

Brookdale Health Care Limited

Eynesbury House

Inspection report

Howitts Lane
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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 

Overall summary

Eynesbury House is registered to provide accommodation and non-nursing care for up to nine people. On the day of the inspection there were seven people living at the home. Short and long stays were offered.

The home is a converted and extended period property. It is located in a residential area of Eynesbury, on a site with two other care services. The main house has accommodation for six people on two floors, with a kitchen, lounge, dining room, laundry and offices on the

ground floor. The extension has a separate entrance and can accommodate three people. An open-plan kitchen/dining/sitting room means that these three people can be offered more independent living.

This inspection took place on 14 and 21 July 2015 and was unannounced. The last inspection of this home was on 30 September 2013. At that time we found that the provider was meeting the requirements of the regulations that we had assessed against.

Summary of findings

At the time of this inspection on 14 and 21 July 2015 there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were happy at Eynesbury House and were complimentary about the staff and the management team.

The service was safe because there were enough staff to support people in the way they wanted to be supported. Staff had been trained to recognise and report incidents of harm and any potential risks to people were managed so that the risks were minimised. All the required pre-employment checks had been carried out before staff started work. People were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed, which meant that people's rights in this area were protected.

People were encouraged to cook their own meals and to eat healthy food. They were supported to make choices in all aspects of their daily lives and their decisions were respected by the staff. People were supported to access a range of healthcare professionals so that their health was maintained.

Relationships between people who lived at Eynesbury House and the staff were good and staff showed they cared about the people they were supporting. Staff treated people well and respected their privacy. People were encouraged to be as independent as possible.

People were involved in the planning and reviewing of their care. Detailed, personalised information was available to staff so that each person received the support they needed in the way they preferred. A range of activities and outings were offered to people and there were links with the local community.

The home was managed well. People, their relatives and the staff were encouraged to give their views about the home and put forward their ideas for improvements. People knew how to complain and felt comfortable with raising any issues with the management team. An effective system was in place to monitor and audit the quality of the service being provided.

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.

Staff were trained and knowledgeable about how to safeguard people and keep them safe from harm.

There were enough staff to meet people's needs. The recruitment procedure ensured that only staff suitable to work in a care home were employed.

Measures were in place to make sure that any potential risks to people were minimised.

Good



Is the service effective?

The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good



Is the service caring?

The service was caring.

People were supported by kind and compassionate staff in a way that respected their privacy. People were encouraged and supported to be as independent as possible.

Staff showed they cared about the people they were supporting.

Visitors were welcomed at any time and people were encouraged to maintain contact with their families.

Good



Is the service responsive?

The service was responsive.

People were involved in planning the support they wanted. Care plans gave staff detailed, personalised information on how to support people and keep them safe.

People were supported to pursue their hobbies and interests and a range of outings was offered to people.

People knew how to complain if they needed to.

Good



Is the service well-led?

The service was well-led.

The registered manager was highly regarded by people who lived at the home and by the staff. Staff were supported well.

Good



Summary of findings

There was an effective system in place to monitor the quality of the service that was provided to people.

People and staff were encouraged and supported to put forward ideas and suggestions for the improvement of the home.

Eynesbury 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 inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection was a carer of a relative with a learning disability.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We spent time in the shared areas of the home where we observed how the staff interacted with people who lived at Eynesbury House. We spoke with three people who lived at the home, five support staff, a psychologist and the registered manager. We looked at two people's care records as well as some other records relating to the management of the home. These included staff recruitment files, staff training records and some of the quality assurance audits that had been carried out.

Is the service safe?

Our findings

People told us they felt safe at Eynesbury House. One person said, “I feel safe pretty much. ...the staff never hurt me, never hit me or anything.” Another person told us, “Staff make me feel safe. Lots of staff around. They protect you.” One person said that sometimes they were frightened of one of the other people who lived at the home. However, they said that staff were able to “calm things down and take control.”

A large poster was prominently displayed near the kitchen, which gave people information on what to do if they were the subject of harm or if they witnessed anyone being harmed. The poster was in pictures as well as words to enable people who lived at the home to understand what it said. Staff reported, and records confirmed, that staff had received training and refresher training when needed in safeguarding people from harm. Staff were aware of the procedures to follow to report any concerns. They said they would report to the registered manager but would have no hesitation in reporting to the provider or to the local authority if the registered manager did not respond. They would also report the registered manager if the concern was about her. This meant that the provider had an effective system in place to keep people safe from harm.

There were systems in place to reduce the risk of people being harmed. For example, any potential risks to people had been assessed. Actions and guidance for staff had been put in place to make sure that staff knew how to minimise the risks to each individual whilst maintaining the person’s independence as much as possible. For example, one person had a medical condition that required careful monitoring by staff. Staff were aware of the actions they had to take to protect the person. The person was also aware and had agreed to the actions that were put in place when needed. They told us some of the things they could and could not do. The assessments and guidance for staff meant that people were protected as much as possible from harm.

Staff had been trained to use appropriate and safe restraint. Guidelines were in place to ensure that restraint was only used when absolutely necessary. Staff described an incident when a person’s mental health had deteriorated and the person had become unsettled. The person was restrained as per the guidelines so that they, and the staff, were kept safe.

On the day of our inspection there was a sufficient number of staff on duty to enable each person to have support with what they had planned to do. The registered manager explained that she did not use a formal tool to assess the number of staff needed. People were independent in many ways so staffing levels varied according to the activities that people wanted to do. Staff numbers were increased as required. For example, additional staff were on duty when one person, who needed two staff to support them in the community, wanted to go out. We saw that there were enough staff to support the people who needed support, for example when they wanted to use the kitchen or the laundry or when they wanted to go out. Staff spent time talking to people and showing an interest in what people were doing.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We checked how medicines were managed. One person who lived at the home was responsible for their own medicines. An assessment of the risks had been carried out and appropriate checks were in place to make sure the person took their medicines as they were prescribed. The medicines were stored securely. Each person had a care plan in place, which gave staff guidance, such as the medicines the person was taking and how they liked to take them. Everyone was satisfied with their medication plan. People told us that staff gave them their medicines on time. There were protocols in place for people who were prescribed medicines on a ‘when required’ basis.

Staff confirmed that they had received training and that their competence to administer medicines was regularly assessed by the registered manager or deputy manager. We found that the arrangements for the storage, handling and disposal of medication were satisfactory. Accurate records of medication received into the home, administered and disposed of were maintained. We checked the amounts of some medicines remaining in their original packets. We found that the amount tallied with the records. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

People told us that on the whole their needs were being met. They said that the staff had been trained to look after them properly. One person said, “Staff are trained in autism and other things.” Staff said that they had undertaken a range of training courses relevant to the work they performed. They reported that they had undertaken training as part of their induction and had then been given opportunities for further training. Refresher training, to make sure staff kept up to date with good practice, was offered regularly.

Staff told us, and the registered manager confirmed that all staff received regular one-to-one supervision sessions with their line manager. Staff said they felt well supported by the registered manager and they talked to us about the value of training. One member of staff said that training “helps us to understand our clients better and respond to their needs better.” This meant that the provider ensured that staff had the knowledge, skills and support to provide effective care to the people who lived at Eynesbury House.

The registered manager told us that she and the staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). She said that all the people who lived at Eynesbury House had been assessed as having capacity to make decisions for themselves. The registered manager described how this created some challenges for the staff team when people made decisions that might not have been in their best interests. For example, several people, for different reasons, needed to eat a healthy diet but on occasion took the decision to ignore the advice they had been given. Staff supported people and talked with them about the risks they were taking. But staff were fully aware that people had the right to make ‘unwise’ decisions, which staff could not always prevent. People had completed ‘consent to care and treatment’ forms with the relevant clinicians and these were on people’s files. This meant that people’s rights in this area were protected.

Food was provided by the home. Menus showed that a nutritious and appetizing range of meals was offered. Staff told us that at lunchtime “everyone does their own thing.” We saw each person prepare their own lunch, when they wanted it and with whatever level of staff support they needed. Two people went out for lunch. For the evening meal, people explained that they decided as a group on the menu for the week. There was always a choice of two meals, with alternatives available if someone did not want either of the choices. Each person decided whether they were going to eat the meal provided by the home or whether they wanted to cook something for themselves.

Most people were working towards living more independently. Care plans described each person’s goals and the level of support they needed to cook a meal. There was a rota in the kitchen, showing who was cooking each day. People did not have to eat at a set time, so the rota also showed what time people would be using the kitchen. People assisted staff to make a shopping list for the ingredients needed. People then accompanied staff to do the weekly shopping or to buy what they needed to cook their own meal. People told us that staff tried to encourage them to eat healthy meals, but they did not always want to do so. Some people had received advice from a dietician when this was required.

The provider employed a range of health care professionals who worked across all their services, including a psychiatrist and a psychologist. Staff made referrals to other professionals when they needed to, such as the dietician and the diabetic nurse. People told us that staff supported them to make appointments with these health care professionals, or external professionals such as their GP, optician or dentist when they needed to. The registered manager told us that some people were able to do this without any assistance from staff. One person explained that following a recent visit to their GP, their medicines had been changed. This meant that suitable arrangements were in place to support people to maintain good health and well-being.

Is the service caring?

Our findings

People told us that, on the whole, they liked the staff. One person said, “Staff treat me nicely, polite, very nice.” Another person said, “Some staff understand me, others not so much.” Staff told us they enjoyed working at this home. One staff member said, “[The people who live here] are a pleasure to work with. They work with you even on their bad days.” The healthcare professional we spoke with described the staff as “compassionate, flexible, empathetic and willing to go that extra mile.”

We saw that people who lived at Eynesbury House and the staff who worked there all got on well together and were comfortable in each other’s company. Staff treated people with kindness and compassion and met people’s needs in a caring way. While we were at the home, one person went to have their hair done. When they returned staff made compliments about the person’s hair, which the person appreciated and welcomed. Staff explained that they ate their evening meal with people, to make it an enjoyable and social occasion for those who wanted to join in.

Staff spent time with people, chatting with them. While we were in the lounge, one person and a member of staff were holding a conversation about football. They were sitting together and discussing the sport in some depth. It was a two-way conversation, with each respecting the other’s point of view. Another person sought out the registered manager who was sitting in the office and some appropriate banter took place, with laughter from both parties.

People and staff showed respect for each other, spoke politely to each other and respected each other’s wishes. One member of staff told us, “One person always says thank you. I say you don’t have to thank me you are a pleasure to work with.” People told us that staff respected their privacy. For example, they said that staff always knocked on their bedroom door and waited for a response before entering.

Everyone who lived at the home was encouraged to be as independent as possible and people were expected to make their own choices. The registered manager and staff told us that everyone was independent with their personal care. Some people needed support and encouragement. However, staff accepted that it was the person’s choice if

there were days when they did not want to complete all their personal care. One member of staff said, “Staff advise and encourage, but it’s their [the person’s] choice.” People were supported and encouraged to be independent with all aspects of their daily lives. Each person’s care plan detailed what the person could do for themselves and what support they needed in each area of their life. This included doing their own washing, shopping, cooking, cleaning and accessing the community independently.

The home had an annex, known as the Mews, with its own entrance, where there were three bedrooms and an open-plan kitchen/dining/sitting room. This part of the home was used for people who could live more independently, as a step towards independent living in the community. At the time of the inspection there were two people living in the Mews. One person was very independent, doing almost everything for themselves.

Staff showed respect for people’s confidentiality. People confirmed that staff did not talk about other people in front of them. They said that all discussions between staff were carried out in another room.

People were given support, if they wanted and needed it, to keep in contact with their families and friends. Most people’s families lived out of the area, which meant that the level of contact varied. Staff explained that visitors were welcomed at any time, but most visits were planned. This was due to the distance that families had to travel and because some people needed additional staff support to go out with their family. People decided whether or not they wanted to see their family. The registered manager reported that there was good communication between people’s families and the home.

People were supported to access advocacy services if they needed to. The registered manager told us that an advocate from an external advocacy service visited the home fortnightly. Everyone knew they could ask to speak with the advocate at any time. There was a poster on display so that people knew that this service was available to them. One of the staff commented, “It isn’t used that much but it’s good for the service users to have this support and to know it’s available.” The registered manager told us that the advocate attended meetings with the person, such as their review meetings and best-interest meetings, if the person wanted them to.

Is the service responsive?

Our findings

Care records showed that people had been fully involved in deciding on the support they needed and how they wanted their support delivered by the staff. Detailed assessments of people's needs had been undertaken before the person was offered a place at the home and support plans developed to meet the person's needs. Support plans were personalised and gave staff detailed guidance on the way each person had agreed they wanted to be supported. Staff were fully aware of each person's needs and what was important to each individual. Each person was involved in reviews of their support so that they could request changes if they wanted to.

Care plans described what each person could do for themselves and the support they needed from the staff. The plans contained details of each person's goals and what they were going to do to become more independent. For example, for one person these included 'managing my medicines', 'doing my laundry', 'cooking my own meals' and 'gaining confidence to go out alone'. The plans were evaluated and altered when required. The person had signed to say that they were being supported in the way the plan said they should be.

Each person had a weekly timetable of the activities they wanted to undertake. This timetable had been drawn up by the person with the support of their keyworker. People were encouraged to undertake activities that promoted social interaction and community integration. We were told that they had attended local clubs, pubs and restaurants. One person told us, "I like going to Costa for cheese and mushroom toasties." Some people enjoyed going shopping with staff, both for themselves and to assist staff with the shopping for the house. Two people went out to work.

People were encouraged and supported to pursue their own interests, such as going swimming or horse-riding. One

person liked spending time on their computer. Another person told us they had attended college. They said, "I want to do another course soon. Art or something." A third person told us they were an MK Dons football team supporter and "went to three or four home matches with staff."

A range of activities was organised by the staff and people could join in if they wanted to. The activities were advertised on a notice board in the lounge. For example, the day after our visit people were going on a trip to Yarmouth. One person told us they were excited because "it will be fish and chips for lunch." Regular meetings were held so that people could put forward their ideas about what they would like to do and where they would like to go. A member of staff said there was no limit to the activities that people could do.

The provider had a complaints policy and procedure in place and people each received a written copy in their guide to the home. Each person had a keyworker with whom they met regularly and their keyworker would support the person to make a complaint if they wanted to. The advocacy service would also support people to complain, if this was needed. The registered manager told us that the management team had an 'open-door' policy so that people were able to raise concerns any time they wanted to. People were encouraged to contact the provider, or other agencies, including the CQC. Our records showed that a number of people who lived at the home had contacted CQC to let us know they were not happy about something. A record of complaints was kept, which showed that a small number of complaints had been received in the previous year. All had been investigated and a response given to the complainant. People told us the only thing that concerned them at present was the length of time the provider took to address maintenance issues.

Is the service well-led?

Our findings

The home had received a number of compliments. One person's family had written, "We wish to continue working with all your impressive staff team and management in the future and for [our family member] to continue to prosper at Eynesbury House."

There was a registered manager in post. People all knew who the registered manager was and we saw that she was part of the team. One person told us, "The manager is very friendly." We noted that she had a calm approach. She gave people and staff time to talk and she listened. Staff were very complimentary about the registered manager. One member of staff said, "[She's] a very good and supportive manager. I've learnt a lot....I've gained confidence and we work hand in hand." Another told us, "The manager is available and approachable, and a third said, "It's managed very well."

Staff felt positive about the provider. All the staff we met had worked for the provider for more than a year and told us they worked well as a team. One member of staff told us they were "really enjoying" their job. They said, "I like to see people achieve something, even the slightest thing." The registered manager told us, "The current staff team is brilliant. They are strong communicators, very alert, very responsive and very pro-active. They're a great staff team."

The registered manager told us that they had a number of links with the local community. Two people had had jobs in local charity shops and people often visited local coffee bars, shops, pubs and restaurants. One person had links with a local religious group.

Staff had received training about raising concerns about any aspect of the service (known as whistleblowing). They were fully aware of the provider's whistleblowing policy and procedure. One member of staff told us, "I have a duty of care so I will whistle blow even if it's a mate."

Each month people could attend a meeting in the home where they were encouraged to express their views about

the service they were receiving. The provider held 'service user forums' for people who lived in any of its services. A representative from the home was able to attend to put forward the views of their fellow housemates. Quality assurance questionnaires had recently been sent to people, their relatives and other professionals who visited the home. The manager told us the responses would be evaluated and requested improvements made wherever possible.

The provider had a system in place to audit and monitor the quality of the service being delivered to people by the staff. Various aspects of the service provided by the home were audited regularly by the management team. This included audits of medicines, support plans, and health and safety. A manager from another home visited Eynesbury House each month to carry out an internal audit. The managers had written reports and the home's manager had drawn up an action plan. Progress with the actions was checked by a senior member of the provider's team. The registered manager told us that there were far fewer actions now than when she had started working at the home. She described this as "a great achievement for the staff."

Staff told us they felt very well supported. One member of staff said they could approach the managers or any member of staff and they would get support. Staff received supervision and an annual appraisal and the management team worked alongside staff to make sure they were doing their job properly. Staff meetings were held regularly. Staff told us they were encouraged to put forward their views about the service and make suggestions if they thought things could be done differently. They said their ideas would be listened to and they would be given feedback.

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.