

Abbeyfield Society (The) Browns Field House

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Browns Field House 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.

Browns Field House is registered to accommodate up to 29 older people, younger adults and people living with dementia. The home is located on the edge of the city of Cambridge. The home is on two floors accessible by stairs or lift. Shops and other amenities are a short walk from the home.

At our last inspection in June 2016 we rated the home 'good'. During this inspection, we found the home is now Requires Improvement.

This unannounced inspection was completed by one inspector on 10 and 16 January 2019 and there were 27 people living in the home at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager understood their responsibilities in relation to notifying CQC of certain events that happened at the home.

People did not receive a service that was well led. Staff did not feel supported by management during the day or out of hours. People, relatives and staff meetings were not held regularly to enable concerns or issues to be discussed.

People were supported to have choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice. However, people were not always provided or supported with choices about their food or drinks. People's nutritional needs were however met because of staff who knew each person's needs well. People's health and wellbeing was maintained and they had access to a range of health and social care professionals.

People continued to be kept as safe as possible because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been recognised and information on how to minimise risks had been recorded as guidance for staff to follow. People received their prescribed medicines, which were managed safely. There were enough staff on duty with the right mix of skills to meet people's support needs.

People continued to receive good care because staff treated people with kindness, compassion, dignity and respect. People and their relatives were involved in decisions about their care and thought staff were caring. Staff knew people well and understood their care needs.

People continued to receive a service that was responsive. People and their relatives were involved in their personalised support plans and reviews. The information about them in relation to their care needs was up to date. People were encouraged to take part in a range of activities that they enjoyed and were the choice of the person at that time. This helped promote social inclusion. Information was in place to support people with end of life care.

Further information is in the detailed findings below.

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 had individual risk assessments to minimise the risks and any reoccurrence.

The provider followed a safe recruitment procedure. There were sufficient staff to meet people's needs.

There were systems in place to protect people from the risk of abuse, which staff understood. Medicines were managed safely. People were protected because staff understood how to prevent the risks associated with the spread of infection.

There was a system of recording and reporting accidents and incidents.

Is the service effective?

Requires Improvement ●

The service was not effective.

People were not supported to make choices about their food and drink.

People's care needs were assessed before they came to live in the home. Staff had the necessary training to meet people's needs.

People were supported to access health and social care professionals as needed. Assistive technology was provided when necessary.

The provider and staff provided care in line with the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People and relatives liked the staff and felt they were very caring. Staff demonstrated positive interactions with people and knew about their care needs.

People and relatives were involved in the care planning process.

Is the service responsive?

Good ●

The service was responsive.

Staff understood about people's individual care needs and how care should be provided. Care plans, including end of life care, were completed with people and their relatives.

People were offered a variety of activities.

The provider had policies in place which included a record of compliments and complaints where made.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Staff gave poor feedback about the support they received during out of hours from management.

Quality audits were completed in line with the provider's expectations.

The provider had an annual survey to obtain feedback from people and relatives about the quality of care. However, people and relatives did not have regular meetings to discuss important issues about the service being provided in the home.

The service worked in partnership with other health and social care agencies in order to improve the home.

Browns Field House

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 comprehensive inspection took place on 10 and 16 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the home including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning and quality teams and safeguarding team, to aid us with our planning, but no information was received.

We observed interactions between people and staff and observed the support offered to people. We spoke with three people living in the home and two relatives. We looked at four people's care plans.

During the inspection we spoke with the business manager, registered manager, three senior care staff, one activities staff member, one cook, one laundry staff member, one kitchen support person and one member of care staff.

We also reviewed a range of relevant documents relating to how the home was run including accidents and incidents, audits and information on the quality assurance survey 201

Is the service safe?

Our findings

People told us they felt safe in the home and relatives agreed. People were protected because there were processes in place to minimise the risk of harm for people. Staff told us they had completed regular training and understood their responsibilities in how to keep people as safe as possible. There were posters and booklets in the home, which explained the different ways people could raise concerns and provided the necessary telephone numbers and addresses.

Staff told us, and information recorded in people's files showed, that potential risks for each person were documented. Staff were provided with the necessary guidance to keep people safe. Potential risks included falls, the use of stairs and choking when eating. This meant staff were aware of how to minimise risks for people, but people were enabled to take risks whilst remaining as safe as possible.

Assistive technology was used in the home to ensure people were kept as safe as possible. For example, where a person was at risk of falls, movement sensors were used. This meant when the person got up from their chair or when they got out of bed staff would be alerted and able to assist the person.

People were supported by sufficient numbers of staff who had the right skills mix to support them and keep them safe. The registered manager stated in the information they sent prior to the inspection that staffing levels were assessed in relation to the needs of the people in the home. However, relatives and staff said there were often shifts where there was a predominance of agency staff. One person told us that there was a mixture of staff, (agency and permanent), and went on to say that some of the agency staff were not helpful. One relative said that the home used lots of agency staff and although there were 'plenty' of staff in the week at the weekends it was not so good and there were less senior staff. The registered manager said that they tried to get regular agency staff to provide continuity for people; they were also in the process of recruiting more permanent staff.

Staff confirmed that they were only employed after appropriate checks had been completed. The registered manager confirmed that the providers recruitment process was followed to ensure staff were only employed after appropriate checks was still in place.

We checked and found that people were kept as safe as possible because staff stored, managed, administered and recorded medication appropriately. Staff told us they regularly discussed medication with the GP to ensure people had the best outcomes. For example, staff recognised that one person was drowsy with the prescribed medication. They discussed this with the GP, who then prescribed a lower dose.

We saw that there were protocols in place for medication that was to be administered 'as required'. This meant staff had the information they needed on when to administer a medication which was 'as required'. We saw that there were supposed to be monthly medication audits but there had been a gap between May 2018 to November 2018. The registered manager had not been aware and said that further investigations would be made.

The registered manager said that staff who administered medication were trained and a medication administration competency check was completed each year. However, the completed competency checks could not be found at the time of the inspection. Staff did confirm that they had received the training expected by the provider and that they were checked to ensure they were following the providers policies and procedures.

We saw that the home looked clean and tidy and staff told us how they prevented the spread of infection.

Staff told us how they recorded any incidents and accidents. They also told us that information in relation to lessons learned was discussed at handover meetings and a new risk assessment was completed where necessary. This meant risks were reduced for the future as far as possible.

Is the service effective?

Our findings

People were not supported to make choices about their food and drink. Staff were not consistent between what they said about how choice was provided and what we saw during the inspection. We saw that people were given meals, drinks and snacks but not provided with any choice or alternative. The registered manager said that all staff had received the training in how to enable people to make choices and that it was part of Abbeyfield (the provider) ethos. One relative said their family member was asked their choice of sandwich at teatime, but overall felt the food was, "not brilliant". One person said, "The food is not the best. It's a choice of take it or leave it. There's no choice if you don't want the meal." The registered manager was informed and told us that further training would be completed where necessary and discussions in team meetings would further address this issue. We saw that most people had maintained their weight. Where people had lost weight the appropriate health professionals had been informed and provided the necessary information for staff.

When talking with staff there was no consistency in relation to regular supervision and yearly appraisals. However, the registered manager was informed and they said they would be investigating the concerns. Information provided after the inspection showed that all staff had received the necessary level of supervision and appraisal in line with the providers expectation.

Relatives told us they or other relatives had been involved in the assessments prior to the person coming in to live in Browns Field House. The registered manager confirmed that any person coming to live in the home would have an assessment of the care they needed prior to admission. Staff were able to tell us about individual people's care and support needs.

Staff told us they were supported to complete an induction and then on-going training was provided so that they were able to provide effective support for people. Staff said they had received specific training in relation to areas such as dementia, to meet people's individual needs. The registered manager stated in the information they sent prior to the inspection that appropriate discussions with other professionals such as the Parkinson's Nurse were used to provide an effective service for people.

People continued to have access to the necessary health and social care professionals. There were details of GP, dietician, district nurses and the falls team visits. One person told us they had been supported by staff to attend a hospital appointment.

People had safe access to all areas of the home and gardens. One relative told us that their family member had personal items of furniture used to personalise their bedroom.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We saw records that showed people's mental capacity and whether they could consent to their care and support. Where they were unable to consent, an assessment about specific decisions that needed to be made was completed. For example; in relation to medication or placement in the home. Staff were able to tell us about best interest decisions that were in place for people.

Applications for DoLS had been submitted to the relevant local authorities where appropriate. Details of the three approved applications was provided and we saw that no conditions had been made.

Is the service caring?

Our findings

We spent time observing the care provided by staff. We saw that people were treated with respect and kindness. We heard and saw how staff and volunteers interacted with people and there was a lot of quiet conversations as well as laughter. One person said, "I've been here a long time, I'm quite happy here. I like the staff who have been here a long time." One relative said, "The staff are attentive and have a joke. She [relative] is always giggling."

During the inspection we saw that people looked well cared for and had clean clothes on and their hair was brushed or combed where necessary.

Staff told us about people, which showed they knew each person well, including their likes and dislikes. Staff and volunteers communicated well with people and we saw that people felt that they mattered. One person looked very happy and called over and told me about her friend (volunteer) who was sitting with her.

Staff were able to tell us about the people they supported and knew how to provide the care they needed. People continued to be supported with personal care in privacy. One relative said their family member could be quite difficult at the start of the day but staff knew the person well and how to react with her.

People had information on how to access to advocacy services. The registered manager said that most people had relatives who act on their behalf where necessary including those with an enduring power of attorney. Advocacy services represent people where there is no one independent, such as a family member or friend, to represent them and their views.

Staff had all received training in equality and diversity and information the registered manager sent prior to the inspection stated that staff had undertaken a dignity training session and had included 'how staff should support people emotionally whilst promoting dignity and respect'.

Personal and confidential information relating to people in the home was kept secure. This included files being stored securely in lockable cupboards.

Is the service responsive?

Our findings

Relatives told us they were involved in planning their family members personalised care to ensure their needs could be met. The registered manager stated in the information they sent prior to the inspection that the care plans, "are completed with the residents' full involvement and where a resident may be unable to be involved we involve their designated advocate with the permission of the resident." We saw individualised care plans which detailed and included, people's likes, dislikes and preferences.

We saw care plans and risk assessments had been developed in line with people's needs and had been updated when people's needs changed. For example, where one person had several recent falls, the staff had updated the care records to reflect the current increased level of risk as well as details of the extra assistive technology that was now being used. One relative told us their family member had been in hospital. They went on to say that staff had ensured the care plans and risk assessments had been checked for any changes in care needs.

Everyone had a care plan to meet nutritional needs, which had been written to guide staff on how to support the person. We saw that where people required support and were at risk of losing weight, the care plans provided staff with guidance on how best to support the person. For example, in one person's care plan there was information to increase the calorie levels using supplements such as cream or butter. We saw that people were prompted and helped to eat their meals when necessary.

Information from the registered manager prior to the inspection showed that all care plans were reviewed on a monthly basis or at any time there was a change in the person's care needs. The registered manager also stated that there was an annual review with the person and their relatives where appropriate.

Staff said there were daily handover meetings for staff so that information about each person in the home was updated for staff coming on duty.

The home had a member of staff who provided activities Monday to Friday. However, we found that there were times the member of staff was used in different roles within the home, such as in the kitchen, and therefore was not available to provide activities for people.

Information from the registered manager prior to the inspection showed that the activities member of staff, "visits residents finding out what their interests are and implementing activities to meet their needs and preferences. She also provided 1-2-1 activities to benefit residents where needed." However, although the staff member showed us some records of the group activities and who had attended she was not able to provide evidence that everyone in the home had the opportunity to have individual activities to meet their needs or preferences.

Relatives commented and records showed, that there were a range of activities in the home. Things such as music entertainers, cinema days, and small animal and reptiles that came to the home and photographs were taken of people holding things such as rabbits, very large spiders and iguanas. Some people we spoke

with said they liked to remain in their room, whilst others said they enjoyed the music events that took place. One person told us they always went to the entertainment.

Information from the registered manager showed that there had been no complaints in the last 12 months. One person said they had no complaints but could talk to "the girl giving drinks as she will listen but I'm not sure where it [complaint] would go." Relatives said they would go to the registered manager or head of care if they needed to raise any issues but had not had to do so. There was information about the provider's complaints policy in the hallway and staff knew how to raise any concerns for people.

At the time of the inspection staff were supporting two people with end of life care. Staff were liaising with the appropriate health care professionals to ensure people's needs were met.

Is the service well-led?

Our findings

Staff said they did not feel supported by the management in the home. This was because details of the whereabouts or accessibility of the registered manager each day was not recorded on the rota or in the office diary. Details of the expected hours of the head of care were not detailed on the rota. The registered manager said they recorded information in the office diary to detail when they were out of the home. However, the business manager and the inspector could not find any information in the 2018 office diary. Information provided by the registered manager after the inspection showed that an on-line diary record was available to staff and information was also available from the administrator in the home.

Staff said they did not feel the out of hours system supported them. Discussions with the registered manager, business manager and staff showed that the understanding of the out of hours support was not clear and expectations were different between them. The business manager and registered manager said a policy would be written to ensure clarity.

People and their relatives had not had regular meetings to discuss the quality of the service provided and to receive updates. The last meeting was held in September 2018. Relatives said they were not aware of any meetings but the registered manager said all relatives were contacted by e mail and the minutes circulated. The registered manager said a copy of the minutes would be put in the foyer in future to ensure people and relatives had access to it.

Information from the registered manager prior to the inspection showed that they, "... hold regular team meetings with all the variety of teams within the service [home] giving them regular opportunity to discuss any concerns or improvements that they feel could be introduced." The registered manager provided evidence after the inspection that showed meetings were held every three months. The last senior staff meeting and full staff meeting was in August 2018. This meant staff had the opportunity to raise or discuss concerns or queries.

Information was not always provided in a format to support people's needs. For example, there were no pictorial menus for people who were living with dementia to prompt their memories and would have given them another method of communication to make their choices known.

There was a notice board in the reception to show activities that were to take place in the home that week. However, there was no information on it. This was a missed opportunity to remind people of any activities taking place that they may have wished to take part in.

The registered manager had two staff who had completed a course accredited by the University of Worcester as dementia care coaches. It was not clear in discussion with one of them what their role would be and how the use of being a coach would improve the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager was aware of their legal responsibilities and the required information they needed to submit to the CQC. This included notifications of events that had taken place in the home, which they were required by law to notify us about.

The homes management and leadership systems supported the delivery of person centred care. Monitoring systems were in place to improve the quality and safety of the home. For example; audits for the management of medication and staff had regular supervision and yearly appraisals. This meant that areas of the service requiring improvement were identified and acted upon.

The provider had a whistle blowing policy. Staff said they knew when they could use it to highlight concerns within the service, but had not had to raise any whistle blowing issues.

We saw that people and relatives had been sent the provider's 'Care Experience Survey 2018' for quality assurance. Responses were not expected until the end of January 2019. However, the business manager provided us with some of the comments that had been made in some of the surveys that had been returned. The comments were positive and said things such as, "...is looking well cared for and healthy;" "...the staff are amazing, caring, kind and approachable;" and "...kind, caring and skilled staff are giving [family member] the best quality of life."

The culture and atmosphere within the home was welcoming, open and supportive to people and their relatives. Relatives said they could visit whenever they wanted and staff made them feel welcome.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on their website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

Evidence showed that health and social care professionals were involved with people who lived in the home and that they worked in partnership with the manager. Information was shared so that people received the support they needed.