

Brancaster Care Homes Limited

East Croft Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection that took place on the 5th and 6th March 2015.

The service was last inspected in August 2014 when it was found to be in breach of three Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We received an action plan and the provider told us they would be compliant by January 2015.

At the previous inspection the service was in breach of Regulation 9 (Care and welfare of people who use services) which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

The breach had not been met at this inspection because care planning, especially in relation to complex needs, was still not being completed in a timely and appropriate fashion. Dementia Care strategies needed to be developed.

Summary of findings

In August 2014 the home had been in breach of Regulation 11 (Safeguarding people who use services from abuse). At this inspection the breach had been met and suitable arrangements were in place to safeguard people from harm and abuse.

The home continues to be in breach of Regulation 23 (Supporting workers) which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) which was identified in the inspection of August 2014. Staff were still not being supervised, supported or developed appropriately.

The service also remains in breach of Regulation 10 (Assessing and monitoring the quality of service provision) which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance) because quality monitoring had failed to deal with the identified breaches.

You can see what action we told the provider to take at the back of the full version of the report.

East Croft Grange is a period property that has been extended and adapted to provide accommodation for up to 31 older people. There is a self-contained unit - the Garden Unit- for people with dementia. The home is situated in a residential area of Harrington and is near to local amenities.

Accommodation is in single rooms and most have en-suite facilities. The home has extensive grounds and there is a secure garden for people in the specialist dementia unit.

The home has a registered manager. 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 and associated Regulations about how the service is run.

The service was safe. At our last visit senior staff were unsure of how to report potential safeguarding matters. At this visit we saw that all staff had received training. Staff understood what was abusive and were confident about reporting these appropriately.

The building was safe and well maintained. Good infection control measures were in place.

Staff recruitment was well managed and staffing levels met the needs of people in the home. Disciplinary processes were of a good standard.

Medicines were managed correctly and staff were trained in handling medicines.

Supervision and appraisal had recommenced but we judged that this needed to be done in more depth so that teams and individuals could be developed in their role. A full training plan for the year had not been developed.

Some training had been completed for the whole team. The senior team had accessed training about the Mental Capacity Act 2005 and were looking at their responsibilities under the Deprivation of Liberty Safeguards.

The food provided was good quality and people ate well. Nutritional planning was in place but needed to be developed further. People had good access to health care. The home was designed to meet the needs of older people and people living with dementia.

People in the home told us that the staff were caring and considerate. We observed sensitive and caring interactions between staff and people in the home. People were gently encouraged to be as independent as possible. End of life care was suitable and further training planned.

Assessment and care planning needed to be updated and developed. Not all care plans were up to date and many did not contain enough details to allow for appropriate actions to be taken. Dementia care strategies were not in place. The care needs of two people in the dementia care unit were not being met.

There were activities and entertainments on offer. There needed to be more diverse activities offered. There were no specialist activities for people living with dementia.

There were suitable systems in place to support people who had concerns or complaints.

The service had not taken a planned approach to meeting the breaches identified at the inspection in August 2014. There were still issues around care planning,

Summary of findings

staff development and dementia care strategies. These matters had not been highlighted through the quality monitoring process. The management team needed more support and guidance on leading the service.

The culture of the home was one of kindness and concern but individual needs and wishes were not supported in a person centred way.

Eastcroft Grange is owned and managed by Brancaster Care Homes Limited. Since this inspection was carried

out we have met with the provider and operations manager for this company. They have expressed their disappointment that the breaches identified in this report had not been addressed by the registered manager. The provider stated that necessary improvements were underway and gave assurances that the breaches of the regulations identified were being addressed as a matter of priority.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The staff team had been trained on understanding and reporting any potential matters of abuse.

The home had suitable staffing levels.

Medicines management was of a good standard.

Good



Is the service effective?

The service was not effective.

Staff supervision and development was not being done in enough depth to allow for individual and team development.

The senior staff team were being trained in understanding their responsibilities under the mental Capacity Act 2005.

People were happy with the food provided. Nutritional planning was in place but needed to be done in more depth.

Requires improvement



Is the service caring?

The service was caring.

People told us that the staff team were caring and treated them with dignity and respect.

People were encouraged to be as independent as possible.

End of life care was done well and there were plans in place to provide further training for staff.

Good



Is the service responsive?

The service was not responsive.

Assessment and care planning were not done in enough depth to give staff suitable guidance on care delivery.

There was no planned dementia care strategy in place.

Complaints were being suitably managed.

Requires improvement



Is the service well-led?

The service was not well led.

The quality monitoring systems had not highlighted areas of concern.

The culture in the home was not person centred.

Audits and records were not up to date.

Requires improvement



East Croft Grange

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 4th and 5th of March 2015 and was unannounced.

The inspection was conducted by an adult social care inspector who was accompanied on the first day by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for people who uses this type of care service. The expert had experience of supporting older adults and people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We had received an action plan about the breaches from the inspection of August 2014 which indicated the actions the provider intended to take to address the breaches.

The team spoke with fifteen people in the main house during the inspection. The inspector also met the ten people who lived in the specialist unit for people with dementia. We observed the support given to people. We also spoke with five relatives over the two days.

The inspector looked at 14 care files in depth. All records relating to medicines were reviewed. We also looked at diaries and communication books relating to care matters. We also looked at some records and documents.

We were given copies of the last four weeks of rosters and we checked on staffing by looking at records from previous months. We saw seven staff files which included recruitment, induction, training, supervision and appraisal notes. We were shown records relating to training.

We looked at records relating to quality management. This included records of maintenance, food and fire safety and we looked at some of the company's policies and procedures. We looked at records of safeguarding.

We met with the registered manager, the team leader, one senior care assistant and eight care assistants who were on duty. We met with three domestic staff, two catering staff and the maintenance person during the visits.

Is the service safe?

Our findings

People told us that they felt safe in the home. One person said: "I am at home here and don't worry about anything." Another person said: "I get my tablets on time and everything is fine. I am quite safe here." No one had any concerns about abuse. A visitor told us: "There is nothing at all to worry about here...everyone treats them properly."

At our previous inspection on 6th August 2014 we found that the service was in breach of Regulation 11, Safeguarding people who use services from abuse. Staff were unsure of to make safeguarding referrals and training needed to be updated.

Since our last inspection visit the staff team had received training on safeguarding vulnerable adults. We spoke with members of staff who were able to talk about what was abusive and their responsibilities if they suspected any abuse. Senior members of staff were now more confident about making safeguarding referrals. Staff told us that they could discuss concerns with the manager or with the provider. The service was no longer in breach of Regulation 11.

During our inspection we walked around all areas of the building and found it to be orderly, safe and secure. We saw a number of risk assessments in place and we had evidence to show that senior staff and the person responsible for maintenance were aware of potential risks around the building.

We looked at records related to accident reporting and we found these to be in order.

We asked for a copy of the last four weeks' rosters. We saw that this home was fully staffed. There were suitable numbers of care staff working in the home by day and night. Sometimes there were seven members of the care team on duty at any one time. They were supported by housekeeping and catering staff.

We looked at staff recruitment records and we spoke to staff who had been recruited in the last year. We saw that references were taken up and suitable background checks were made before anyone had contact with vulnerable adults. New members of the care staff team confirmed that the recruitment process had been robust.

We spoke with the registered manager about disciplinary processes and we had evidence to show that there were suitable systems in place. We looked at policies and procedures around this and found that these would support any disciplinary actions. There had been no disciplinary actions necessary in the service.

We looked at the medicines stored in the home. We found that medicines were ordered, administered, stored, recorded and disposed of correctly. Medicines management was done correctly. Staff had received appropriate training.

The home was clean, orderly and odour free. Suitable infection control systems were in place. There had been no outbreaks of infectious diseases in the home.

Is the service effective?

Our findings

The people who lived in the home were confident that the staff team were suitably skilled and could support them appropriately. One person told us: "I am comfortable, warm and well fed! It's not home but it is as good as it gets." We asked people about the staff skills and knowledge and we had very positive responses. One person said when asked about consent: "I get consulted about everything. The girls are good and I do as I please."

When we visited on 6th August 2014 we found that the service was in breach of Regulation 23, Supporting workers. Training, supervision, appraisal and development were not up to date.

At this visit we looked at a number of staff files and spoke to staff on duty. We saw that in January 2015 staff had received training and updates on basic skills. New staff had received basic induction to their role. We noted that some of the induction needed to be done in more depth. There had been no training needs analysis and no specific training plan in place to meet development needs of the team.

Following the inspection in August 2014 the registered manager had met with almost all of the staff. Some of the supervision had been done in small groups and not everyone had been able to discuss their work in confidence. These meetings had been recorded but needed to be done in more detail. The registered manager had attempted to supervise the entire staff team. There was no scheme of delegation in place so that all staff would have their development needs met.

A member of staff had been promoted to the senior carer role in the dementia care unit. This person was enthusiastic about developing the unit but had not received induction into this role and needed further guidance about current best practice in dementia care. The supervision notes for this person did not meet their development needs.

We found that the registered person had not protected people against the risk of unsafe care and treatment because staff were not being suitably developed in their role. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager and one of the senior staff team about their understanding of the Mental Capacity Act 2005. We judged that they had a working knowledge of the Act. They felt that they needed more training and guidance on applying the Deprivation of Liberty Safeguards. They had accessed training from the local authority and key staff member of the home were attending the week after our visit.

We spoke with people in the home and the staff about consent. We discovered that, where possible, people were always asked about consent for any interactions. We saw staff asking people politely and patiently for consent. Some care plans had signed consent forms.

There had been no instances where restraint was necessary in the home. We asked the manager to consider looking at whether restraint might ever be necessary in the home. She said that no one had any behaviour that challenged but was aware that people living with dementia might present with these difficulties. She agreed to discuss issues around challenging behaviour and restraint with the operations manager.

The expert by experience shared lunch with people in the home. The inspector checked on the availability of food in the kitchen. The home had good stocks of fresh food. People told us: "The food is good. I really like it." Another person said "The food is good, I can stay and eat in my own room if I want but I usually go downstairs to the dining room." We judged that people were given good choices of well-prepared and nutritious food.

People who were at risk of losing weight or had problems with eating were referred to dieticians and specialists in swallowing. Nutritional supplements were also provided. People were regularly weighed in order that prompt action could be taken to ensure people remained well nourished. We observed staff supporting and encouraging people to eat at meal times. We looked at records of food taken and we saw that, when necessary, staff kept these up-to-date. We judged that some of these food and fluid charts need to be a little more detailed. Nutritional planning was included in care planning and some plans needed more detail so that all staff knew the action to take to enable the person using the service to remain healthy.

We had evidence to show that community nurses visited the home regularly. We spoke to two different nurses during the inspection and they confirmed that the staff

Is the service effective?

team worked well with them, taking advice and carrying out tasks appropriately. People in the home told us that they saw their GP and other specialists when necessary. People told us that they saw chiropodists, dentists and opticians so that their health and well-being would be supported. People living with dementia had some input from the mental health team but one person needed to be referred to this team on the first day of our visit. This was done on the second day of the inspection.

East Croft Grange is a period property that has been extended and adapted to meet the needs of older people. The building met people's needs appropriately. The dementia care unit had been specially designed for people who were disorientated. We noted that signage in this unit had been improved since our last visit and we heard about plans for improving the environment even more. The registered manager said that they were looking at up-to-date practice about improving the environment for people living with dementia.

Is the service caring?

Our findings

People in the home, their visitors and visiting professionals were very positive about the caring approach of the staff team. People told us: "The girls get what I want, they are very kind to me"

"They are very nice to me, they keep me right" and "It is excellent, we couldn't ask for better and the girls keep [my relative's] spirits up." "So nice to me, they come so quickly when I ring"

We observed interactions during the two days of our inspection. We met with an enthusiastic staff team. We observed them working with people sensitively and patiently. We judged the care staff team to be respectful. Any personal care support was done in private and people were able to tell us that: "I do not feel embarrassed because the staff treat me properly."

People in the home were well cared for and we could see that good grooming was important to people who lived in the home. The staff ensured that people were given the right levels of support with personal care.

We observed staff explaining interactions to people in the home. We spoke with people who told us that: "The staff explain things to me so that I know what they are going to do with me." We saw staff in the dementia care unit patiently helping people who were disorientated.

We had evidence in care files and in observations to show that staff did try to encourage people to be as independent as possible. One or two people in the home were still able to do some tasks independently. We noted that people in the home were quite frail but that staff encouraged people to do as much as possible.

We asked visiting healthcare professionals about how the staff team managed end of life care. They were very positive about the caring and compassionate approach to this element of the work of the home. One professional told us: "They are very attentive when a person is dying. They call us appropriately and deliver good standards of care."

The registered manager said that she was trying to access further training about this stage of life because she and another senior member of staff had started but not completed this training. We saw in care files that senior staff had started to develop end of life planning. The team hoped to work more closely with the local GP surgeries. They had started to work with individuals about their end of life wishes.

Is the service responsive?

Our findings

People told us that they were happy with the way staff responded to their needs. People in the home had not read their own care plans. A number of people told us that they had been asked about their needs and wishes. One person said: "I am asked all the time but I haven't seen a plan." Another person said: "I am aware that I have a plan and the staff have written it but I haven't been given a copy or anything."

When we inspected the home in August 2014 the service was in breach of Regulation 9, Care and welfare. This was because care plans were not detailed and up to date and because dementia care strategies were not in place.

We judged that some elements of some care plans in the main house were now of an acceptable standard. We had evidence to show that the senior staff had worked on updating plans. We did, however, read a number of plans that still needed more details about things like emotional, psychological, cultural and spiritual support. Four care plans had been audited for people in the main house by the operations manager.

We looked at care plans for people living with dementia. Although a number of these plans had been updated there were still problems with the planning of care. Staff we spoke to had different approaches to supporting people's disorientation and memory problems. Specific approaches that reflected modern dementia care practice were not written into care plans. The registered manager said: "I read one of these plans and could see that they needed more work and I am planning to help the senior carer." No care plans had been audited in the dementia care unit.

Two people in this unit not only had care plans that did not meet their needs but their risk assessments were insufficient to deal with potential problems. The staff team were struggling to manage some behavioural issues. We asked the registered manager to deal with these during the inspection because both of these people were at some risk.

We found that the registered person had not protected people against the risk of inappropriate care and treatment because care was not suitably assessed or planned for individuals or for groups of people. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home employed an activities coordinator and we observed this member of staff working with people during her visits. We saw that there were group activities, parties and entertainments in place and that individual activities were undertaken with people who spent a lot of time in bed.

Some people told us that they were quite satisfied with what was on offer but other people said they would like some different activities. One person who liked to draw and paint hadn't been helped to carry on this hobby.

We asked the registered manager about specialised activities for people with dementia and we learned that this had not been developed because there was still no dementia care strategy in the home. Activities in the home did not meet individual needs.

No one we met on the day of our inspection had any complaints. We noted that the complaints procedure had been updated with suitable details. A previous formal complaint had been dealt with appropriately. One visitor said: "There were one or two things at first but they [the deputy and the team leader] sorted things out quickly. These staff are also very quick to respond to queries"

People in the service at times used other health and social care services. We saw that each person had a "hospital passport" on file. This gave details of the person and their needs. This was sent with them along with medication information if a person was admitted to a hospital.

Is the service well-led?

Our findings

We asked people about their opinions on leadership and people told us they felt confident with the senior team. One person told the inspector: “[The deputy and the team leader] work alongside the staff and they make sure they do things right. They manage by doing...which is good...they say that what we want comes first...paperwork will keep.” We met with people and their families who said they could talk to any of the senior team and were satisfied with the leadership.

The home had a quality monitoring system. We saw that a number of quality audits that had been updated since August 2014. These included fire and food safety audits and regular checks on medicines. Some care plans had been audited recently.

We were told by the manager and staff that the operations manager visited on a fairly regular basis and was always “at the end of a phone if we need support.” We asked the manager for reports of these visits and for her supervision notes. There were no supervision notes available and only one record of a quality monitoring visit. We judged that the registered manager needed more support and guidance on the deployment of staff, the development of the staff teams and on improvements in the home. We had evidence to show that the dementia care strategy was still not at a stage where staff in the dementia care unit could work as effectively as possible with people living with dementia.

Action plans had been prepared after the inspection of August 2014 but not all of the planned improvements have been put into place. We could only find scant evidence to prove that practice had been questioned and changes made. We were concerned about issues around sustainability including individual and group staff development and future planning for care delivery.

We found that the registered person had not protected people against the risk of unsafe care and treatment because the monitoring of quality was not effective. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the senior team that they had a person centred approach to care. When we explored this with them it was evident that they did not understand the term and had not been trained in person centred thinking and planning. Although the team were caring this did not always allow individuals to have the kind of support that was responsive to their needs or wishes. Some people did not have the support that would meet their cultural or intellectual needs. One member of the staff team told us: “They have such histories. When you have time to ask some of them have done all sorts of things.” We saw a benign culture where people were treated kindly but where previous strengths and achievements were not always acknowledged or supported.

This home had a management team that consisted of the registered manager, the deputy manager and team leader. Together this team managed the entire operation. This included a number of administrative tasks. Some of these tasks were not up to date.

One person in the senior team had not been at work for some time and no arrangements had been in place during this period. We noted that the registered manager had tried to cover administrative tasks and management tasks with the support of only one person. Records had been updated but the filing of records was still disorganised. Information we needed for the inspection was often difficult to access.

We met one relative of a person living with dementia who felt that there was a lack of communication from the manager and who hadn’t been consulted about their relative’s permanency in the home. They said: “I am not sure what is going to happen. No one has said.” The inspection team asked the registered manager to deal with this as the relative was distressed by this lack of communication.

We judged that management tasks like quality monitoring, delegation, supervision, appraisal and staff development had suffered because of these issues. We saw that the manager had not given herself enough time to look at planning and development. This meant that despite the home being in breach of three regulations at the last visit many of the improvements still needed to be developed further. We were concerned about the sustainability of improvement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People who use services were not being protected from inappropriate care and support. Care planning, especially in relation to complex needs, was not being completed in a timely and appropriate fashion.</p> <p>Dementia care strategies needed to be improved on.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable treatment because the monitoring of quality was not effective.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People in the service and others were not protected from unsafe care and treatment. Staff in the service were not receiving suitable training, support and development to ensure that people in the home were being cared for appropriately.</p>