Brighton and Hove City Council

Brighton & Hove City Council - Craven Vale Resource Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 21 February 2017 and was unannounced.

Craven Vale Resource Centre provides personal care and support for up to 31 people. Care and support is provided to adults, but predominantly to older people. It provides people with a short-term period of rehabilitation. People are supported following discharge from hospital, or to prevent admission to hospital to regain their independence and ability to return home. Short-term rehabilitation is a joint partnership between Brighton and Hove City Council and the Sussex Community NHS Trust to provide co-ordinated care. People receive care and support from social workers, social care staff, medical and nursing staff, physiotherapy and occupational therapy staff. People can also be provided with a period of respite care. The service has a high level of admissions and discharges due to the short-term nature of the service, and there are no long term placements. On the day of the inspection 28 people were resident in the service.

At the last inspection on 22 July 2014, the service was rated Good overall. At this inspection we found the service remained Good overall. Where the provision of social activities had been highlighted as an area in need of improvement this had been addressed. However, we did find an area of practice in need of improvement in relation to the recording of people's fluid intake, which had not been consistently maintained.

People and their relatives told us they felt people were safe in the service. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. Systems in place to assess and manage risks had been maintained to provide safe and effective care. People were supported by staff who had been through robust recruitment procedures.

Sufficient numbers of suitable staff had been maintained to keep people safe and meet their care and support needs. Staff told us they received supervision, were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us, "Supervision is very supportive and we meet on a daily basis to discuss workload." Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments had been maintained and reviewed regularly. One member of staff told us, "I really love it here we work with the therapists and doctors and really communicate with people. It can make a difference and build confidence. It's a good staff team and everyone is approachable." People told us they had felt involved and listened to. Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests.

The service continued to have a relaxed and homely feel. A relative told us, "I'm very used to the place and everyone is like friends. It's very relaxed and everyone is happy and jolly." People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner.

People told us the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. Healthcare professionals, including speech and language therapists and dieticians, had been consulted with as required.

Staff told us that communication throughout the service continued to be good and included comprehensive handovers at the beginning of each shift and staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable. The registered manager told us that senior staff had maintained a range of internal audits, and records confirmed this. They operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have. One member of staff told us, "There is an open door policy and a really good team and you can ask anyone for anything." People were asked to complete a satisfaction questionnaire at the end of their stay.

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? The service remained Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 21 February 2017 and was unannounced. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete 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 received feedback form the local authority commissioning team, and the local Clinical Commissioning Group (CCG) who has responsibility for monitoring the quality and safety of the service. We received feedback from three health and social care professionals about their experiences of the service provided.

We spoke with 13 people using the service, and two relatives. We spoke with the registered manager, the deputy manager, two senior members of care staff, three care staff, a registered nurse, two social workers, a consultant, a GP and a chef.

We observed the lunchtime experience for people, sat in on a staff handover and observed the administration of medicines on the first floor, and the care and support provided in the communal areas. We spent time reviewing the records of the service, including policies and procedures, six people's care and support plans, the recruitment records for three new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us this was because, "I'm not ill-treated or anything like that, no I'm not." Another person told us, "You always know there's someone not far away, anytime." One member of staff told us the service was safe because, "Therapists check the equipment and make sure it's safe." Another member of staff told us," We only raise the cot sides if there is a doctor's assessment."

The premises were safe and continued to be well maintained. Staff told us about the regular checks and audits which had been completed and maintained in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. Procedures were in place for staff to respond to emergencies. Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. For example, staff told us that if people were at risk of falls or wandering they would be on half hour checks. One member of staff told us, "There are bed and chair sensors and we check regularly." Another member of staff told us, "If someone wanders we check regularly and there is a risk assessment on the care plan."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "If we have a concern we report to the line manager and also write in the service user's book so that other staff is aware." There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included a criminal records check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a

completed application form.

People and relatives felt there were enough staff to meet people's care and support needs. Staff rotas showed staffing levels were consistent over time. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. One member of staff told us, "We use agency for annual leave but there is good continuity of staff." The registered manager continued to monitor the staffing levels to ensure people's care and support needs were met. Feedback from staff about the staffing levels was variable. One member of staff told us, "It's an easy to work unit and we can cope if no one's off sick but even then it's not unmanageable." Another member of staff told us, 'We get heavy ones that need two staff and sometimes there are not enough staff we need four, it's a heavy load at times." However, the registered manager showed us how they continued to monitor the staffing levels to ensure people's care and support needs were met.

People told us their medicines continued to be delivered on time and when needed. One relative told us, "When (Person's name) comes here, everything is taken care of all the diabetic medication and asthmatic stuff too. "Another relative told us, "I know they give (Person's name) morphine on occasion but only if she needs it."Staff had been trained in medicines administration. We observed medicines being administered by a member of staff who had good rapport with people and knew them well. They took care to ensure that the correct medicine was administered to the correct person. The member of staff then completed the person's medication administration records (MAR) chart correctly. People were also supported to administer their own medicines ready for their return home. One person told us, "I do most of mine myself but then there's other tablets they take care of." A member of staff who took the medicines lead had ensured audits of the medicines procedures continued to be completed. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us this was because, "Everyone does what you'd expect them to do, from the cleaners up and know their jobs well." Another person told us, "They mostly seem to be trained I'd say" People's nutritional needs were met. A relative said "(Person's name) is diabetic and has been here three times now and they know (Person's name) really well and what she can't eat." However, we found the recording of fluids people had consumed in need of improvement.

We found people continued to be offered a varied and nutritious diet. People were supported with drinks and snacks throughout the day. One member of staff told us, "We ask them what do you fancy and we will get it for them. Carers can do the menu preference if that person can't." We observed staff supporting people in a safe manner, people were not rushed and were offered a choice. We observed lunch and saw that staff were observant and responsive in encouraging people to eat their lunch. We noted that staff made up small plates to tempt people to eat and shakes or snacks. One member of staff told us, "There are plenty of them and they are stocked up daily. Staff can come to the kitchen and get what they want." Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. One member of staff told us, "We liaise each morning with the seniors re diets." Another member of staff told us," We take time to make sure they have what they want like a small dinner if there's a big dinner they don't eat they can have on or off the menu." A third member of staff said, "If there is a problem with swallowing they can have soft or pureed or special diets, liquidised. We go to the kitchen staff and it is put on the board." Staff told us they regularly weighed people and if losing weight people were put on food and fluid charts and their progress was reviewed at handovers. Staff were observed supporting people with their fluid intake during the day. The fluid charts were not totalled to fully inform staff of the amount of fluid which had been consumed. We discussed this with the registered manager during the inspection who told us this would be highlighted again with staff and was looked at as part of the auditing in place of care plans. We did not feel this impacted on people's care but was a recording issue.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and some staff had received training in this area. People were given choices in the way they wanted to be cared for. One person told us, "Nobody makes you do anything you don't want to do." Another person told us, "You don't need to worry they always let you make your own mind up about everything. They never ignore you and always explain everything."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. One member of staff told us, "All service users are assessed for DoLs and MCA for independent living as we have a duty of care. I have learned a lot about DoLs and MCA here a lot more than in private care." Another member of staff told us, "Some have capacity and can decide for themselves others have challenging behaviour, one can go out the others cant. The DoLs team regularly assess." One member of staff told us what was in place for one person on a DoLS, "The dementia is quite bad and one lady tries to get out of the door so she is on a one to one."

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff confirmed they had received induction training, a period of shadowing with essential training. One member of staff told us, "It's a quick recruitment process I was interviewed by two people and had the person specification. They took references and did the DBS (Criminal records check.). I had been here eight months so the induction was how to fill in care plans and go on training courses. I was shadowed for medicines and had my mandatory training on arrival. I did it on site and they checked my manual handling competency. Staff had access to essential training and regular updates of their training which included moving and handling, food hygiene, infection control, medicines, and health and safety. One member of staff told us, "There's plenty of training and we are always updated and if we have a person with a condition we haven't seen before such as Parkinson's we can ask for that. The managers remind us about training and put info in our pigeon holes. We also have to provide proof of attendance."

Staff we spoke with all confirmed they felt very well supported by the management team. There were opportunities for staff to attend individual supervision and team meetings. One member of staff told us, "The manager put's us forward for training and professional development and we sign to agree, supervision is regular about twice a month. We also get appraisal and get positive and negative feedback." Another member of staff told us, "They are very approachable and if you've got an issue you don't have to wait." A third member of staff said," They are hot on supervision monthly and we can bring up issues and training needs. They keep us up to date. Training is usually in house." Staff told us an annual appraisal took place. One member of staff told us, "There is a form where we write our achievements or what we would like to achieve yearly and we discuss it with managers."

People were only in the service for a short period of time, but were supported to access healthcare services if they had an appointment or they had become unwell during their stay. People received consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "The staff make me feel wanted. If you are ill they will send for the GP, even a dentist if you need one."

Good

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided and told us they felt staff were kind, considerate and caring. One person told us, "They are very obliging and I only have to ask. I love my cups of Bovril so anytime day or night they'll make it for me." Another person told us, "They make sure I'm comfy. Look lots of cushions and pillows." A third person said, "They are angels and I shall really miss some of them when I have to leave." A member of staff told us, "We are just like a family and we all get on because we all love what we do. If you need any help or support you're just there for each other."

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team, which we observed throughout the day. We observed care staff showed affection throughout their interactions with people. One member was heard to say to one person, "Hello there (Person's name) would you like a nice hot cup of tea? Now it's usually no sugar is that alright? Would you like it in your special cup?" Another member of staff was heard to say, "Are you alright there (Person's name) would you like your telly turning up a bit?"

They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity, they wore clothes of their choice and could choose how they spent their time. Visitors were welcomed. One relative told us, "I'm very used to the place and everyone is like friends. It's very relaxed and everyone is happy and jolly." Another relative told us, "Apart from early mornings when they are washing, you can come at any time." Staff were respectful of people's cultural and spiritual needs. English was not the first language of one person and their relative told us, "It's never a problem, they know her so well and she can understand them. I can always translate if they need me too."

People were cared for by care staff who knew their care and support needs well. People were treated with dignity and respect. One person told us, "Oh I find them very courteous towards me." A relative told us it was, "The way they speak to (Person's name), you can just tell they show respect." People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. People told us they were involved in decisions that affected their lives. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential. People confirmed that they felt that staff respected their privacy and dignity when providing personal care. One person told us, "They close my door if I need privacy or close my curtains sometimes whilst they help me." Another person told us, "I have this blanket over my lap if I'm not fully dressed." Observations of staff showed us they assisted people in a sensitive and discreet way. Care staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when

providing personal care, explaining what was happening and gaining consent before helping them.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to people's needs. People told us they had the care to be provided under this scheme explained to them. They got the support they needed whilst also being encouraged to be independent. One person told us, "I don't need lots of help but its forthcoming if I need it." Another person told us, "It couldn't be better, the staff are terrific and the doctors, nurses and carers, there's nothing to choose between them. They work really well together." People were supported to continue their leisure interests. However, we found the completion of people's care and support plans supporting documents for example, fluid charts variable, and is an area of practice in need of improvement.

People received a comprehensive assessment undertaken by nurse assessors employed by Sussex Community NHS Trust. This identified the care and support people required to ensure their safety, so staff could ensure that people's care needs could be met. Records we looked at confirmed this. Staff continued to undertake an assessment of people's care and support needs before they began using the service. This meant that they could be certain that people's care and support needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and any reviews of these. The care plans had been maintained, and gave descriptions of people's needs and the support staff should give to meet these. One member of staff told us, "We encourage them and we know what is in the care plan such as eating and drinking and transferring and any concerns from the occupational therapist or physiotherapist. It's all in the care plan and handover sheet." The detail recorded was variable. However, this had been identified and we could see work was ongoing with staff to address this. We did not feel that had effected the care provided to people, but was an area of practice in need of improvement. We found the registered manager had identified this and managers continued to work with staff on the detail recorded in people care plans. Care plans were reviewed regularly and updated as and when required.

There were opportunities for people to join in social activities during their stay, for example there were organised film shows, board games, art and crafts and cooking sessions. Staff told us at times it could be difficult to provide social activities around the rehabilitation work people were involved in. However, work had been undertaken since the last inspection to highlight the importance of social activities and to improve the frequency of the provision of social activities provided. This had also been a standing item to keep all staff informed of the developments of social activities.

People told us they had guidance and regular support from the physiotherapists, and occupational therapists to help them get ready to return home. These specialists had worked with them to improve their mobility prior to return home. One member of staff told us, "If someone wants to sit in bed that's ok as they are here to recover, we work with the occupational therapist and physiotherapist and explain the exercises." Another member of staff told us, "They need to be independent for the toilet and get a cup of tea with no additional care, it's the end goal. The path people take is different such as the lady whose husband died and she took longer to rehabilitate as she was grieving. We supported her in her grief. A third person said, "We

help them build confidence and talk to them as there is quite a lot of forgetfulness and mental health issues and a range of issues come from hospital, some are homeless and ill. No one likes to go home if they are unwell." People told us of the support they had received for their return home, and of the exercises they were being helped to undertake. One person told us, "My son has dealt with it all but they have all put together some sort of package for me going home." Another person told us, "I think I should be going home next week and everyone involved has sorted out what I'll need and I've done some phone calls myself too." Once a week there were multi-disciplinary meetings, where health and social care staff met to discuss peoples care and support needs, their progress towards their agreed goals and to identify when people were due to leave and their care and support needs to help them move on to other accommodation. Feedback from staff was that these meetings were informative and worked well.

We found the provider had maintained a process for people, relatives and visitors to give compliments and complaints. Everyone we spoke with said they knew who to talk to and felt they would be able to complain to care staff or managers if necessary. One person told us, "I'm too old to be frightened not to say." Another person told us, "I would tell the staff, yes I would." All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the care and support provided at the service and the way it was managed and found the management team approachable and professional. People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. People described the atmosphere as, "Friendly and supportive," "It's marvellous here," and "I think it's just like a family here." One member of staff told us, "The manager goes round and talks to us directly, we are open with him if there are complaints we go to the senior or manager and follow the complaints procedure." Another member of staff told us, 'There is a very supportive open door policy and we sit down as a team and map the work and we are flexible with the rota." A third person said, "It's well led and staff work together and support each other we are proud of how we work and try to do the best for the client. We treat them as a member of the family."

The service had 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 2008 and associated Regulations about how the service is run. The registered manager was supported by a team of senior care staff

Feedback from the visiting health and social care professionals was that the service was well led. The manager was accessible and a very good standard of care provided. Staff had worked well with other organisations to provide professional and flexible care and support for people.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. Staff had been asked to complete a quality assurance survey. People were asked to complete a quality assurance questionnaire at the end of their stay. The information was then collated and analysed and action plans drawn up to address any issues raised. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

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. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.