Brownlow Enterprises Limited

Ernest Dene Residential Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 23 December 2015 and was unannounced. This was a comprehensive inspection of the service at which we also checked that breaches of legal requirements identified at the last inspection on 18 December 2014 had been addressed. We found significant improvements at the service since the previous inspection showing that these requirements were now met.

Ernest Dene Residential Care Home is registered to provide accommodation and personal care for up to 33 older people. At the time of the inspection 22 people were living in the home. A registered manager was in place 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 2008 and associated Regulations about how the service is run.

Summary of findings

Risks to people's safety were identified and managed effectively, and we found improvements in care practices to ensure that people's dignity was protected appropriately. There were improvements in the cleanliness within the home and the support for people with their meals to ensure that people had choices available to them, and their dietary needs were met.

Staff recruitment procedures were sufficiently rigorous to ensure their fitness to work with people in the home. People's medicines were managed safely, and staff knew what to do if people could not make decisions about their care needs. People were supported to make decisions about their care and how their needs would be met. Staff were available to meet people's care needs, and supported people to attend appointments with health and social care professionals.

Staff had relevant training and supervision, and understood people's preferences, likes and dislikes regarding their care and support needs. They recorded current information about people's care, and monitoring information when needed to ensure that action could be taken swiftly if they were at risk.

People using the service said the manager was approachable and supportive. Systems were in place to monitor the quality of the service, and a number of improvements had been made as a result including improvements to the home environment.

People had formed good relationships with staff, and were supported to maintain their independence skills. Staff were kind, patient and encouraging with people, including those who could challenge the service. People felt confident to express any concerns or make a complaint to bring about improvements.

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. Risks to people who use the service were identified and managed appropriately.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred. Recruitment procedures were in place to determine the fitness of staff to work in the home. Staff were available to meet people's needs.

Systems were in place to manage people's medicines safely, and the home environment was kept clean.

Is the service effective?

Good

The service was effective. Significant improvements had been made in staff support to meet people's nutritional needs.

Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005.

People's health care needs were monitored. People were referred to the GP and other health care professionals as required.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported. People's dignity was protected as far as possible.

People and their representatives were supported to make informed decisions about their care and support. People's cultural needs were addressed.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs. There was an improvement in activities and stimulation provided to people within the home.

Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People using the service and other stakeholders were encouraged to give feedback on the service and there was a complaints system in place.

Is the service well-led?

Good

The service was well-led. Significant improvements had been made since the previous inspection. Quality assurance systems were in place to audit and gain feedback about the home.

The manager promoted an open and transparent culture in which people were encouraged to provide feedback.

Ernest Dene Residential Care 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 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 last inspection of the home took place in December 2014 at which we found four breaches of regulations concerning risk management, cleanliness, dignity and support with nutrition. This inspection took place on 23 December 2015 and was unannounced. It was carried out by an 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.

Prior to the inspection we reviewed the information we had about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements, and notifications about significant events relevant to the people who used the service. The provider had also completed 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.

During the visit, we spoke with 10 people who lived at the home, and one health care professional visiting the home, five care staff, the housekeeper, the cook and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of eight care records of people who lived at the home, seven staff records, twelve people's medicines records and records related to the management of the service.

Following the inspection we spoke with a health and social care professional by telephone.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. They said "I feel safe, the staff know what I want," and "I feel comfortable in the home." During our visit we observed staff addressing behaviour that challenged the service, calmly and effectively, diffusing the situation. People living at the home told us that they could talk to staff if they were worried about anything.

At our previous inspection we found that some areas of the home were not always clean.This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 23 December 2015 we found that the provider had followed their action plan to address the breach described above. This included replacement of some carpets, implementing the home's deep cleaning programme and new storage and cleaning arrangements for a nebuliser (a medicines delivery device).

The home was clean, and there were no unpleasant odours in communal areas. One person's bedroom had an odour during the visit, but we observed that this was dealt with sensitively and appropriately by a staff member without our prompting. There was a system in place for deep cleaning the carpets in the bedrooms, prioritising rooms for people with incontinence needs. On the day of our visit the housekeeper was observed cleaning throughout the building. Records showed that there were clear systems in place to ensure bed linen was changed, wardrobes tidied, and toilets were cleaning in each person's room. Night staff undertook specified cleaning tasks in the home's communal areas.

The nebuliser was no longer stored in a lounge, but was locked away in a medicines cabinet and there were records showing that it was cleaned on a regular basis. An infection control audit had been undertaken for the home in June 2015 and cleanliness within the home was also audited in October 2015 with action points carried out including the replacement of some carpets, and review of clinical waste procedures.

Staff told us that they received relevant training in mandatory areas including food hygiene, infection control and health and safety. At the most recent food hygiene inspection by the local authority in 2013 the service was awarded five stars (the maximum rating).

At our previous inspection we found some unaddressed risks that may have placed people at harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 23 December 2015 we found that the provider had followed their action plan to address the breach described above. This included implementing a colour coded plate identification system, to indicate food provided to meet people's particular needs such as diabetes, or soft diet, updating first aid boxes and carrying out regular checks of the contents and providing staff with diabetes awareness training.

Risk assessments were in place to enable risks to be managed effectively, and these were reviewed at least monthly. We saw risk assessments addressing a wide range of issues including action to be taken to prevent falls, pressure sores, risks associated with diabetes and behaviour that challenged the service. People requiring a soft diet, or other specific dietary requirements were supported appropriately during our visit. The contents of first aid kits were found to be in date and staff confirmed that they had received training in diabetes and were aware of action to take if somebody had a high or low blood sugar level.

A current fire risk assessment and evacuation plan was in place for the home, and we saw records of regular fire alarm testing, fire drills, and servicing of the home's fire safety equipment. There were also current gas and electrical safety certificates, and records of portable appliances testing, water temperature testing, and servicing of the lift, hoists and call bell system.

Staff members told us that they had received safeguarding training and were able to describe the signs and symptoms of abuse. They were aware of the procedure for reporting concerns and the home's whistleblowing procedure.

Safe recruitment procedures were in place to ensure that staff were suitable to work with people. We looked at staff files for newly recruited staff members and these included

Good

Is the service safe?

evidence of people being checked for fitness to work. There were application forms, identity checks, interview records, copies of disclosure and barring checks, written references, and checks on employment histories and qualifications.

Staff told us that there were enough staff available to ensure people were well cared for, although two staff said that it could be difficult to cover short notice staff sickness. We looked at the staffing rotas for the previous month. These indicated that there were at least four staff members on during the day including a senior support worker, and two staff at night. No agency staff were used in the home to ensure that people were supported by familiar staff, however this sometimes meant that existing staff worked longer hours. The laundry assistant, who had appropriate training, was able to help out with short notice sickness when needed. The registered manager advised that extra staff would be deployed if needed by the people living at the home, for example an extra night care worker if a person needed end of life care. Staff told us that sometimes the demands of the job did not enable them to spend as much time interacting with people living at the home as they would like. We passed this information on to the registered manager who undertook to monitor the impact on people living in the home.

We looked at the Medicines Administration Records (MAR) and stocks of medicines for people living at the home. Medicines were stored appropriately, and we did not find any gaps in the records or inconsistencies between the stocks and records. Records indicated where people had refused medicines, as appropriate, and staff told us how they would try again a bit later, or with a different staff member approaching the person to encourage compliance with their prescribed medicines. One person was receiving covert medicines (medicines disguised in food to prevent them being rejected) and there were appropriate records of all relevant parties consultation and agreement to this.

Medicines were only administered by senior staff, who had undertaken the appropriate training. We observed medicines being administered appropriately during our visit. There were clear guidelines for high risk medicines, indicating side effects to look out for.

Good

Is the service effective?

Our findings

People told us, "I get the help I need," "The staff are good at their jobs," "The staff know my needs," and "Staff know my likes and dislikes."

At our previous inspection we found that people did not always receive the support they needed with their nutrition. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 23 December 2015 we found that the provider had followed their action plan to address the breach described above. This included daily visits by the cook to each person to give lunch and dinner choices, ensuring hot food is served in the lounges, providing menus, a coloured plate identification system, and focussed supervision with staff regarding people's dietary needs.

We carried out observations during breakfast and lunchtime to see the care and support people received in the dining room and lounge areas. People were offered a number of choices at breakfast, including a choice of cereals, cold or hot milk, and conserves. Menus were available in the dining area, so people were aware of what the lunch options were before the meal was served. There were no menus available in the upstairs lounges, and some people waiting for breakfast were not offered a hot drink while waiting. We discussed this with the registered manager who undertook to look into this.

People were given a choice of meals and drinks, and where necessary shown plates with the options in order to help them choose. We observed that one person was prepared a cultural meal of their preference. Staff appeared to know preferences well, and offered people assistance and encouragement with their meals.

Care staff and the cook were aware of which people had particular dietary needs, and provided them with appropriate food. The cook had undertaken a training course in catering and nutrition, and we observed that she had a good rapport with people living at the home. The use of the new colour coded plate system was subtle, with different designs used for different needs. The registered manager was compiling photographs of different meals in order to create pictorial menus for people living at the home.

Nutritional assessments and people's particular preferences were recorded in their care records. Drinks and snacks were available at set times throughout the day. People's weight was being recorded at least monthly and more often if there were concerns. We saw that prompt action was taken if there were concerns about a person's weight, with enriched diets provided when needed following consultation with a dietitian or speech and language therapist. The cook was the home's nutrition champion and senior staff had undertaken training in nutrition.

People were supported to access the health care they needed. People told us that they were able to see their GP and other health care professionals when they wanted. One person said, "If I need to see a GP I can." Care records showed that people had regular appointments with relevant health and social care professionals including doctors, social workers, community nurses, dentists, opticians and chiropodists. One health care professional told us that they believed the home to be safe and effective.

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.

People said they were able to make choices about their care. There were assessments available regarding their capacity to make decisions and consent to their care and treatment. Care records indicated whether people had

Good

Is the service effective?

capacity to make significant decisions about their care and treatment. Staff had received training on the MCA. They could explain the process to be followed if they believed that people were not able to consent and make decisions about their care and treatment. Applications had been submitted for all people who were unable to consent to remaining at the home, and records were available of the decisions in each case. Where there were conditions attached to a safeguard, we found evidence that these were being met. For example one person was escorted on trips out of the home at least twice weekly, and another was supported to undertake art activities as specified in their DoLS conditions.

All but one of the bedrooms were single occupancy, and the people sharing this bedroom said that it was through choice. We saw records to evidence that their representatives were aware of this arrangement and agreed that it was in their best interests. We discussed with the registered manager how more decision specific mental capacity assessments and best interest decisions might be recorded, for example for whether somebody should have the flu vaccination or the support they should have with managing their smoking. She advised that the provider organisation was introducing more detailed formats for use in recording individual decisions.

People were supported by staff who had the necessary training to meet their needs. All staff were positive about the training provided. Staff who had recently started to work at the home spoke positively about the induction and other mandatory training they had received. One staff member said, “I’ve had 10 days of mandatory training since I started, it’s very good.” Training records showed that most staff had completed all areas of mandatory training in line with the provider’s policy, and those who had not had been identified and were due to complete this training. Staff also had specific training on mouth care, diabetes, falls prevention, dementia, mental health, and managing behaviour that challenged. Most care staff had completed a national vocational qualification in care, and new staff were working towards the care certificate introduced in April 2015. A training matrix chart was used to identify when staff needed training updated.

Staff told us that they received regular supervision in their work with people. They told us that management “listen to staff,” and that the “staff team pulled together.” Records confirmed that they received supervision sessions at least two-monthly and annual appraisals in line with the provider’s policy. Records showed that some supervision sessions involved staff being asked to complete a question and answer sheet which was reviewed with the manager. Observations of care provision also took place as part of their supervision. Staff were rewarded for good performance through awards, with a night staff member most recently given the ‘best care staff’ award.

Good

Is the service caring?

Our findings

People told us that they were treated with respect and staff responded to their views about their care. They said, “The staff are kind and caring,” and “staff always ask us what we want.” We observed that people were treated with patience, dignity and respect.

At our previous inspection we found that people’s dignity was not always protected as far as possible. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 23 December 2015 we found that the provider had followed their action plan to address the breach described above. This included supporting a person whose linguistic needs could not be met by the staff team until a more appropriate placement could be found, staff supervision and provision of varied drinking utensils.

Hot and cold drinks were served in a range of different cups, including china cups. We observed staff showing good communication skills with people who had complex needs including dementia and mental health conditions. Staff were seen supporting people patiently, letting them know what they were going to do, and checking that this was ok.

Staff demonstrated a good knowledge of people,their likes and dislikes. They spoke to them with compassion and kindness. The relationships appeared warm and people spoke positively about care workers. Bedrooms had en suite toilets but bathrooms were shared.

Throughout the day we observed staff knocking on bedroom doors prior to entering to ensure people had privacy. They told us how they protected people’s dignity as far as possible in the way that they carried out personal care.

Communal areas were decorated for Christmas, and the home’s Christmas party had taken place the day before the inspection. People told us that they had enjoyed it, and four people’s relatives had joined in the celebration. One lounge included posters with photographs of the people living at the home and staff team, and there were photographs of different activities and celebrations in the home in all communal areas. Most bedrooms had been personalised, however some of the rooms which had previously been double occupancy, but now used for one person only appeared a bit bare in parts.

Staff supported people to maintain their independence skills. For example two people were encouraged to play their musical instruments to a group of others living at the home, and had been incorporated in the activities timetable. People were encouraged to feedback about their experience of care in the home at resident meetings held four times a year.

Staff showed an understanding of people's needs with regards to their disabilities, race, sexual orientation and gender. Care records showed that staff supported people to practice their religion, attend places of worship or have services within the home. Health and social care professionals told us that staff were always friendly and helpful.

Good

Is the service responsive?

Our findings

At our previous inspection we found a lack of sufficient stimulation for people living at the home. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 23 December 2015 we found that the provider had followed their action plan to address the breach described above. This included providing an external and internal activities programme, including external entertainers, and pet therapy.

There was an activities timetable posted in the lounges, indicating a range of different choices for morning and afternoon activities. There were also posters advertising forthcoming entertainers who would be performing at the home. As scheduled we observed musical exercises taking place in the morning, and it was clear that people joining in knew the exercises well, and enjoyed the activity. There was also a visit from the pet therapist, which was clearly enjoyed by particular people living at the home, including one person who preferred to stay in their room during the visit.

Hobbies and interests were recorded in people's care plans. People were encouraged to pursue their own activities such as puzzles, music and art. Two people with musical skills gave separate performances which the other people appeared to enjoy. We observed people reading, and discussing the news in the newspapers. Some people had ordered daily newspapers, and we observed staff giving other people a free current day's paper so that they were not left out. We also observed some people undertaking individual art work after prompting from staff.

Other activities recorded for people included circle dance, watching the strictly come dancing final, bingo, scrabble, cards, discussing current events, Christmas movies, clothes shopping, manicures, singing, reminiscence, and baking. Some people chose not to join in activities and preferred to remain in their room. One person told us that they preferred to listen to the radio in their room.

The library and hairdresser visited quarterly. Some escorted external activities were provided to a small number of people, including trips to the theatre, shopping centres, the pub and local cafes. Regular entertainers booked to perform at the home included a Frank Sinatra entertainer (who was booked for new years eve) and a specialist interactive dementia specific show. Religious services were also held in the home on a weekly basis.

People told us that the staff knew their personal preferences. We observed people moving freely throughout the home, with support from staff when required. One person said, "I get the help if and when I need it." We observed staff supporting a person who was displaying challenging behaviour calmly and patiently.

Care plans recorded people's identified needs, and were reviewed monthly or more frequently if a person's condition changed. People told us they were consulted about their care when they moved into the home and if their needs changed and this was recorded in people's care records. The home used a system known as 'service user of the day' by which each day was devoted to a different person, reviewing their needs, and spring cleaning their room. The manager took responsibility for updating all the care plans. Monitoring records were in place for people as needed for example those at risk of pressure sores, or dehydration. There were also behavioural monitoring records for people who had behaviours that challenged the service.

People's preferences were included in care plans for example their preferred times for getting up or going to bed, and preferred food choices. Care records included a clear personal history, keeping active preferences, and evidence of health care provision.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. The Alzheimer's society tool 'This is Me' was used to record personal information about people and encourage a holistic understanding of them as a person. Relatives had been involved in decisions and were consulted about changes to people's care.

We observed a detailed handover meeting in between staff shifts at which each person's needs and current welfare were discussed. Staff recorded detailed daily notes about each person and their was also a handover record maintained in between each shift.

People told us that they knew how to make a complaint and though this would be taken seriously. One person said, " I would tell the manager." Copies of the complaints

Good

Is the service responsive?

procedure were available in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly.

Records showed that when issues had been raised these had been investigated and feedback was given to the people concerned. Complaints were used as part of ongoing learning by the service so that improvements could be made to the care people received. Changes made as a result of recent complaints or suggestions included provision of a new mattress on the same day as the complaint, and changing the hallway carpet. A recommendation that the home have staff champions for key areas such as nutrition, was also taken up. We also saw records of compliments from people using the service and their relatives, including praise for staff kindness, staff being friendly and approachable, and providing a stimulating environment.

Good

Is the service well-led?

Our findings

People were positive about the home's management, they told us "We see the manager most days, if not every day," and "She runs the home well." Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning. Other topics discussed included cleanliness and the environment, staff, activities, management, complaints, access to professionals, and forthcoming events.

The registered manager operated an open door policy to enable communication to be easily managed. She was also the manager for another care home run by the provider but was based at Ernest Dene. Staff told us that they felt comfortable contacting the registered manager when she was not on site and she would respond promptly. All but one staff member felt that they were listened to by the management.

Health and social care professionals gave positive feedback about the home and improvements made since the previous inspection. Staff were clear about their roles and responsibilities and attended regular team meetings. Minutes of recent meetings included discussion of staff awards, team work, record keeping, key working, interactive activities, medicines, cleaning, and deprivation of liberty safeguards. Champions had been appointed from amongst the staff team to lead other staff in areas including nutrition, falls, mental capacity, continence and activities.

Incident and accidents were recorded with details about any action taken and learning for the service. Staff said that learning from incidents was discussed at staff meetings and in their training. There was a comprehensive set of policies and procedures for the home which had been reviewed recently. The home's maintenance book indicated that repairs were undertaken swiftly by the provider organisation, and we noted that current items requiring repair were recorded as appropriate.

Weekly and monthly checks were in place including medicines records and stocks, and call bell response times on a weekly basis, and first aid boxes checked monthly. The manager undertook monthly night visits to the home, observing care taking place and providing guidance to staff in providing more interactive care.

We saw records of audits undertaken within the home including infection control and medicines. Recent monthly audits had been carried out by one of the directors, under the CQC inspection questions, looking at Safe and Effective. Actions taken as a result included replacing crockery, replacing carpets in some bedrooms, the dining room and staircases, reordering staff files, reviewing night staff training, and appointing staff champions in key areas. Overall significant improvements had implemented within the home since the previous inspection.

The provider had a system to monitor and ascertain people's views of the quality of the care and support they received. Surveys were distributed to people living at the home, relatives and health and social care professionals in June 2015. They received 26 replies from the 35 surveys forms sent out, which represented a response rate of 74%. People using the service responded 87% positively to questions about the service, raising some points about activity provision which were discussed further as an issue in residents meetings. All six healthcare professionals who provided feedback felt the home provided a good standard of care, praising the registered manager's communication and leadership skills, and noting that when they gave advice, this was followed. No survey of staff views was conducted, and we discussed this with the registered manager and one of the directors, who advised that this would be considered in the coming year.