Centurion Health Care Limited

Brook House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 27 and 28 January 2016. It was an unannounced visit to the service.

We previously inspected the service on 20 February 2014. The service was meeting the requirements of the regulations at that time.

Brook House is a care home providing nursing care for up to 35 older people. Thirty one people were living at the service at the time of our visit.

The service had a registered manager 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.

We received positive feedback about the service. Comments included "I am very happy here, everyone is kind and cheerful and nothing I can say would improve it," and "It's like home from home; I would recommend it to family." Other comments included "It's lovely here" and "I like the way I'm looked after." A relative said "We genuinely believe that they are caring, it's a lovely atmosphere and because they care, everything is right. It feels like a lovely home." One of the staff we spoke with told us "I'm proud to be a nurse in this nursing home."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through regular supervision and staff meetings There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in activities. Staff referred people to external healthcare professionals as necessary, to help keep them healthy and well.

People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager. We saw complaints were dealt with appropriately.

The building complied with gas and electrical safety standards. Equipment was serviced to make sure it was

in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The service was managed well. The provider regularly checked quality of care at the service through visits and audits. There were clear visions and values for how the service should operate and staff promoted these. For example, people told us they were treated with dignity and respect and we saw they were given choices. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

We have made recommendations about promoting people's dignity when assisting them with moving and handling, ensuring people are involved in decision-making processes about their care and improving people's links with the local and wider communities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through regular supervision, staff meetings and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People were referred to external healthcare professionals as necessary, to help keep them healthy and well.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity was not always promoted when staff assisted them with moving and handling.

People were not always actively involved with or consulted about their care and how it was delivered.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People were able to make complaints and these were handled appropriately.

People were cared for in a service which responded appropriately if they had accidents or their needs changed, to help ensure they remained independent.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were not supported by the home to feel part of the local and wider communities.

People were cared for in a service which was regularly monitored by the provider.

People were cared for in home where staff could report issues they were concerned about, to protect them from harm.

Brook 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 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 27 and 28 January 2016 and was unannounced. It 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.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We did not ask the provider 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. Instead, we gave the registered manager opportunity to send us information after the inspection about what the service does well and any improvements they intended to make. We contacted eight health and social care professionals, for example, care managers, a specialist nurse and the local authority commissioners of the service, to seek their views about people's care.

We spoke with the provider, the registered manager and six staff members, including nurses, the clinical nurse lead, the activity organiser, chef and housekeeping staff. We observed how care was carried out and had conversations with four relatives and nine people who live at Brook House. We checked some of the required records. These included three people's care plans, ten people's medicines records, three staff recruitment files and five staff training and development files. We also reviewed how complaints had been handled and read compliments the service had received in the past year.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "I feel safe, there is never any shouting and bawling and the staff are calm" and "I am very, very safe and secure." In response to whether they considered their relative was safe, a visitor told us "Without a doubt, there is no suggestion of any abuse."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff were aware of their responsibilities toward safeguarding people and knew who they could report concerns to. This included outside agencies, such as Social Services.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and their likelihood of falling. We observed two staff assisted people who needed to be repositioned using hoists. This ensured they were supported safely.

People were cared for in safe premises. There were certificates to confirm the building complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use.

We observed there were enough staff to support people. Call bells were answered within reasonable amounts of time. We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times. People we spoke with told us there were staff around when they needed them.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and nurses. We saw daily work plans were completed. These provided a record of information such as which part of the home staff were allocated to work in, who was in charge of the shift and who was responsible for changing dressings. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

There was a system in place for the reporting and recording of incidents and accidents. The CQC had been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008.

The registered manager took action where staff had not provided safe care for people. For example, where

errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

There were recruitment processes to ensure people were supported by staff with the right skills and attributes. We looked at the recruitment files of three staff. Two files contained all required documents, such as a check for criminal convictions and written references. In one file, there was no evidence of a second written reference. The registered manager told us they had obtained a verbal second reference, although there was no record of this in the file. They had taken action to rectify this by the second day of our visit.

Good

Is the service effective?

Our findings

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. People's changing needs were monitored to make sure their health needs were responded to promptly. For example, repositioning charts were in place where people were at risk of developing pressure damage. Wound care followed good practice. For example, photographs were taken to show the healing process. From these we were able to see staff had been successful in the treatment of some complex wounds. People were referred to external healthcare professionals for specialist advice or treatment. For example, the tissue viability nurse.

We received positive feedback from healthcare professionals about how the home managed people's healthcare needs. One told us "The manager and nursing staff are pleasant, efficient and caring. If I require assistance, I always get it. If I recommend further treatment for a resident (i.e. to see a doctor or patient requires referral), my requests are attended to."

A visiting GP told us the weekly doctor's round worked well and ensured people who were newly admitted to the home saw a doctor promptly. People told us they received the healthcare support they required. One person said "They get the doctor in if you need it and the nurses are very good."

We saw one of the staff members was from a physiotherapy background. We observed them engaged with one person. They offered gentle encouragement to do some exercises to improve their range of movement. They checked the person was comfortable doing the exercises and whether they experienced any pain. They offered praise and support and we saw the parson smiled and enjoyed the interaction.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work and completed training required by the provider. This included fire awareness, moving and handling and safeguarding. Workshops had taken place on diet and nutrition, equality and diversity and well-being. Dementia workshops were taking place for all staff, to increase their skills and knowledge. Staff told us their training was kept up to date and they were encouraged to attend courses.

The registered manager told us two new staff would be undertaking the nationally-recognised Care Certificate. The Certificate is an identified set of standards which health and social care workers need to demonstrate in their work. The standards include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

Staff received regular supervision from their line managers. The development files we checked showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Staff meetings were held regularly and a record was kept of topics discussed. These included ways of improving people's care and reminders about good practice.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book. Handovers took place between shifts to pass on important information and

promote continuity of people's care. Daily progress notes were maintained to log any significant events or issues so that other staff would be aware of these.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications to the local authority. For example, where medicines needed to be given covertly and where the front door was locked to prevent people who lacked capacity from leaving the building. The registered manager was waiting to hear back about several applications at the time of our visit.

People provided positive feedback about the meals at the home. Comments included "The food is very good, good quality and you get a choice or an alternative" and "The food is very nice." We saw relatives had also provided feedback about meals in quality assurance surveys sent out by the registered manager. Their comments included "Very good choice of meals. Sufficient quantities and tasty," and "Food is of a good standard and varied menu."

We saw lunchtime was unrushed and gave people time to enjoy their food at their own pace. We noticed there were only two small dining tables in each lounge and only two people ate at these. Other people were offered their meals on small tables placed in front of their armchairs. We saw some people were then unable to adopt the right posture to sit upright and cut their food up, because they were not at a correct height. It also meant people had not been given the opportunity to have their meals in a more social way, sitting alongside their friends. We saw from notes of a recent staff meeting a member of staff had identified this as an area for improvement. This followed on from training they had undertaken on dementia care. The notes showed the registered manager had agreed to make changes. We saw these had started by the second day of our visit, with more people offered places at the dining tables.

People who required assistance were supported gently; staff sat beside them and offered food at an appropriate pace so people had time to chew their food without rushing. Care plans documented people's needs in relation to eating and drinking. People's dietary needs and preferences were documented and known by the chef and staff. We saw people were provided with the correct texture of food where they had been assessed by a speech and language therapist regarding swallowing. For example, meals were pureed where necessary and thickening agent was added to drinks, to reduce the risk of choking.

Requires Improvement

Is the service caring?

Our findings

We received positive feedback from people. Comments include "Staff are all very kind," "They are very good, you just have to mention anything you want and they will get it for you" and "The staff are absolutely wonderful, polite and respectful." Another person said a particular member of staff was "Wonderful, she's very caring." Relatives told us "They treat people in a caring and helpful way" and "I think they are caring and kind."

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. This included their wishes about resuscitation.

Staff were knowledgeable about people's histories and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

People's visitors were free to see them as they wished. One person told us "Visitors are welcome to come in anytime." A relative said "Visitors are welcomed and never made to feel as though they're in the way."

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and we saw staff had signed confidentiality agreements.

People's bedrooms were personalised and decorated to their taste. Encouragement had been given to bring in pictures, ornaments and photographs so people had familiar items around them.

People were treated with kindness and compassion in their day-to-day care. We saw staff showed concern for people who were unwell. In one example, the nurse in charge called out the GP, as they felt there was little or no improvement in the person's condition. We heard the nurse tell the person they would collect the prescription straight away, in order that the medicine could be started without delay.

The home was spacious and allowed people to spend time on their own if they wished. We saw staff supported people to stay in their rooms if they wished. Encouragement was given to join others in the lounges for company but people's wishes were respected if they wanted to be alone.

People appeared happy and contented. They told us staff were respectful towards them and treated them with dignity. Staff knocked on people's doors and waited for a response before they went in. We observed staff took an interest in people and their well-being. There were numerous occasions where staff smiled and laughed when they engaged with people.

We observed a couple of occasions where people's dignity was not upheld. This was when staff assisted female residents in lounges, using a hoist. As the hoist lifted them, their clothing rode up, and their upper legs and underwear were visible to others.

We recommend the service follows good practice in the promotion of people's dignity when assisting them with moving and handling.

Staff involved people in making some decisions. This included decisions about meals and participation in activities. However, we were told there were no residents' meetings or similar forums to show people were consulted about their care and how it was delivered.

We recommend the service follows good practice in involving people in decision-making processes about their care.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the care plan.

People's care plans took into account their preferences for how they wished to be supported. There were sections in care plans about supporting people with areas such as their personal hygiene, nutrition, dressing and mobility. Care plans had been kept under regular review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people. Appropriate action was taken where people's needs changed, for example if they lost weight.

Information about people's life histories had been completed by their families. This included details such as their preferred name, where they were born, significant events in their lives and family composition. This helped ensure staff knew what was important to people and how best to support them.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded, to ensure people's progress was monitored.

People had a range of activities they could be involved in. One person told us "The activities are very good here, they will take you to church if anyone wants to go." Another said a recent entertainer had been "Very good." We spoke with people and saw photographs of recent activities at the home. These included a visit from a company who handled birds of prey. The photographs showed people took a keen interest in the birds, which they were able to see up close and touch.

People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities, people were able to maintain hobbies and interests. For example, we saw one person had expressed an interest in doing some knitting. They were provided with knitting needles and wool the following day and staff offered advice and encouragement to them.

There were procedures for making complaints about the service. The complaints log contained information about five complaints during 2015. For each complaint, we were able to see the issues had been looked into by the registered manager and a response was sent to the complainant. Concerns and complaints were used as an opportunity for learning or improvement. For example, one person had complained about how an agency member of staff supported them. The registered manager contacted the agency to advise them of this and to ask for different workers to be sent in future. In another example, a complaint about poor mouth care lead to staff attending training on oral hygiene.

Staff were proactive and made sure people were able to maintain relationships that mattered to them. We heard the registered manager discuss setting up face-to-face contact via the internet with one person's relatives who were visiting from overseas. We saw staff helped another person speak with a family member over the telephone.

Staff took appropriate action when people had accidents. We read a sample of six recent accident or incident reports. These showed staff had taken action in response to each accident, such as referring people to the GP. The registered manager had checked accident records and added comments, as appropriate, about how to prevent recurrence.

Staff knew how to support people if they became upset or distressed. We saw staff intervene when one person found it difficult to breathe. They offered reassurance to help calm the person and encouraged them to breathe deeply and slowly. This enabled the person to breathe normally again. In another example, staff checked whether someone who was walking around and looking for something was alright. They offered reassurance and assistance when the person said they had lost their walking stick.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. We received positive feedback about how they managed the service. One person who lived at the home said "The manager is approachable. If you go to her and say I don't like this or that she will listen." They added "It's like home from home; I would recommend it to family." Another person told us "I am very happy here, everyone is kind and cheerful and nothing I can say would improve it." A further person said "The home is well-managed from what I've seen, I had a nice welcome." A relative said "All the staff work together for the benefit of the patients and visitors."

The registered manager was receptive to ways of improving the service. For example, they had booked to join a local 'My Home Life' programme. This national initiative promotes quality of life and delivers positive change in care homes for older people. They had also made a self-referral to the local authority's Quality in Care team, to access training and support provided to care homes. This included the training staff were undertaking on dementia care and further courses such as a nutrition for caterers study day and input on person-centred care. We saw they were also working towards improving the environment. For example, signage had been purchased to help people find bathrooms, toilets and their bedrooms easily.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed staff, visitors and people who used the service were comfortable approaching the registered manager and speaking with them. One member of staff told us the registered manager had an open door policy and was "very good." Another said the registered manager had "Given direction and leadership," which they felt the home had needed. Staff told us there was good teamwork at the home and they felt supported.

The service had a statement about the vision and values it promoted. It included values such as choice, fulfilment, privacy and dignity. On the whole, we found staff were promoting these values in the way they provided care to people.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, safe handling of medicines and fire safety. These provided staff with guidance. We noted the provider was obtaining a bespoke package of health and social care policies and procedures. This was to ensure guidance was brought up to date with changes to practice.

People were cared for in a service which was regularly monitored by the provider. There were records which showed senior managers visited to assess quality of care and suggest improvements. The registered manager also completed a monthly quality assurance return. This included details of any falls, accidents, staff training, complaints and pressure wounds. We saw audits had also been undertaken. For example, on infection control practice, catering, care plans and medicines practice.

We saw measures were put in place where people's care could be improved. For example, alarm mats and door sensors were obtained after an audit of accidents identified some people experienced an excessive

number of accidents. These sensors alerted staff to when people moved about so they could check whether they needed any assistance.

Surveys had been sent out to relatives in November and December 2015. We looked at the 17 forms which had been received back. These showed the majority of families (15) had answered 'good' or 'excellent' when asked questions such as the support people received, promoting independence and keeping families informed. We saw the registered manager had looked into issues raised by one relative in their survey and had written to them to resolve matters.

We saw any mistakes which arose through the provision of people's care were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistle blowing concerns during their supervision and in staff meetings. This showed the registered manager had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Staff shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. A communications book was also used to advise staff about changes to practice and other significant issues.

We found people were mainly supported to access the community via their relatives. The home did not have strong links with the local and wider communities, to ensure people still felt part of society and had opportunities to go out, or for the community to come in.

We recommend the home improves people's links with the local and wider communities.