016 and was unannounced. Two inspectors made up the inspection team and were in the home for one day.

During our inspection we talked with nine people living in the home, three relatives who were visiting people and a visiting community carer.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

We talked with both owners, one of whom is the registered manager, four care staff, the cook and a volunteer.

We looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at five people's assessments of needs and care plans and observed to check that their care and treatment was given in the way that had been agreed. We looked at four staff files to check recruitment and looked at training and supervision records. We discussed and checked audit records for the maintenance of the building and quality monitoring checks of the service. We checked medicines records and storage and observed a medicines round at lunch time.

We last inspected this service in October 2015, where some improvements were needed and there were some breaches of the regulations.

Is the service safe?

Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. People said that if they were not happy with something they would report it to the registered manager. They were confident that they would listen and take action to protect them.

At the last inspection in October 2015 staff seemed very busy and the provider was asked to review the staffing levels to make sure there were enough staff to provide person centred care. At this inspection there were enough staff on duty to meet people's needs and keep them safe. The staffing level had been re-assessed using an established assessment tool and the registered manager kept the staff numbers and how staff were organised under review. People and relatives commented that they felt there were enough staff and that they came when they wanted them.

There was a relaxed atmosphere and people did not have to wait long if they called staff. Staff told us that although they were busy they had the time to speak with people and ensure that they all received the care they needed. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness.

At the last inspection staff were not always confident and there was some confusion about what to do if they suspected abuse. At this inspection staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse and this had been reinforced in their supervision meetings with the registered manager. The Kent and Medway safeguarding protocols were available for all staff to refer to if needed. Staff told us they would report any concerns to the registered manager and were confident to report a concern in the absence of the providers if required.

New staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Relevant checks had been completed before staff worked unsupervised at the service which included records of police checks, proof of identity, and health declarations.

The registered manager had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks to make sure people received the care they needed to minimise the risks from occurring. People had portable lanyard call bells with them so they were able to move around the home freely and call staff when they needed them.

Medicines were managed safely. People said they were happy with the way their medicines were managed and said they were glad to hand the responsibility over to the staff. Staff were considerate when giving people their medicines, checking people and allowing them to take the time they needed. People had the

opportunity to be in control of their medicines but no one had chosen to do this. Some people had 'just in case' medicines arranged with their doctor and staff were trained to recognise specific symptoms. This made sure people got the treatment they needed as soon as possible with known conditions and helped alleviate illness and discomfort.

People's medicines were reviewed regularly by their doctor to make sure they were still suitable and all records were completed accurately. The registered manager and staff made sure that no one had unnecessary medicines prescribed by checking people's wellbeing. One person had become more alert and active following a recent review of medicines that they no longer needed and staff said this had increased the person's quality of life.

All medicines were stored safely in lockable cabinets and trolleys and relevant information about the medicines was easy for the staff to find. Medicines were labelled clearly and kept at the right temperature. The registered manager carried out medicines audits and picked up any issues.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included making sure that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Is the service effective?

Our findings

A person commented, "It's very nice here. The carers are good and I'm keeping well." A visitor commented, "The food always looks and smells good when I come and visit."

At the last inspection there was some confusion about how to include the Mental Capacity Act in staff's day to day working practice and there were only some parts of people's care plans that included relevant MCA assessments.

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.

At this inspection improvements had been made. Staff spoke more confidently about how they implemented MCA regarding people having control to make decisions and choices, and the right support for this when needed. Best interest meetings had been held when people needed help to make decisions and people's relatives and advocates were involved as much as people wanted. There were clear records in people's care plans regarding consent to aspects of their care and support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. The registered manager had taken appropriate action, had conversations with the local authority and had made applications for DoLS when necessary.

At the previous inspection staff had not received regular supervision from the registered manager. At this inspection staff were having one to one meetings with the registered manager and the registered manager was spending some time working alongside staff. Staff said they felt well supported and had the opportunity to discuss their development and learning.

New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. There was an ongoing programme of training which included face to face training, practical training carried out in the home and on line training including refreshers as needed. Staff were trained in person-centred care, dementia awareness, safeguarding vulnerable adults and equality and diversity, which along with other courses provided staff with the skills, knowledge and understanding to support people. Staff were knowledgeable about people's needs and followed guidance from a variety of health care

professionals such as district nurses, the Parkinson's nurse, speech and language therapists and the hospice team.

People's healthcare needs were managed well and people said their health had improved since they had moved into the service. Staff had been trained to take basic observations and dip tests when infections and ailments were suspected. Staff faxed the results to people's doctor which speeded up the process of assessment and treatment so that people could return to good health more quickly.

The service was part of the community health hydration project to encourage and support people with their fluid intake. Staff said this had helped them become more aware about the importance of good hydration.

People and their relatives told us that they enjoyed the food and they received the support they needed to eat and drink. A person told us, "I'm very well fed here and there are plenty of choices." Lunchtime was relaxed with people chatting to each other. Staff were kind and took their time, checked people were eating and if they were having difficulty gave them gentle encouragement. People's food was prepared in the way they needed it and special diets were catered for. Staff monitored people's weight and checked for swallowing difficulties. Staff made sure advice was sought from the dietician or doctor and followed, if people needed additional nutrition and support.

Is the service caring?

Our findings

People and their relatives spoke positively about the care and the warm family style atmosphere in the home. A person's relative told us, "I visit every day and everyone is friendly and this is the same every time I have come." A person said, "I can't fault any of it here. Everyone talks to each other. There's no quarrelling."

People looked comfortable and people who needed help looked well cared for. People had been helped to make sure they had coordinated clothes on and were able to have their hair done in the way they liked. Some people had their nails painted and were wearing jewellery.

Staff treated people with compassion and kindness. Some people could become anxious and staff explained that they had learnt how to recognise this and gave people reassurance. A person became anxious and one of the staff sat down and chatted with them about their family and previous work life and they calmed down and looked like they were enjoying the conversation.

Staff knew people well and had built up strong relationships with them. A person told us, "The girls who look after you, they are absolutely super." Staff explained that they spent time with people to get to know them and spoke with their relatives to find out what was important when caring for each person. One staff member told us, "We get to know people, ...if they are looking down, not joining in as they usually would, we know to check them to see what is wrong."

People said they were listened to and staff supported them to say how they wanted to be cared for. People were supported by their families and friends to make decisions and have the explanations and information they needed for this. The registered manager made sure that people were aware of advocacy and support services when needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People were encouraged to be as independent as possible and the routines in the service were flexible. One person commented, "I get up and go to bed when I want. I just call the girls when I wake up." People said they were able to come and go as they wanted and that staff gave them assistance when they needed it. A person commented, "When I want to watch TV in my room I just ask the girls to switch it on."

People were treated respectfully and with dignity. A person explained that they were helped to settle in when they first moved in and personalised their bedrooms. Their relative commented, "The staff were helpful when [person] first moved in. We brought some of her furniture in and a TV."

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. A visiting relative told us how supportive the owners had been with them as well as their loved one. They explained that it had been a very difficult decision for them to let their loved one move into a care home. They commented, "I'm really happy with it. [The registered manager] is really nice. I've seen all the staff and we have a bit of a natter. It's a lovely place."

Relatives we spoke to said they were always kept well informed about any changes to the health and welfare

of their loved one.

Staff protected people's privacy as much as possible. Staff knocked on people's doors, enabled people to spend time alone by making sure they had the means to call staff if they needed them.

People's care plans and records were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

A person said, "When I first walked in it felt right, welcoming." A person's visitor said, "We had a look around before [my friend] moved in and we decided on this home because it has such a friendly atmosphere."

The registered manager made sure that the service would be able to meet people's needs before they moved in. A thorough assessment covering the prospective person's essential health and wellbeing needs was completed and formed the basis of the plan of care. People and their relatives said they were involved in planning their care and were able to say what was important to them and express their preferences. People said staff listened to them and supported them in the way they wanted.

At the last inspection the registered manager was in the process of reviewing the care plan format and this review was now complete. People and their representatives had been involved in how their care was arranged and organised. The care plans had been completed based on these discussions. A 'This is Me' plan was included in the care plans. 'This is Me' summarised what was most important to each person and what should be taken into account when providing their person centred care.

A relative explained that they had meetings together with their loved one and the registered manager to discuss the person's plan of care. They said, "[relative] is able to say what they want to some extent" and they were able to help explain what was important to make sure the person received their care in the right way.

People said there was enough to do to keep them occupied. One person told us, "My friends visit me and I occasionally go out." The person laughed saying they were quite happy, commenting, "I spend most of my time, sitting, eating and sleeping." Some people were supported to attend their local church, as they had done prior to moving to the service.

People told us about some of the planned, regular activities and their own interests. There was a music and exercise session each week and other music events through the month, including a theatre group who visited each year. There were some plans for activities for the Christmas period. The local scouts had visited and performed Christmas carols and the local church had organised Christmas carols and mulled wine.

People said they liked reading, doing puzzles and some arts and crafts and there was an organised arts and crafts session once a week. A couple of people said they liked knitting and one person showed us what they were currently knitting. Some people liked to have newspapers delivered and a person told us that they liked magazines and their friend brought them in when they visited.

People were protected from social isolation. Some people spent as much time as they could downstairs with others but also liked to go to their rooms to watch TV or have some quiet time and this was supported and respected by staff. A person said, "I can go and spend some time in my bedroom when I want to."

There was a complaints policy which was displayed in entrance to the service. When a complaint was

received the registered manager followed the policy and procedures to make sure it was dealt with correctly. A person commented, "I feel I can say if there is a problem and there hasn't been." Another person said, "If I have a problem I just talk to the girls."

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well managed. A person's relative said, "[The owners] are very good people. I don't think you could find better." A person said, "I recommend it here. Book your place now!"

At the previous inspection the audits carried out by the registered manager had not picked up all the issues that needed addressing to meet the regulations. At this inspection improvements had been made. The registered manager had developed the auditing tool and there was a clear system of checking working practice, equipment and records. Annual questionnaires were sent out to people, their relatives, staff and visiting professionals so they could give their views about the service. The responses were collated and action was taken when any areas of improvement were identified.

The registered manager was open and honest about what the service did well and what improvements were needed and their plans to achieve this. The CQC rating, report and the registered manager's action plan were displayed in the entrance hall and visitors were invited to discuss and give their comments.

A person's relative explained that their loved one had got to know the home before making the decision to move in and commented, "[The registered manager] is approachable and her style of management is the reason it is so good here."

Staff said they felt involved in the running of the home and were able to talk to the registered manager at any time. Senior staff had regular meetings with the registered manager and care staff said anything important or significant was passed on to them. Staff said they had meetings with each other between their shifts and there was a communication book to keep everyone up to date with any changes. Staff were aware of the policies and procedures in the home and knew where to find information and guidance if they needed to refer to it.

Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager worked alongside staff so they could observe and support staff as part of their supervision. Staff understood their roles and knew what was expected of them. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager attended forums and kept up to date with good working practice and had a plan for developing the service based on the audits and feedback received.

Records were detailed and up to date. People had clearly written care plans and risk assessments. The registered manager and staff updated these records when people's needs changed to make sure that everyone received consistent care, regardless of who was supporting them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.