Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Brighton House Care Home

Inspection report

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Ratings

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

Overall summary

We inspected this service on 9 November 2015. This was an unannounced inspection. At the previous inspection in July 2013, we identified a breach of the Regulations. We told the provider that improvements were required in regard to the quality and accuracy of records. At this inspection we found some improvements had been made but further improvements were needed to ensure all records were completed in full to ensure people received safe, consistent and reliable care and treatment.

Summary of findings

Living Independently Staffordshire - Brighton House Care Home provides short term care and support for 26 people who need enablement, assessment or respite care. At the time of this inspection 20 people used the service.

The service had a registered manager. 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.

Care and support plans did not offer a holistic view of people's care and support needs. Staff demonstrated they had a good knowledge and understanding of people's individual needs and the risk of harm as a result of poor record keeping was low.

Risks to people's health and wellbeing were identified, recorded and managed. Staff understood how to keep people safe and they helped people to understand risks. Medicines were managed safely by staff who were skilled to administer medicines.

There were sufficient numbers of staff to meet people's care and support needs. Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed.

Staff supported people to make decisions about their care by helping people to understand the information they needed to make informed decisions. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People told us they enjoyed the food, had plenty to eat and drink and had lots of choice. Where people needed support with eating, staff provided the level of support that each individual person required. Following assessment and as part of their enablement plan some people prepared their own meals.

People had access to and were supported by a team of health care professionals. People were treated with kindness, consideration and respect and staff promoted people's independence and right to privacy.

People were aware of the complaints procedure and knew how and to whom they could raise their concerns.

People told us the registered manager and staff were supportive and helpful. Checks were made on a regular basis to ensure the quality and safety of the service.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us and reported significant events in accordance with their registration requirements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Staff knew how to keep people safe and the actions they should take if they had concerns with people's safety. Staffing levels were sufficient to ensure people were supported in a timely way and upon request. Risk assessments were completed when people were identified as being at risk. Medication systems were safe and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs and promote people's independence, health and wellbeing. People's nutritional needs were met.

Good

Is the service caring?
The service was caring. Staff were aware of and knew the likes, dislikes and preferences of people. People were treated with kindness and compassion and their privacy and dignity was maintained. People were supported with developing and maintaining their independence.

Good

Is the service responsive?
The service was not consistently responsive. People were not always consistently involved in the planning of their own care. Support plans were brief in information and did not offer a rounded view of people's support needs. People did not always have their individual needs met. Leisure and recreational activities were arranged by the support staff, people chose whether they wished to participate.

Requires improvement

Is the service well-led?
The service was not consistently well led. Information recorded in support plans did not correspond with the care and support provided to people by staff.Systems were in place to assess and monitor and improve the quality of care provided.

Requires improvement

Living Independently Staffordshire - Brighton House 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.

This inspection took place on 9 November 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with the majority of the 20 people who used the service; 11 people spoke with us in depth about their experiences regarding their stay.

We spoke with the registered manager, seven support workers, an occupational therapist assistant, three visitors and a health care professional. We looked at three people's care and support records, staff training records, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stafford; Healthwatch helps adults, young people and children speak up about health and social care services in Stafford.

Good

Is the service safe?

Our findings

Staff we spoke with were aware of the safeguarding procedures and the action they needed to take if they had concerns regarding the safety of a person. One support worker told us: "I would report any concerns to the most senior staff on duty but then I would follow it up to make sure action had been taken". We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe.

Staff told us that some people were at risk of developing sore skin or choking due to their frailty or physical ill health. Risk assessments had been completed and included the action needed to reduce the risk to the person. Staff explained the action they took each day to support people with their safety and well-being.

We saw that some people were at risk of falls and had walking frames and sticks to support them with their mobility. Occupational therapy initial assessments include a person's mobility and the equipment needed to support them with their mobility. One person told us they had to provide their own walking frame because on admission no equipment was available or provided. Another person with mobility problems told us: "I walk with a frame given to me from here but I don't feel safe with it as it is too light. I prefer to use a walking stick but they don't have any and mine is at home". People's individual needs may not always be responded to in a timely or safe way due to lack of equipment and resources.

The registered manager told us the staffing levels were based on minimum levels of staff and confirmed these were sufficient to meet the needs of the people currently using the service. People were supported by a team of residential support workers, occupational therapists and physiotherapists. One visitor told us: "There seems to be enough staff". One person who used the service told us: "I feel safe living here and most staff are very good. They usually answer the buzzer very quickly". Support workers told us they were 'always very busy'. We saw that staff were busy attending to the support needs of people, answering call bells, dealing with visiting professionals and phone calls. Support workers were quick to answer the call bells we did not see any delays in people receiving support when it was needed.

The registered manager and support workers told us the provider had an effective recruitment procedure in place. We saw records which confirmed the staff employed had been subject to checks to confirm they were suitable to work at the home.

People told us the senior staff gave them their medication throughout the day. One person said: "I have quite a lot of medication and they look after it for me here. I've had a spell of nausea but they gave me something for it, I can ask for painkillers if needed". A visitor told us their relative had recently had a medication review, they were satisfied this had been completed. They said their relative at times was in pain but they 'would never ask for any medicine'. They went on to say their relative had really benefitted from this review. We looked at the way medicines were managed and saw safe systems were in place.

Good

Is the service effective?

Our findings

Support workers told us they received 'lots of training' and confirmed the content of the training was suitable for them to gain the required knowledge to provide the necessary support to people. We saw support workers were very efficient, competent and proactive when providing support to people. For example one person was expecting a consultation with a doctor, a support worker made sure that the person was aware of and prepared for the visit.

We spoke with support workers about the care and support they provided to people each day. Support workers told us and we saw daily records were completed and used by support workers and other professionals to record people's activities; this offered a chronological view of the care and support provided to people. Support workers told us the systems in place for effective communication and the passing of information. Support workers had a handover of information at each shift change where they told us they had sufficient information regarding people's needs to provide the support each individual required. Support workers demonstrated they had a good knowledge and understanding of people's individual needs and the risk of harm as a result of poor record keeping was low.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager about MCA and DoLS. The registered manager demonstrated to us that they knew about protecting people's rights and freedoms. In consultation with the multi-disciplinary team, referrals under this legislation had been made when it was required to keep people safe and to respect their independence. We saw and heard support workers spoke with people and asked their consent before carrying out any support or care. The support workers demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as and when it was required.

People told us the food was satisfactory and they had sufficient to eat and drink each day. One person who used the service said: "The meals are excellent. They've been with a menu this morning. There is plenty to eat, it's hot and more is available if you want it". Another person said: "The food is excellent; it's so good I have second helpings. I make my own breakfast in the kitchen, clear my dishes and wash up". Support workers told us some people had been assessed as being nutritionally at risk. Support workers had a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted. Where people needed help and support with their meal we saw support workers were available to offer the support in a calm and unhurried way.

People were supported to access a variety of health and social care professionals if this was required. The service provided a range of therapists to support people with gaining and achieving their level of independence. People told us they had seen the physio and occupational therapists. One person told us they had been given some exercises by the physiotherapist but felt their progress was 'slow'. The registered manager told us that following a person's admission to the unit they always received a consultation with a doctor. We saw doctors, community nurses and speech and language therapists at the service. The speech and language therapist told us: "I have no concerns the communication with the service is good. I make a record of my assessment in the support file and speak with staff".

Good

Is the service caring?

Our findings

People told us and we saw that support workers provided care and support with kindness and compassion. One person told us: “The staff are very good. I couldn’t recommend it more highly”. Another person said: “I have been very impressed with my stay here. Everything has been wonderful. This is the best place for personal attention and top of the list is food and cleanliness”. A third person said: “Last night I was asked if I’d like a bath. It was heaven; I had two carers assisting me”. We saw one person was quite anxious and asked staff for help to make contact with their relative. A support worker assisted this person to make a phone call from their bedroom. Support workers were kind and caring in their attitude when speaking and supporting people.

People told us they could make choices and decisions about their care. One person told us they liked to go to the dining room for their meals where they were able to meet with other people who used the service. They told us sometimes they had their meal in their bedroom if they were feeling unwell. Another person said: “Staff always ask me if I can do things by myself but they will help me when I need help”. We saw the support workers conversing with people, they offered choices and options for example what people would like to eat or drink.

One person told us they had experienced an incident where they became upset and saddened. They told us they had spoken with a support worker about the incident and felt a little more at ease. We spoke with the registered manager about this incident. The incident had been recorded and action had been taken to ensure the risk of recurrence was minimised. The manager offered an assurance that they would speak with the person again to try and alleviate their anxieties.

We saw information regarding various advocacy services were distributed around the unit. Advocacy is a process of supporting and enabling people to express their views and concerns when they are unsure of how to do this themselves.

People told us their privacy was promoted and respected. We saw that support workers routinely knocked on the bedroom doors of people before entering.

We saw there was set visiting times each day. A person who used the service told us: “There are set times for visiting but my son and his wife can come anytime as they are my next of kin”. Support workers told us the set visiting hours were introduced to prevent the disruption to the therapy programmes. We were told visits could be accommodated outside these times with prior agreement.

Requires improvement

Is the service responsive?

Our findings

Staff told us that most people had a kitchen assessment for making hot drinks and meals. One person told us: "I haven't been in the kitchen. Why would I want to if they'll do it for me". Another person commented: "I've not yet been in the kitchen for assessment; they haven't said when that will be". A third person said: "On Friday they took me to the kitchen to make a drink but it was a real struggle, I haven't been again". We asked to see the therapy plans to support people with kitchen tasks for two people. A member of staff told us these two people should have a therapy plan. However they were unable to find it and told us that a plan had not been completed.

Staff told us that each person who used the service had an individual file which contained a record of their care and support needs. We saw support plans were brief in information and did not offer a rounded view of people's support needs. For example one person had a specific health condition where they required staff to support them each day. Staff were able to provide a description of the support they provided but were unable to show us a written plan of the person's support needs. The person was at risk of inconsistent support because of the lack of recorded information.

Before people moved into the service all information relating to their medical history, care and support needs was considered by the registered manager and /or senior staff. A member of staff from the unit then visited the person to meet them and to obtain further information. From this information the service was then able to determine whether or not they would be able to meet the person's specific and individual needs. The registered manager told us and we saw the procedures for admissions to the unit to ensure it was safe and appropriate for each individual.

Some people were admitted to the unit for reablement and some for assessment purposes. The object of their stay was to gain a level of independence to either move back to their own homes or to move onto social care. The registered manager told us that all people received an initial assessment of their care and support needs with regular reviews throughout their stay. Support and therapy plans would be completed and reviewed.

A visitor explained the support they offered to their relative whilst in the unit they told us: "It's not really suiting my relative's needs, we have spoken with staff and social worker and a different home has been found". Support workers told us that each week a meeting with the disciplinary team was held to discuss the support people required and their individual support needs. Some people told us they were involved with these discussions some people were a little unsure. One person told us: "Things have been explained to my daughter, this is okay with me". Another person said: "I don't know when I'll be moving on, I don't ask and they don't tell me".

People had mixed views about their stay at the service. Some people said they were very satisfied with the care and support they were offered and felt prepared to move on. However one person said: "This is more like a hotel, nothing really happens here to get you fit. This is not the right place for my recovery". Support workers told us the regular reviews held identified any concerns with people's progress and recovery, action was taken to resolve the issues.

Support workers told us they were responsible for arranging and facilitating on-site activities with one staff member responsible for organising the outside entertainers to visit. We saw a programme of general activities was displayed on the notice board in the units. One person told us: "I've been to the painting class and chose and painted a model. I thoroughly enjoyed it and hope to go again". Throughout this inspection we did not see any structured activity (recreational or therapeutic) was provided. Most people stayed in their bedrooms, with a small number of people using the main communal lounge.

People told us they would speak with the manager, staff or their families if they had any complaints regarding the service. One person said: "I don't know the complaints procedure but I would probably tell [name of staff member] but I've never come across any problems". A visitor told us: "I have been very happy with the care here; neither I nor my relative have any complaints". Support workers told us they would speak with the registered manager or senior staff if they had any concerns, they had confidence that action would be taken.

Requires improvement

Is the service well-led?

Our findings

At the last inspection we judged the quality and accuracy of records relating to people's care meant people were at risk of unsafe or inappropriate care. This meant the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw some improvements had been made, however some record keeping could be further improved.

The registered manager explained that each person had a support plan which was developed and added to during the person's stay. A full picture of the person's level of independence and support needs would then be available when the person was fit for discharge from the unit. We asked to see the support plan for a person whose discharge had been organised and they were leaving the unit shortly. Support plans we saw were brief in content and did not offer a holistic view of this person's support needs and level of independence. This meant that information recorded was incomplete and could not reliably reflect the person's individual needs.

The registered manager told us and we saw that checks and audits were completed regularly throughout the year to assess the quality and safety of care the service provided. The checks included accidents and incidents, fire safety and equipment. The registered manager confirmed the checks were sufficient to quickly identify any areas of concern that may affect the running of the service. We saw an audit of the care plans had recently been completed which reflected some of the issues we found during our checks on care plans and documentation. We saw the action needed was recorded on the action plan and the name of the person responsible for implementing the changes was documented.

Satisfaction surveys were distributed at regular intervals during the year. The most recent being September 2015, the results were analysed and any action needed was taken. We saw that the responses were mainly positive. For example 'everything good', satisfied with the service'. We did see one suggestion for improvement was included 'more physio and exercises are needed to maintain mobility'. The registered manager confirmed that further discussions were being planned.

The registered manager and senior staff assessed and monitored the support workers learning and development needs through regular meetings with the staff. Competency checks were also completed that ensured support workers were providing care and support effectively and safely.

The registered manager understood the responsibilities of their registration with us. They reported significant events such as, safeguarding incidents and serious injuries to us in accordance with the requirements of their registration.

Support workers told us they felt well supported by the registered manager and the senior staff team. One support worker said: "They are all approachable and supportive". We saw there were clear lines of accountability within the unit and support workers knew who to report to.

The registered manager told us about the recent implementation of a 'falls group'. The group met each month to discuss falls prevention and reducing the risk of people experiencing falls. Training materials and equipment have been purchased and rolled out to all support workers. Staff were enthusiastic and confident that their actions would have a positive impact on reducing the incidences of people falling. This showed the provider was proactive in improving the service for the benefit of people.