

Brown Edge House Limited

Brown Edge House Residential Home

Inspection report

Nutgrove Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Brown Edge House is registered to provide accommodation for people who do not receive nursing care. The service is located in a residential area of St Helens, Merseyside. The service provides care and support for up to 20 people.

This was an unannounced inspection carried out by an Adult Social Care inspector. During the inspection we spoke with seven people who lived at the service, five members of staff, two visitors, the registered manager and the registered provider. 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 observed care and support in communal areas, spoke with people in private and looked at care and management records.

We saw that medicines were not always managed safely or given in a manner that met people's individual needs.

Some of the systems used to assess the quality of the service had not identified the issues that we found during the inspection. These were discussed with the registered manager and the registered provider who immediately put new systems into place.

People told us that they had been included in planning and agreeing to the care and support provided. We saw that people had an individual plan, which outlined some of the ways staff were to support individuals. Risks were not always addressed in order to fully maintain the safety of people.

People told us that they were treated with kindness, compassion and respect. Visiting professionals were complimentary about the support given by the service and the warm welcome they themselves received. We saw many positive interactions and people enjoyed talking to the staff in the service.

Staff we spoke with recognised the importance of knowing people's routines, so that, people received personalised support.

Staff took the time to get to know people and supported them in undertaking activities according to their hobbies and interests.

People told us they were able to see their friends and families as they wanted. We saw that there were arrangements in place to support people living in the service to access the community and maintain relationships with their families.

The staff told us they were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident in reporting any concerns to management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People in the service were placed at risk because medication was not managed safely and improvements were needed in order to meet people's needs.

Recruitment records showed that staff were checked appropriately before they started working in the service.

There were enough staff in place to ensure people received appropriate support to meet their care needs.

All staff working in the service knew how to recognise and report abuse.

Requires Improvement ●

Is the service effective?

Good ●

Staff we spoke with had an understanding of how to obtain and act on people's consent. There was a limited understanding of the Mental Capacity Act 2005 and how to ensure the rights of people to make decisions were respected.

All staff were provided with training to meet the needs of people living in the service.

Arrangements were in place to request health, social and medical support to help people stay well. People were given support to remain independent.

We found the registered provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

The service was caring.

It was clear in our observations that staff had a rapport with people living in the service.

People's rights to privacy and dignity were respected and staff

were observed to be patient and interacting well with people.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to people. People told us they were happy with the care and support they received and their needs were met.

Is the service responsive?

Good ●

People told us they felt confident to raise any concerns and their opinions would be listened to.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who lived in the service.

Family members and friends played an important role and people spent time with them.

Is the service well-led?

Good ●

The provider had notified us of any incidents that they were required to.

There were some systems in place to monitor the quality of the service. We identified some gaps in these systems and these were immediately rectified following the inspection.

The registered manager and registered provider were well respected by all staff and more importantly by people living in the service.

People were supported to express their opinions about the service provided and to influence service delivery.

Brown Edge House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Additionally we looked at the overall quality of the service in order to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 March 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection we reviewed all the information we already held about the service. We spoke with St Helens Council who stated that they did not have any concerns in relation to the service.

During our inspection we observed how the staff interacted with the people who lived in the service. We observed how people were supported throughout the day. We reviewed three care records, four staff recruitment records, staff training records and records relating to the management of the service such as audits, policies and procedures. During the inspection we spoke with seven people who lived at the service, five members of staff, two visitors, the registered manager and the registered provider.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "I'm so glad I moved here, I feel safe for the first time in ages, especially at night. I had a fall at night and staff were there straight away. It helps me a lot to know they are there." A relative told us, "It's really good to know I can go home and not worry".

People told us they would be confident speaking to any member of the staff team, the registered manager or the registered provider if they had any concerns. They all told us, they believed that any concerns they may have would be dealt with appropriately.

An examination of the Medication Administration Records MAR records showed that good practice was in place for the management of medicines but this was not consistent. As an example we saw that one person had refused a medicine and the staff member had returned to them later in the day at which time the person took this. This ensured that the person received their medicines. We also saw that one person had not received two doses of two medicines in an evening as they were out of the service with a family member. However staff had not given the person this prescribed medicine when they returned.

We reviewed records for medicines and found that the service was not always clearly recording the medicines given, medicines available or instructions to inform staff. Where MAR's were hand written they did not include all the instructions that staff would need to have to give the medicine safely.

Two people had medicines to be taken once a week. The day that they were to take this had been changed without any evidence that staff had reported this to the manager or consulted with the person prescribing the medicine such as a Doctor. We saw that two people had not received their medicines correctly. One person had a record stating they had been given five doses of a medicine but only four doses could be accounted for as being given. Another person should have had four tablets left but had eight, meaning that staff had signed that they had given four doses of the medicine but had not done so. We spoke at length to the registered manager and provider regarding these medicines errors and asked them to appropriately contact the prescriber (Doctor) for further advice and guidance. This was actioned during the inspection. We received information following the inspection from the registered manager that told us all necessary medical advice had been followed.

There was no information available to inform staff, when to give, as 'needed medication' (PRN). We were unable to review a policy regarding medicines administration at the inspection and asked the provider to send us a copy following the inspection. Staff should always be able to access a policy and procedure regarding how to manage medicines in order to provide them with information as to how to manage medicines safely. Following the inspection the manager sent us information to show that they had developed and put into place instructions for PRN medicines and for variable dose medicines such as give one or two doses of the medicine in order to assist staff to give medicines safely.

We looked at how the service managed external preparations such as creams. We saw that there were no written instructions to inform staff as to, when, where or how they were to apply a cream or how to monitor

the effectiveness of the treatment.

Following the inspection the registered manager sent us information to show that they had developed and put into place, "cream charts" including a body map in order that staff had the correct instructions to manage external preparations safely.

It is recommended that the service updates its policies and procedures in line with the NICE guidelines [SC1] Managing medicines in care homes published March 2014.

We reviewed the arrangements for fire safety. The majority of the doors in the service had an automatic door closure system in place that in the event of a fire the doors would close safely. We saw that two doors, one for the kitchen and one for the library were wedged open. The arrangements for managing doors that needed to be kept open was not included in the services fire risk assessment. Following the inspection the registered manager arranged for appropriate equipment to be put into place on the fire doors maintaining the safety of people.

There was a fire risk assessment available; however this had not been updated and did not include what actions needed to be taken in order to maintain the safety of people. The registered manager informed us following the inspection that they had contacted the fire authority for assistance.

We discussed the arrangements for the service to test and make sure that legionella infection risks were identified and actioned. We saw that there had been a full report undertaken by an external company to check on the safety of the service in relation to legionella. The report had made a number of recommendations. The registered provider informed us that they had not, as yet actioned the recommendations contained in the report.

It is recommended that the service seeks advice and guidance regarding Health and safety in particular in relation to fire and legionella and action any recommendations made.

We looked at how the registered provider managed risks to people living in the service. We saw that risk assessments were not always available in care plans. As an example we saw that one person managed one of their medicines themselves. There was no risk assessment available for this or an explanation as to what support staff needed to be to minimise any potential risks. We saw that where people had had previous falls, risk assessments had not been put into place in order to instruct staff as to what support the person needed.

In discussion with staff they were able to explain what support they gave people in order to reduce risks. They were also able to explain how they made sure that their practices maintained people's independence and took account of any potential risks. However in order to maintain a consistent practice, monitor risks and inform new staff it is recommended that the service reviews all individual risks of people and put into place a written record of what actions staff need to take in order to minimise any risks.

Staff spoken with told us they had completed training to support safely, recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. During discussions staff members were able to detail what action they needed to take and how they would deal with any incident of abuse. They all expressed confidence that the management of the service would address any allegations of abuse.

We looked at how the service recruited staff safely. We saw that there were appropriate checks undertaken

before any staff member started working in the service maintaining the safety of people living there.

During most of our time in the service we saw that the staff provided the support people needed, when they required it. People told us there was more than enough staff to provide the support they needed. The service made sure that there was sufficient staff to assist people in meeting their needs. On the day of the inspection there were 17 people living in the service supported by three care staff. A trainee, the registered manager and registered provider were also available. Additionally there was kitchen and domestic staff.

Is the service effective?

Our findings

Everyone we spoke with told us that people were well cared for in the service and staff were aware of how to support them with their individual needs. People told us that they received the support they required to meet their needs. People detailed events such as going to family gatherings and accessing the community. Several people and staff discussed social events such as Christmas and birthday parties and explained how enjoyable they had found these events.

Some of the people living in the service have their care managed under the Mental Capacity Act 2005 meaning that it has been agreed that the service is the place the person needed to reside in at this time. The registered manager discussed their understanding of the Mental Capacity Act 2005 and its associated codes of practice. The registered manager had made appropriate referrals to social services using Deprivation of Liberty Safeguards (DoLS). Records were available as people who had to have safeguards in place due to their capacity needs. We looked at care records and found that the principles of the Mental Capacity Act 2005 Code of Practice were followed.

There were meals available from the kitchen, however when we spoke with people they were not aware of what food choices were available that day. We saw that where people had special dietary needs this was accommodated. The care records we reviewed included a discussion with people around what their food likes and dislikes were. In discussion with the staff they told us of a number of personal preferences that people had. We saw that written records were not updated with this information. Without having clear written instructions staff knowledge could be lost and inconsistent practice can develop. The records available for food preferences were up dated to reflect peoples preferences during the inspection.

All of the staff we spoke with told us they had to complete training to make sure they had the skills and knowledge to provide the support, individuals needed. We looked at staff training records. A variety of training was offered, however not all staff had completed this. The service didn't record all the training provided to staff. The registered manager and registered provider stated that the training matrix used to plan and monitor staff training was in need of updating. We also saw that staff were not assessed to check their competence to undertake some of the support they gave such as giving out medicines. Following the inspection, we received information from the registered manager outlining how all staff would be assessed to check competence in the work they undertook.

We discussed with staff the arrangements in the service for supervision with their line manager. They told us they received supervision two to three times a year and they found this of benefit. A log of supervision was available within the service and this showed that staff received supervision and a yearly appraisal in accordance with the services policy in order to assist staff in developing their skills.

Is the service caring?

Our findings

People we spoke with made many positive comments about the support provided by the service. None, of the people who lived in the service or the staff we spoke with raised any concerns about the quality of the care. Comments from people living in the service included, "They are just great here", "I absolutely can't fault them" and, "I'm very happy".

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when they provided support to people. We saw that staff took the time to speak with people as they supported them. We observed positive interactions and saw that these supported people's wellbeing. We saw staff laughing and joking with people and how people responded positively to this interaction. It was clear that people who lived in the service felt comfortable with staff. We saw that staff supported people with respect and did not become overfamiliar despite knowing the person well.

People living in the service were encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence, including wheelchairs and walking frames. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure.

We saw that the staff were knowledgeable about the care people needed and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. People were encouraged to make choices and staff showed patience when waiting for a response. We observed staff using distraction techniques several times when one person became distressed.

People were involved in making decisions about their care and support. One person was not sure what a care plan was, but told us that staff did speak with them about what care they needed and what they wanted.

People's personal care support was discreetly managed by staff so that people were treated in a dignified way. People were approached by staff that explained what they were doing without taking for granted that the person understood what was happening. Staff were mindful of people's diversity and understood each person's right to make choices about the way they liked to receive their care.

Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. Staff knocked on people's doors and paused to listen for an invitation before going into people's private bedrooms.

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them.

Is the service responsive?

Our findings

People said that staff responded to them as individuals as an example one person told us that staff, "Really listen to me and talk to me about what I want".

All of the care records we looked at showed that people's needs were assessed before they had moved in. People living in the service confirmed that they had been involved in the assessment and describing their needs before they moved in. Care plans were reviewed at monthly intervals or when needs changed. Discussions with the staff showed they were aware of people's needs and how they would respond to changes in support and care needs. The registered manager told us that the care plans were in a format that they were looking to change in order to make these easier to access. They outlined a number of plans that they intended to introduce in the future to make their care plans more effective.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us that if they had any concerns they went to the registered manager and it was dealt with immediately. People, or their representatives, were provided with verbal and written information regarding complaints and who they could speak with. The registered provider told us, the service had not received any complaints from people or their families in the last 12 months. There were no complaints records available.

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed. People told us they were able to make decisions about their care and had been involved in planning their care. People's preferences for how they wished to receive their care, as well as their past history, interests and beliefs were recorded in their care records. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

Staff encouraged people to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People had a range of activities that were organised including, entertainers coming into the home and the service is recruiting an activities coordinator in order to provide a wider range of individual activities. People could freely choose to join in with communal activities if they wanted to. People who preferred to keep their own company, or that were confined to their own room because of their complex nursing care needs were protected from social isolation because staff made a conscientious effort to engage with them individually.

Is the service well-led?

Our findings

The home had a registered manager and a registered provider who worked together to manage the service. People spoken with demonstrated that they knew the management team well. They told us that they saw the management team often and felt comfortable speaking with them. People who lived in the service felt confident that they could go to the registered manager, the registered provider or to any member of the staff and they would be listened to and their views acted on. Staff spoken with felt confident that they could approach the registered manager and that they would be listened to.

The registered manager told us about audits they undertook to ensure people received quality care. These included regular audits on the environment and health and safety. We saw that formal audits for medicines had not identified issues that we identified at the inspection. The registered manager did not have formal audit care plan contents, risk assessments and people's physical health records. The registered manager did access care plans and speak to staff as part of an informal audit arrangement. This had identified that care plans and risk assessments were in need of improvement. The registered manager outlined a number of plans that they had to improve the quality of record keeping. It is recommended that having formal audits on the quality of care delivered would help the registered manager to find areas for improvements in the service received by people.

There were questionnaires regarding the quality of the available to relatives of people who lived in the service and the result of these were easily accessible. Although staff meetings did take place monthly and did discuss the opportunity for anonymous views. There were no questionnaires available for people who lived at the home or for members of staff.

It is recommended that the service puts into place arrangements for people and staff to provide an opinion as to the quality of the service and for the service to use this in any of their future planning.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Staff said there was always an 'open door' if they needed guidance from any of the senior staff, including the registered manager and the registered provider. Staff described the registered manager as very supportive and readily approachable if they needed advice or guidance. Staff received supervision meetings to review how effectively they were doing their job. Performance appraisals for each member of staff were scheduled and took place at intervals throughout the year.

The registered provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.