Somerset Care Limited

Cary Brook

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

Cary Brook is a care home which is registered to provide care for up to 45 people. The home specialises in the care of older people who are living with dementia. The home does not provide nursing care. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 18 and 19 March 2015 and was unannounced.

At our last inspection carried out on 8 August 2014 we found people were not protected against the risks of unsafe or unsuitable care because assessments of people's capacity to consent to their care and treatment had not been completed. The provider was required to tell us what they would do to address this shortfall. At this inspection we found that appropriate action had been taken which meant staff knew how to support people to

Summary of findings

make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This ensured people's legal rights were protected.

People told us they felt safe living at the home. They commented on the kindness of staff and they said they would feel comfortable in raising concerns if they had any. One person told us "I was very frightened about having to move to a care home but I have to say; it was the right decision and I feel much safer here rather than being at home by myself." Another person said "I've never experienced staff being unkind. I believe they do care about all of us."

Staff told us they were able to meet people's care needs and maintain their safety. However we observed; and staff told us they had limited opportunities to spend quality time with people. Staff were busy assisting people with tasks such as eating, drinking and meeting personal care needs. We observed opportunities for social interactions for people who were more dependent on staff both mentally and physically, were limited. We have recommended that the provider reviews the numbers and deployment of staff.

Systems were in place to reduce risks to the health, safety and well-being of people. Risk assessments included reducing the risk of pressure sores, nutrition, moving and handling and reducing the risk of choking. Effective care plans were in place and we found these were known and followed by staff. Care plans had been regularly reviewed to ensure they reflected people's current needs. We saw people had been involved in the development and review of their plan of care where ever possible.

People saw health care professionals when they needed to. A local GP visited the home each week and we saw referrals to other health care professionals were made where required. Examples included speech and language therapists, district nurses and dieticians. Staff made sure recommendations made by health care professionals were appropriately implemented. An example included changing the consistency of people's food and drink.

People had enough to eat and drink and staff were available to support people who required assistance. The lunch time experience was relaxed and sociable. Comments about the food and drink were positive. One person told us "The food is lovely. You can have as much as you want and there are nice cups of tea." Another person said "I'm not going to die of thirst. I really enjoyed my lunch. It was lovely."

Staff had the skills and knowledge to meet the needs of the people who lived at the home. Staff were required to complete a range of training which included health and safety, dementia care and safeguarding adults from abuse. The skills and competency of staff were regularly reviewed to make sure they remained up to date.

The registered manager told us about their ethos and vision for the home. They said they wanted to ensure a comfortable homely environment for people with no unnecessary restrictions. They told us they wanted to support people to be as independent as they could be. This ethos had been communicated to and adopted by staff.

Systems were in place to monitor and improve the quality of the service provided to people. These included regular meetings for people and their representatives, annual satisfaction surveys and regular audits to monitor the health safety and well-being of people. We saw the home responded to suggestions and implemented action plans for any areas highlighted for 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?

Good

The service was safe.

The provider had systems to help reduce the risk of abuse and avoidable harm. People felt safe living at the home and with the staff who supported them.

Staff had received training about how to recognise and report abuse. They were knowledgeable about how to recognise abuse and they knew how to report concerns.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff.

Is the service effective?

Good

The service was effective.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People attended appointments with health care professionals to meet their specific needs. These included doctors, district nurses and speech and language therapists.

Staff had a good understanding of people's legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

Is the service caring?

Good

The service was caring.

Staff interactions with people were kind, caring and respectful. People were cared for by staff who knew them well. They spoke about people in a caring and compassionate way.

People's privacy was respected by staff. Staff knocked on doors and waited for a response before entering people's rooms.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Requires Improvement

The service was responsive however improvements were needed to make sure every person living at the home had the opportunity to spend quality time with staff.

Summary of findings

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care.

People were able to see their visitors whenever they wished. A computer was available to people so they could maintain contact with relatives who could not visit regularly.

Is the service well-led?

Good

The service was well-led.

An experienced registered manager was in post. There was a management structure in the home which provided clear lines of accountability.

The registered manager communicated a positive ethos and vision for the home and they made sure this was adopted by staff.

There were quality assurance systems to make sure that any areas for improvement were identified and addressed.

Cary Brook

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 March 2015 and was unannounced. It was carried out by two inspectors on the first day and one inspector on the second day.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about an important event which the service is required to tell us about by law.

At the time of this inspection there were 43 people living at the home. During the inspection we spoke with 14 people, 14 members of staff, the registered manager and a provider operations manager. We also spoke with six visitors.

Not everyone living at the home was able to engage in conversations with us because of their communication difficulties so we spent time in lounges and dining rooms so that we could observe how staff interacted with people and could observe their experiences of life at the home.

We looked at a sample of records relating to the running of the home and to the care of the people who lived there. These included the care records of five people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

Care plans had information about how people were supported to take risks and how risks to people were minimised. For example; people who had been assessed as being at high risk of pressure damage to their skin had been provided with appropriate pressure relieving equipment. Staff made sure people were assisted to change position at regular intervals to minimise the risk of damage to their skin. Staff recorded each time they assisted a person to change position. These records showed these particular risks were well managed. We looked at the care records for one person who was being treated for a pressure sore. The wound was healing and staff followed the recommendations made by a health care professional.

People were supported to take risks whilst still being able to enjoy activities, for example a risk assessment had been completed for one person who wanted to use a flammable cleaning solution to clean the models they had made. The risk assessment detailed the potential risks and provided information about how to support the individual to make sure risks were minimised. This meant the person could continue with the hobby they enjoyed in a safe way.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were situated at fire exits so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people using the service.

People told us they felt safe living at Cary Brook. One person said "I was very frightened about having to move to a care home but I have to say; it was the right decision and I feel much safer here rather than being at home by myself." Another person said "I am very content living here. The staff are lovely and yes, I feel very safe and well looked after." A visitor told us "I am very happy with everything. I can sleep at night knowing my [relative] is safe and being well looked after."

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. People told us they would raise concerns if they had any. One person said "Nobody has ever been unkind to me. If anything happened, I would report it straight away." Another person said "The staff seem very nice. They have never made me do something I didn't want to do. I would tell someone in charge if that happened."

Staff told us there were enough staff to help keep people safe. One told us "We could do with more staff but yes, we can make sure people are safe. We can meet their needs." Another said "It's very busy here. I feel we can make sure people get their basic needs met and we make sure people are safe but we don't have time to sit and chat to people." People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs.

The provider's staff recruitment procedures minimised risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff followed appropriate procedures for the safe management and administration of people's medicines. Medicines were administered by senior staff who had received appropriate training. Records showed staff competency was regularly assessed though observed practice sessions. Medicines were stored safely and securely. Each person had a lockable cabinet in their bedroom to store their medicines. Suitable facilities were in place for medicines which required additional secure storage. We checked a sample of stock balances for these medicines and these corresponded with the records maintained. Two staff checked the stock of medicines which required additional secure storage at the end of every shift.

Good

Is the service effective?

Our findings

At our last inspection we found people were not protected against the risks of unsafe or unsuitable care because assessments of people's capacity to consent to their care and treatment had not been completed. This meant people were at risk of receiving care and treatment which was not in their best interests. The provider sent us a report detailing the action they would take to address this.

At this inspection, there was evidence that appropriate action had been taken to ensure people's rights were protected. Staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal rights were protected. Examples where best interest decisions had been made included one person who could be, at times, resistive to assistance to meet their personal care needs, the use of bedrails and the use of pressure mats to alert night staff that a person had got out of bed.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. We saw assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to give their consent. Two applications had been authorised and further applications had been submitted for authorisation.

People and their visitors were positive about the staff team. They told us staff were competent, skilled and caring. One person said "They [the staff] certainly seem to know what they are doing. I don't have any complaints." A visitor told us "My [relative] is certainly well cared for. The staff get a lot of training I understand. I think it's very good here." Staff were confident and competent when assisting and interacting with people. A member of staff knelt beside one person who was sat in a chair and unable to lift their head to have a conversation. The person responded positively to this and staff interactions were kind and respectful.

Effective systems were in place to monitor the skills and competency of all staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said "The supervisions and training are really good. If you mention that you are interested in something, the training is arranged." Another said "The senior staff are good at supporting us and the training is good. I feel I am supported in my job and the manager is very approachable. We look after each other." Staff were provided with a range a training which was appropriate to their role and to the needs of the people who lived at the home. Examples included dementia awareness, end of life care, dignity and person centred care.

Newly appointed staff received a twelve week induction. During this time they worked alongside more experienced staff and completed a range of mandatory training. This included; moving and handling, fire safety, safeguarding adults from abuse and caring for people with dementia. Staff told us they were never asked to undertake a task until they had received appropriate training and felt confident and competent.

People could see healthcare professionals when they needed to. The majority of the people who lived at the home were registered with a local GP who visited the home each week. Some people had chosen to remain with the GP they were registered with before they moved to the home. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People also had access to other healthcare professionals such as district nurses, speech and language therapists and opticians.

One person had been assessed as being at high risk of choking. The assessment, which had been completed by a speech and language therapist, recommended the person only had a soft or mashed diet. The individual, who had the capacity to make decisions, had chosen not to follow the advice given. Care records showed that discussions had

Good

Is the service effective?

taken place with the individual about the potential risks and they had signed to confirm their understanding. Staff were aware of the potential risks and told us they were always mindful of this during meal times.

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets and thickened fluids. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. An example included a person being referred to a dietician after they had lost weight. Their care plan showed staff had followed the recommendations made and the individual's weight had increased.

The lunch time experience was relaxed and sociable. People chose where they sat. Condiments and a variety of drinks were available. Some people required assistance to eat and drink. Staff assisted those people in an unhurried and dignified manner. Comments about the food and drink were positive. One person told us "The food is lovely. You can have as much as you want and there are nice cups of tea." Another person said "I'm not going to die of thirst. I really enjoyed my lunch. It was lovely."

Good

Is the service caring?

Our findings

People and their visitors described the staff as being kind and caring. One person told us "The staff are very nice indeed." Another said "I've never experienced staff being unkind. I believe they do care about all of us." A visitor told us "Staff have explained the progression of dementia to us, the staff always have time for us. They are very kind." Another said "The staff are very caring. It feels like you are part of a big family."

Staff interactions with people were kind, caring and respectful. People were cared for by staff who knew them well. They spoke about people in a caring and compassionate way. We saw affectionate embraces from people towards the staff. White boards were positioned in a prominent position in people's rooms. In one room the board had a smiley face drawn and the message; 'lots of love from us all at Cary Brook xxx'. The registered manager told us the white boards also helped to remind people of events or things which were important to them. For example, one person liked to watch football. Staff would write on the board what time the match started.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework and had successfully been reaccredited last year. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years. We did not meet with anyone who was receiving end of life care; however the care plans we looked at contained information about people's wishes and preferences during their final days and following death.

A photograph and the date of a person's recent passing had been displayed in the home. The registered manager told us this was a way of ensuring that people and their families were made aware of a person's death. They told us "residents and their families get to know and care about the other residents here. It would be awful for them if they saw an empty chair and didn't know what had happened." A commemorative book was kept in a prominent position in the home so that people who had passed away could be remembered.

The registered manager told us how they had recently supported one person who had a relative who had passed away. They had been very distressed and wanted to speak with a family member. They had been supported to talk to their family member in private via the internet using a tablet computer. The registered manager told us this had meant a great deal to this person.

Requires Improvement

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. However they told us they did not always have time to spend quality time with people. One staff member told us "We meet people's needs but it's hard. I feel really bad that I just don't have time to sit and chat to people." Another said "Staffing is a big issue here. I can't spend time with people. I miss sitting down and talking to them." We spent time in the lounge areas on each floor. For an hour prior to lunch, people who were sat in the lounge/ dining area on the first floor did not benefit from any staff interactions. The television was on however nobody appeared to be watching it. One person sat at a dining table and rested their head in their hands. Eventually a member of staff offered them a magazine which they responded to in a positive way. They became alert and engaged in looking at the magazine.

Routines in the home were busy. We observed; and staff told us they had limited opportunities to spend quality time with people. Staff were busy assisting people with tasks such as eating, drinking and meeting personal care needs.

On the first floor we found tables had been laid for lunch over an hour before lunch was served. Two people were sat at the dining table during this time. This practice could be confusing for people who are living with dementia.

We saw the activities worker spending time with one individual on the first floor who had recently moved to the home. They were reading to them using a tablet computer. This person looked content and interested in the activity. However, we observed opportunities for social interactions for people who were more dependent on staff both mentally and physically, were very limited. The activity worker told us "Some of the group activities are difficult for some people because of their dementia so I tend to try and do more one to one sessions like reading or chatting to them." They said "It's really hard to get to everyone but I try."

Before people moved to the home the registered manager or deputy manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move in. One person who had recently moved to the home said "My [relative] came and had a look around for me and told me it was the right place for me. They were right. I am happy with everything so far." A visitor told us "We looked at quite a few homes and we knew straight away that this was the right place. We have no regrets."

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. Staff told us they were encouraged to read people's care plans and they recorded information about people each day. Care plans had been regularly reviewed to ensure they reflected people's current needs. We saw people had been involved in the development and review of their plan of care where ever possible. Staff had involved people's relatives/representatives where people had been unable to fully contribute to the review of their plan of care. A visitor told us "They are very good. I am kept up to date about everything to do with my [relative] and I am always invited to reviews. We can talk about what has gone well and what has not gone so well."

People were able to see their visitors whenever they wished. The visitors we met told us they could visit at any time. They told us they were always made to feel welcome and could see their relative in the privacy of their bedroom if they wished. On the days we visited a large number of visitors arrived at the home. The visitor's book confirmed this was the case every day.

A computer was available for people to use in the reception area of the home. Staff told us that several people had learnt to use the computer and were now regularly emailing or using the internet to talk to their relatives who lived abroad. The home had facilitated one person's request to visit a relative. They now enjoyed weekly visits with support from staff.

People and their visitors knew how to make a complaint. The home's complaints procedure was displayed and people had access to this information in their bedrooms. Nobody raised any concerns with us during our visits. One person told us "I would tell a member of staff if I had any worries. They would sort it out I'm sure." Another said "I'm quite happy. I wouldn't be afraid to say if I wasn't." A visitor told us "I could speak to the manager. I'm confident they would take me seriously and deal with any issues. I haven't had cause to complain but I would if I needed to."

Requires Improvement

Is the service responsive?

We recommend the provider reviews staffing levels and how staff are deployed so that all people living at the home have opportunities for social stimulation and receive their care in a person centred way.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of accountability. A registered manager was in post that had overall responsibility for the home. They had managed the home for many years and they had a good understanding of their role and responsibilities. For example, they made sure we were informed about significant events in the home such as deaths, injuries and safeguarding concerns. Staff, people who lived at the home and their visitors described the registered manager as very approachable. The registered manager knew people and their visitors well and they made themselves available when visitors asked to speak with them.

The registered manager told us about their ethos and vision for the home. They said they wanted to ensure a comfortable homely environment for people. They told us "It's their home, not ours" and "there should be no unnecessary restrictions for people just because they have dementia. We want to make sure people are supported to maintain as much independence as they can." The registered manager told us they regularly discussed this at staff meetings and staff had been asked to 'put yourself in their shoes' when planning and delivering care.

The registered manager discussed the difficulties they experienced in recruiting additional staff due to the rural location of the home. The registered manager had identified shortfalls in the number of staff required and advertised the vacant posts. They had also canvassed around the local community and offered financial incentives to staff to raise awareness about the vacancies.

Senior care staff were on duty to lead each shift and to support care staff. Staff knew about their role and responsibilities. Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included fire safety, dementia awareness, end of life care, nutrition, medication and infection control.

The staff we spoke with were clear about the vision and ethos of the home. One said "We might work here but it is the residents' home and we must never forget that." Another told us "We do everything we can to make it as homely as possible for people. We have a non-uniform policy here which helps achieve that I think." One person who lived at the home and who liked to keep busy assisted a member of staff to serve drinks to people. Another person liked to dust and help to lay the tables at meal times.

People who lived at the home and their representatives were provided with opportunities to express a view on the quality of the service provided. There were regular meetings and the service produced a newsletter to keep people up to date about life at the home. These included forthcoming events, staff news and training achievements and forthcoming birthday celebrations. The minutes of a recent meeting for people who lived at the home and their representatives showed the registered manager had discussed the findings of our previous inspection and the areas identified as needed improvements. They had also explained the action which would be taken to address the shortfalls found.

The results of an annual satisfaction survey sent to people who lived at the home, their representatives and health care professionals had been positive. Comments included "You all do a really good job. Staff are always caring, helpful and courteous and cheerful. We are most grateful." Another stated "A first class residential service with highly skilled and motivated staff who are effective and supported by management." The home had taken appropriate action to address any areas which required improvement. A poster had been displayed in the home headed "You said. We did." This detailed action taken to improve the laundry service provided.

A manager from one of the provider's other homes carried out an unannounced visit to the home every two months to monitor the quality of the service provided. They spoke with people who lived at the home, their visitors and staff. They carried out observations to look at the experiences of life at the home for people. A recent observation had looked at the meal time experience. Findings had been positive rating the well-being, engagement and staff interactions as good. An area had been highlighted as requiring improvement and we saw appropriate action had been taken to address this. This related to staff not always sitting down with people at the table when assisting them to eat. A member of the provider's management team provided support to the registered manager and also monitored the quality of the service provided to people. They visited the home at least monthly and spoke with

Good

Is the service well-led?

people who lived at the home, their visitors and staff. They checked that action had been taken to address any action points which may have arisen from internal audits completed by the registered manager.

The registered manager had introduced an incentive for staff to share ideas and offer suggestions about how the quality of the service provided to people could be improved. A recent example which was implemented was changing the time of birthday celebrations so that more staff were available to join in and support people. Staff told us this had proved successful and meant people could enjoy the celebrations in a more relaxed and unhurried way.