

Riseley Beds Limited

Brook House Residential Home

Inspection report

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Website:

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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



Overall summary

This inspection took place on 18 June 2015 following the receipt of information of concern. It was unannounced.

Brook House Residential Home provides a service for up to 20 people, who may have a range of care needs including dementia. There were 19 people living in the home on the day 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 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.

Summary of findings

Staff had received training to carry out their roles. However, improvements were required to ensure all staff have up to date training to meet people's assessed needs, at all times.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. However, processes required strengthening, to ensure people's liberty is not deprived without proper authorisation.

Improvements were also required to ensure the submission of all legally required notifications.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service, and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way, and that they got their medication when they needed it.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

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 understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Good



Is the service effective?

The service was not always effective.

We found that staff had the right support to carry out their roles and responsibilities however, improvements were required to ensure all staff had up to date training to meet people's assessed needs at all times.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. However, more detailed information was required to ensure Deprivation of Liberty Safeguards (DoLS) applications were properly considered.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Requires improvement



Is the service caring?

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Good



Summary of findings

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

The service was not always well led.

Improvements were required to ensure the submission of all legally required notifications.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post.

There were systems in place to support the service to deliver good quality care.

Requires improvement



Brook House Residential Home

Detailed findings

Background to this inspection

Prior to this inspection, the Care Quality Commission had received information of concern about an incident that had occurred at the home, which had resulted in a person sustaining a serious injury.

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.

The inspection was unannounced and was carried out on 18 June 2015 by one inspector.

We checked the information we held about the service and the provider, such as notifications. A notification is

information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority, who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with or observed the care being provided to 10 people living at the service. We also spoke with the manager, deputy manager, the cook, three care staff and three relatives.

We then looked at care records for two people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

People confirmed that they or their relative felt safe living at the service. Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They demonstrated a good understanding of the potential risks faced by people living in the home, and knew how best to keep people safe. We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols. We also read some meeting minutes which showed that all staff had recently been reminded about safeguarding and whistleblowing procedures by the registered manager.

The registered manager described the processes used to manage identifiable risks to individuals, and generally within the service. She told us that risk assessments were in place to manage risks to individuals in a way that did not restrict their freedom, choice and control more than necessary. We found that individual risks to people such as moving and handling, pressure care, falls and weight loss had been assessed. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques, and provided people with clear explanations, so they understood what was happening to them.

The deputy manager told us about the arrangements for ensuring the premises was managed in a way that ensured people's safety. We saw that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out.

People told us there were sufficient numbers of staff to keep them or their relative safe. One visitor told us that there was a low turnover of staff at the home, and they appreciated the consistency of care provided to their relative as a result. The registered manager confirmed that staff turnover was low, but told us there were two staff vacancies at the time of the inspection. She said the vacant

hours were temporarily being covered by permanent staff and a regular agency member of staff, whilst they recruited to these posts. We observed throughout the inspection that staff attended to people promptly, when they needed support or requested assistance. We also noted that the registered manager and deputy manager were supernumerary. We saw them provide direct support from time to time; to assist with meeting people's needs.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that all legally required checks had been carried out.

Systems were in place to ensure people's medicines were managed so that they received them safely. We spoke to staff who demonstrated a good understanding about medication processes such as administration, management and storage. They confirmed they had received training to administer medications in a safe way and records we looked at supported this. We saw that medication was being stored appropriately, including temperature sensitive medication. Medication administration records (MAR) provided information about medication stock levels and administration, including missed / refused doses or use of PRN (when required) medications. We observed people receiving their medication at lunch time. The member of staff administering the medication spoke clearly to people, explaining the purpose of each medication and how best to take it. One person who had difficulty swallowing was seen chewing their medication, including an antibiotic. They indicated through facial expression that this was not a pleasant experience. Staff explained that the person had always taken their medication in this way. However, the registered manager undertook to speak to the person's GP, to see if the medication could be given in a different and easier way.

Is the service effective?

Our findings

Staff confirmed that they had received training and support to ensure people received effective care from staff with the right skills and knowledge. We saw some analysis from a recent staff survey returned by 15 members of staff. All 15 had provided positive responses about the training they received. One staff member had written: 'I enjoy my training; it enables me to carry out my job to the best of my ability'. Our observations found that the staff team had a good understanding of the needs of the people they were supporting, and that they communicated effectively and openly with one another. There was an emphasis on treating people as individuals and ensuring that they received the best possible care and support.

We saw that new staff were being supported to complete the Care Certificate, which was introduced in April 2015, as part of their induction training. The manager told us she had arranged for a regular agency worker to receive a day of induction training, to familiarise them with the service and the needs of the people living there. We looked at other training records for staff on duty and found they had received training that was relevant to their roles, although some was now in need of updating. The registered manager acknowledged this. She also talked to us about a recent incident that had highlighted the need for further staff training in areas such as challenging behaviour, catheter care and urinary tract infections. The manager and deputy manager outlined their plans to address all these training needs, which included a mix of e-learning (electronic) and face to face training. We saw that this work had begun.

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. They confirmed they received good support from the registered manager. We saw that staff meetings were also being held to enable the registered manager to meet with staff on a group basis, and to discuss good practice and potential areas for staff development. We noted the meetings had been held over multiple dates; providing staff with a choice of dates to fit in with their work and personal commitments.

Staff demonstrated their knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. It was clear that

they understood who had capacity to make their own decisions, and who required more support with this. The registered manager understood the need to assess people's capacity to make decisions and best interests decisions, where people lacked capacity. Records showed that this had happened, and we saw that people's individual choices and preferences; in terms of how their care and support should be provided had been documented. We saw that relatives, where appropriate, had been included in decision making and longer term planning.

Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well, and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach.

Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted, if they require more care and protection than others. We saw that a number of DoLS had been applied for and approved, where people's liberty was potentially being deprived in order to keep them safe. Although these took account of recent case law, we noted that the information was not as detailed as it could have been, and did not accurately describe the potential restrictions to each person's liberty. There was no indication that this had impacted negatively on anyone living at the home. However, the registered manager undertook to provide more detail in new applications in the future, or as applications needed to be renewed.

One person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision on their file that had been put in place almost 20 months earlier. The person's family had been involved at the time and this had clearly been recorded. However, it had not been reviewed since, to ensure the decision was still appropriate and in the best interests of the person concerned. We brought this to the attention of the registered manager who told us she would introduce a system to ensure any DNACPRs are reviewed at appropriately frequent intervals, based on the needs of the individual people.

Is the service effective?

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. Staff we spoke with had a good understanding of people's individual preferences and dietary requirements, to meet their specific and assessed needs. They talked to us about the need to fortify certain people's diet; where they were at risk of malnutrition. Clear information was available on those people most at risk, and those that needed additional assistance, to ensure they had sufficient food and drink each day. We were told that people were offered a choice of two options at each meal time, but people could request something else if they did not like this. In the afternoon the cook prepared sandwiches for tea to order, with a choice of bread and a variety of fillings. One person said: "She makes a lovely sandwich and a nice cup of tea." They told us how much they appreciated being able to real make choices about what they ate.

We spent time observing how staff supported people during breakfast and lunch. We saw that a choice of food was available. Where assistance was required, this was provided in a discreet manner and no one was rushed. A volunteer came in to provide additional support at lunch time, so that people had a hot meal and the help they needed, without having to wait. We noted that staff offered people a choice of condiment; to enhance their experience and overall enjoyment of the meal. People were seen to eat well, and staff were observed providing those who wanted it with a second helping.

Records showed that people's food and drink preferences had been recorded. Their nutritional needs had also been assessed, with any specific requirements such as soft options or assistance with eating outlined. We saw that where people were at risk from not eating and drinking

enough, that staff recorded what they ate and drank. People's weight was also monitored on a regular basis, to support staff in identifying any potential healthcare concerns. Records showed that all staff had recently been reminded about the importance of ensuring people had enough to eat and drink, and the systems in place to do this. Throughout the inspection people had fluids within easy reach, and food and drinks were provided at regular intervals.

People talked to us about how their or their relative's day to day health care needs were met. They told us that they or their relative always saw a doctor when they needed to. One person described the staff as: "very responsive" and "responsible" in how they monitored their relative's healthcare needs. This was echoed by another relative. They told us the staff were very good at keeping them updated when anything changed.

The inspection took place on a sunny day and staff were observed throughout the day applying sun cream to people who chose to sit outside, or prompting people to wear sun hats to protect them from any potential damaging effects of the sun.

Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. For example, the registered manager told us they received daily calls from the local complex care team. This is a nurse led service for local care homes which aims to prevent unnecessary hospital admissions and GP call outs. Records we looked at showed that the staff carried out regular checks on people to ensure their health and wellbeing, and that visits to and from health care professionals were clearly recorded.

Is the service caring?

Our findings

People told us that they or their relative were treated with kindness and compassion. We read some recent written feedback from other relatives of people who had used the service. One person had written: 'A caring home always giving 100% plus to let the resident and family members who visit feel they are visiting in her home. We have great respect and trust in Brook House and their staff that my mother feels safe, has dignity and a quality of life'. Another person had written: 'We will never forget the loving care each one of you gave'. They added: '....going the extra mile looking after us too when we visit'.

We observed positive interactions between staff and the people using the service throughout the inspection. All of the staff demonstrated a good understanding of the needs of the people they were supporting. Their approach to people was meaningful, and the care they provided was personalised. For example, we observed staff providing appropriate comfort such as friendly hug. After lunch, we noted that two members of staff sat with people, whilst they ate their own lunch. This created an opportunity for some positive social interactions, and we heard the members of staff engaging people in conversation. It was evident from people's responses that they were relaxed in their company. People who did not communicate using many words demonstrated their contentment through smiles and other confident interactions.

People confirmed they felt involved in making decisions about their or their relative's care. During the day, we saw that people were encouraged to make choices no matter

how small, for example in terms of how and where they spent their time, and what they ate. We saw evidence that people or their relatives were actively involved in making decisions about their care and support in the form of care records and meeting minutes.

A notice in a communal area stated visitors were welcomed without restriction, and relatives we spoke with confirmed this to be the case. One visitor told us their relative had a significant birthday coming up and that the home was baking a cake for the occasion. During the inspection, we saw a birthday cake being prepared for another person whose family were planning a party for them. It was clear from our observations that relatives felt included and at ease when visiting the home.

Throughout the inspection we observed that staff promoted people's privacy and dignity. They were seen to use discretion in the way they organised and provided care and support at all times. For example, we observed people being given their mail soon after it had arrived. Staff offered appropriate support with opening and reading, as required. During the afternoon, another member of staff was heard offering to help someone to change their top because it was a warm day. The person told the member of staff they could manage, but we noted that they sought some verbal reassurance about the task in hand and the location of their bedroom. The member of staff provided this reassurance in a low key and respectful manner, enabling the person to change their top in a dignified way, with minimal support. Records showed that all staff had recently been reminded about the importance of maintaining people's dignity by the registered manager.

Is the service responsive?

Our findings

People we spoke with told us that they were able to contribute to the assessment and planning of their or their relative's care. We spoke with two people who had arrived to participate in a meeting to formally review their relative's care needs. They confirmed they were very happy with the care provided by the service. We saw that relatives were asked to provide information about people's life history, routines and individual preferences when they first moved in. Relative inclusion was also evident through their signing of care records.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Care records we looked at supported this as they were both personalised and made reference to people's specific needs. Separate records and charts demonstrated the care and support provided to people on a daily basis. We saw that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

People talked to us about their or their relative's hobbies and social interests. We found out that activities were provided on a regular basis. We read some written feedback provided recently from a relative of someone living in the home. They had written: 'There is a lot of excellent care, very family orientated. Residents have a lot of activities, and the food is very good. Links with the community - the residents have local choirs in and go to the village hall for Xmas dinners and harvest. Day care centre next door gives them opportunities to meet other people'. We were shown the day centre which was on the same site but separate from the home. The registered manager told us that it was open two days a week to people from the local community, as well as people living in the home. We were told that activities such as hairdressing, baking, personal care and parties took place there.

An activity list was on display in a communal area which showed that different activities were planned for three times a day. On the day of the inspection we saw people positively engaging with the registered manager's dogs, who had come in for part of the day. We also saw that the home had pet cats and chickens. The inspection took place

on a sunny day and people were seen frequently moving in and out of the home, enjoying the sunshine. Another person was seen looking through a reminiscence scrap book about toys from the past. We saw that they were really absorbed in this activity and they often looked up to point at a picture and smile. Other people had visitors, and one person went out to a local church for afternoon tea. Before lunch some people watched a musical DVD. Staff were seen to involve people through singing and dancing. It was clear from the way they joined in, that they enjoyed this.

We noted through lunch, that classical music was played in the background, creating a relaxed ambience. A visitor confirmed that this always happened. They told us that they particularly appreciated the fact that the television was not always on. They also told us that local volunteers come in to provide company and play board games with people in the early evening. The registered manager confirmed this happened regularly. She also told us about a local church group called 'Friends for life'. She said someone from the group came to take people out to the pub on a weekly basis.

People demonstrated throughout the inspection that they felt able to make choices and have as much control over their lives on a day to day basis. For example, some people wanted to have their lunch outside because it was a warm day, and we saw that they were supported to do so. We spent time observing how care and support was provided to people living at the service at various points during the day. People were encouraged to maintain their independence. For example at meal times people who needed it were provided with specialist equipment to enable them to eat their meal with minimal assistance from staff. Staff talked to us about the use of red plates for people living with dementia. They explained that people living with dementia can experience difficulties with their sight and perception, so making objects stand out using colour, can make things more visible and enable them to maintain their independence for as long as possible.

The registered manager told us that the home was Grade II listed. She explained that this meant there were limitations on adapting the building to meet the needs of people with high mobility needs. A communion service was held after lunch which a number of people attended. We observed as staff supported one person to move from the outside courtyard to the room where the service was to be held.

Is the service responsive?

This involved walking down three steps. The person used a frame to assist them with walking, and two staff supported them. We noted the person becoming anxious as they approached the steps, but staff remained calm and supportive throughout. However, when it became clear that the person would not manage the steps, the communion session was moved to another room, which was more accessible for the person. This showed that the service was adaptive and person centred. We read some recent written feedback from the local authority complimenting the service for their individualised approach in respect of another person's care. They commented on the fact the service had a good knowledge of the person's needs, and had made 'every effort' to adapt the service to meet these.

People told us they would feel happy making a complaint if they needed to. Relatives told us they felt staff were

approachable and they would feel comfortable talking to them if they were unhappy about something. A formal complaints policy had been developed outlining what people should do if they had any concerns about the service provided. In addition, the registered manager told us that she was in the process of introducing a comments and suggestions box. She showed us that she maintained a 'grumbles' book in which she logged any complaints or concerns that were reported. We saw that there were clear entries which detailed the particular concern and planned actions to address them. For example, one entry was about some missing laundry and we saw that the registered manager had obtained individual name labels to minimise the risk of this happening in the future. Records also showed that all staff had recently been reminded about the importance of caring for people's laundry. This showed that people's concerns were listened to and acted on.

Is the service well-led?

Our findings

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC), as required. Our records showed that the registered manager regularly reported these incidents. However, prior to this inspection we were made aware of an incident where someone had sustained a serious injury, which had subsequently resulted in them requiring a medical procedure to ensure their health and wellbeing. The manager acknowledged that this incident had been notifiable but she had not done so due to an oversight. She spoke to us about lessons that had been learnt from the incident, and how these would inform practice at the home in the future.

People told us there were opportunities for them to be involved in developing the service. For example, we were told about meetings that took place and satisfaction surveys. The registered manager showed us a new document that she planned to introduce called: 'The customer journey'. She told us this would be used to gain people's first impressions of the service, in order to support her in knowing what they did well and what could be improved upon. She also told us that there were plans to introduce a quarterly newsletter for families, to share information and updates about the service in an alternative format. A photo board in a communal area provided clear information about the overall accountability for the home, and also informed people and visitors to the home, which staff were working on that particular day.

We saw that information was shared with staff through notices and meetings, and each member of staff also had individual time with the manager or deputy manager, to discuss any concerns or queries they might have. Staff confirmed they knew how to whistle blow and raise concerns, and felt able to do so.

We learnt from speaking with staff and visitors that the home had strong links with the local community. For example, through the home's daycentre, volunteers and accessing local facilities such as the pub and churches. Staff told us they were preparing for an open day for the village, the following day. We saw that a variety of cakes were being prepared in anticipation of this event.

Everyone spoke positively about the registered manager. Staff told us they found the manager approachable and supportive. Another member of staff had taken the time to thank the manager in writing for her caring approach towards the staff team. Throughout the inspection we found the registered manager to be open and transparent. She responded positively to our findings and feedback.

The registered manager told us she welcomed and encouraged open communication amongst the team. We observed throughout the inspection that staff treated each other, and everyone living in the home, with respect at all times and interactions were positive and inclusive. Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to questionnaires sent out to relatives and staff, we saw that regular internal audits were carried out to check the quality of the service provided and ensure people's safety and welfare. We saw a small number of satisfaction surveys that had recently been sent out to, and returned from, relatives of people living in the home. These had not yet been formally analysed because they had not all been returned. The surveys we saw provided positive feedback in areas such as the environment, activities, the care provided, staffing and being made to feel welcome. One person had written: 'The additional evening activities are a particularly good initiative' and 'all staff are welcoming and willing to answer questions'. Other people had used words such as: 'fantastic' and 'excellent' to describe the staff and their relationship with the home. The manager confirmed that once all the surveys had been returned that an action plan would be drawn up to address any improvements that could be made as a result of people's feedback.