

Accord Housing Association Limited







Bracken House

Inspection report

Bracken Close
Burntwood
Staffordshire
WS7 9BD
Tel: 01543 686850

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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 21 January 2016 and was unannounced. This was the service's first inspection under the management of Accord Housing Association Limited.

Bracken House provides accommodation for up to 34 people who require nursing or personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were arrangements in place to keep people safe from harm. Staff understood how to recognise abuse and their responsibility to report it as required. People's risks associated with their care were identified, assessed and managed to reduce the risk.

People's medicines were managed to ensure they received their prescribed treatments safely. There were sufficient, suitably recruited staff available to care for

Summary of findings

people and meet their needs. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner.

People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships, as relatives and friends could visit at any time.

People received the care they preferred because staff asked them and their relatives about their likes and

dislikes. People and their relatives were able to regularly review their care to ensure it was still relevant for them. People enjoyed a varied programme of entertainment and support with

their hobbies to prevent them from becoming socially isolated. People told us they were happy with their care and would speak with the registered manager or staff if they wanted to discuss a concern or complaint.

Everyone felt the home was well managed and the registered manager was approachable and keen to listen to the views of others. Staff were encouraged to lead on initiatives to improve people's care and wellbeing. There were audits in place to identify where any improvements could be made.

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 protect people from abuse and how to escalate and report their concerns. People's risks were assessed and there were individual management plans in place to keep people safe. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely.

Good



Is the service effective?

The service was effective.

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests in accordance with the Act. People were supported to enjoy relaxed and sociable mealtimes. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People enjoyed the company of staff and they were kind and polite to them. Staff demonstrated a genuine interest in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Good



Is the service responsive?

The service was responsive.

Care was planned and reviewed with people and their relatives to reflect their individual likes and dislikes. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. People were supported to spend their time as they wanted. Staff provided a variety of activities for people to take part in with or without the company of their families. People knew how to raise concerns and were confident that they would be listened to.

Good



Is the service well-led?

The service was well-led.

People and their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. The provider was monitoring aspects of the service and using the information to improve care when necessary. Staff were encouraged by the registered manager to implement change to improve people's wellbeing.

Good



Bracken House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 January 2016 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had experience in the care of people living with dementia.

The provider 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. We reviewed this information and other information we held about the provider when we planned the inspection.

We spoke with seven people who used the service, five relatives, five members of the care staff, the registered manager and the care coordinator. We did this to gain people's views about the care and to check that standards of care were being met.

Some people were unable to tell us about their experience of care so we observed how the staff interacted with them. We looked at three people's care plans to see if their records were accurate and up to date.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Bracken House. One person said, “They make sure I’m safe”. Another person said, “The staff keep me comfortable and safe”. A relative told us, “I have no concerns about my relative’s safety”. Staff understood their role in keeping people safe from avoidable harm and abuse. Staff spoke with confidence about the actions they would take if they thought someone was at risk. Staff told us they would not hesitate to report concerns and knew they would be listened to. One member of staff told us, “We’re all aware of how to report safeguarding concerns and how to do it ourselves if the manager isn’t here. We wouldn’t delay”. We saw that people’s risks associated with their health and wellbeing had been identified. Risk assessments were completed to ensure people were supported safely. For example we saw that when people needed to be moved by staff using a hoist, this was done safely and in line with their individual risk assessment. This demonstrated that staff supported people to remain safe.

There were sufficient staff to care for people. One person told us, “The staff are always there when I need them”. A relative said, “There’s plenty of staff around, day, evening and weekends to support my relatives care needs”. Staff

told us, “We’re a good team. We work well together and support each other”. We saw that there were staff based in the communal rooms throughout the day. When staff needed to leave the room, we saw they ensured that another member of staff took their place. On one occasion, we saw the registered manager provided cover. A member of staff told us, “The manager will always help out when we need support”.

We saw that people received their prescribed medicines safely and at the correct time. One person told us, “They give me my tablets every day and stay with me whilst I take them”. Another person said, “If I have a headache or a pain I tell the staff and they give me something to help me”. A relative said, “The staff look after the medicine. They make sure my relative has everything they need”. We saw that medicines were administered safely. There were processes in place to ensure medicines were recorded and stored correctly to protect people from harm.

Staff told us that there were recruitment checks before they were able to start working in the home. One member of staff told us, “I had an interview and had to wait for my references and security checks before I was able to start work”. This demonstrated that the provider had processes in place to check that staff were of good character and suitable to work with people.

Is the service effective?

Our findings

Staff were supported to gain new skills and qualifications. A relative we spoke with told us, “The staff are competent and well trained to care for my relative and the other people living here”. Another relative said, “They look after my relative as well as I would”. Staff told us, “We get the opportunity to do training. We’ve done safeguarding and mental capacity recently. It was really interesting. I enjoyed learning about the legal side of it”. The registered manager told us that during the transition period when they moved from one organisation to another there had been a reduction in training. The registered manager told us they recognised this was not good for staff and arranged for training to be provided by an external company during this period.

There was an induction programme for new members of staff which included training and support. One new member of staff told us, “My induction was brilliant, just brilliant. The staff really made me feel supported”. Another member of staff told us, “We’ve had some new staff, they’ve settled in really well. We’ve welcomed them with open arms and it feels like they’ve been here forever”. The registered manager told us that new staff had been enrolled for completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us they felt supported to fulfil their role in the home. One member of staff said, “We have regular supervision sessions. I can talk about anything, any worries and if there is any training I’d like to do. You don’t have to wait for supervision though you can speak to someone whenever you want. The manager knows me and if I’ve got a problem I can always go to her”.

We heard staff checking for people’s consent and giving people choices before providing care. A relative told us, “When they do things for my relative, the carers say what they want to do, check it’s okay and ask ‘was that okay afterwards?’”. 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.

We saw that the provider was working within the principles of the MCA and fulfilling their legal obligations. There were mental capacity assessments in place for everyone who needed support with their decision making. We read that staff had identified the level of support people required and the best time of day to speak with them. When people were unable to contribute to decisions about their health and welfare staff demonstrated and documented why the decision they made was in the person’s best interest.

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). People were able to move around the home and choose where they spent their time. We saw that some people were being restricted because they were unable to leave the home safely without the supervision of staff. We read that the provider had made the applications required to ensure that any restrictions placed on people were assessed and legally agreed.

People told us the food was good and plentiful. One person told us, “The food is excellent. Absolutely A1. They always give you something else if you don’t fancy what’s on the menu. You just ask”. We saw that staff showed people what they had chosen for lunch and checked with them that they didn’t want to change their mind. We observed staff talking with people and involving them whilst they sat and supported them. People were not rushed to eat and we heard staff asking if people were ready before offering more food. Staff encouraged people to be as independent as possible. For example we heard a member of staff say, “Would you find it easier to use a spoon? Here you are darling, try that”. We saw staff putting food on a person’s spoon and helping them guide the food to their mouth. This enabled the person to maintain some control over their meal and supported their independence. Staff sat with people whilst they were supporting them and we heard them gently encouraging people to eat. A relative told us, “They always prompt my relative to eat a little more which is good”. We saw that people were offered frequent drinks, snacks and treats throughout the day. One person

Is the service effective?

told us, “There’s fruit and drinks in the lounge so if I get hungry or thirsty I can help myself”. People’s weight and dietary needs were monitored closely and we saw appropriate action was taken if there was concern about weight loss or other concerns were noted.

People were visited by other healthcare professionals whenever additional advice or support was required. One person told us, “If I’m not well the staff send for the doctor

to make sure I’m okay”. A relative said, “If the staff have any concerns about my relatives health they will call me at home and we discuss the situation and if there’s a need they will call the doctor to attend as they do with other health professionals”. Another relative told us, “They arranged for my relative to have an eye test and to get some new spectacles, the optician came today so we could both choose the right pair”.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff and the care they provided. One person told us, “The staff are lovely. I can’t fault them”. Another person told us, “I do like living here the staff are very good to me and they keep me company”. A relative told us, “My relative is in the best home around here”. We saw there were good relationships between people and staff. Staff listened to people’s views with patience and interest. One person told us, “The staff are so patient. I couldn’t be as kind and patient as them”. We saw staff sitting with people to chat and heard laughter and banter between them. One person told us, “I like it when the carers stop and chat with me it means they care for me”.

People told us the staff treated them with respect. One person said, “They never pass you without saying ‘hello’ and checking that you’re alright”. People’s dignity was promoted by staff who spoke with them discreetly when enquiring about their personal needs. We saw that people were supported to maintain their appearance and looked well presented. We saw staff adjusted people’s clothing to ensure they were covered appropriately. One member of staff spotted one person’s clothes were falling down as they walked and said, “Ooops, let’s just sort you out”. We saw staff checked that people’s faces and clothes were clean when they’d finished eating to maintain their presentation if they were unable to do this for themselves. This demonstrated that people were assisted to maintain their self-respect.

People were supported to maintain their privacy. We saw staff knocked on people’s bedroom doors and communal bathrooms before entering. One person told us, “They always knock on my door and make sure it’s okay to come in”. A relative told us, “We have a sofa in my relative’s room so we can sit and talk privately”.

Staff recognised the importance of supporting people to remain as independent as possible. One person told us, “They care for me in a nice way when they help me have a bath, they watch over me so that I don’t stumble or fall over. They will only wash the bits I can’t reach so this keeps my independence”. We saw staff checking people were safe as they moved themselves onto chairs. Staff stayed with people and reminded them to feel for the chair arms and seat before sitting but allowed people to do as much as they could for themselves. When people needed to be moved with the assistance of staff we saw they were offered constant reassurance. We saw whenever the hoist was used staff recognised people could feel vulnerable and held the person’s hand whilst speaking reassuringly to them. A relative told us, “When they transfer my relative they are always talking and reassuring them that everything is okay”.

People were supported to maintain the relationships which were important to them. Relatives told us they could visit anytime. One relative told us, “The staff support me as well as my relative. I can walk in here 24 hours a day, seven days a week and I know I will always be welcome. Care is a profession here”.

Is the service responsive?

Our findings

We saw that people's care was planned to reflect their likes, dislikes and preferences. One person told us, "They know all about me. They know what I like". The care plans contained information about people's past lives including their work, family relationships and what they had enjoyed doing before they came into the home. A member of staff told us, "We build the care plans with relatives so that we can get to know what's important to people". We saw that people's care was reviewed regularly to ensure the care provided met people's current needs. A relative told us, "The staff talk to me about any changes to the care plan. I feel the staff listen and respect my views which I'm very pleased about".

People were offered opportunities to socialise together or, if they preferred, spend time alone doing what they enjoyed. One person told us, "Staff keep me busy by doing different kinds of things like quizzes and board games". We saw staff doing quizzes and playing a word game with people. Staff ensured that everyone who wanted to be was involved and provided additional support for people who needed it, to take part. Staff told us they had regular 'tea dances' which went down well. A person said, "We did some dancing in the lounge the other day. I enjoyed that". We saw some people were happy to watch the television

and heard them and staff laughing as they watched an old comedy film together. Other people were involved in flower arranging. We saw staff encouraged people to smell the flowers as they were filling the vases together. The registered manager told us that they had a weekly flower delivery provided free of charge by a supermarket. Photographs displayed in the home showed us that flower arranging was a regular pastime. Relatives told us they could take part in the social activities in the home and on trips out. One relative told us they compared a regular 'curry and quiz' night and the money they raised was used to provide trips out for people. Another relative told us they had been invited to join in a trip to a local steam railway. A member of staff told us, "It makes my day to see people going off on a bus to enjoy themselves".

People and relatives we spoke with told us they would feel comfortable raising any complaints or concerns with the staff. One person told us, "We are alright in here no problems at all. If I do have a problem or worries the staff talk to me and they sort it out". Relatives told us they would not hesitate to raise any concerns with the registered manager. One relative said, "I have raised a complaint in the past and the manager was very good she responded in a positive way and came back to me and explained the situation, she was very kind to me".

Is the service well-led?

Our findings

Everyone we spoke with told us the home was well managed. A relative told us, “This is a well-run and managed home which I’m really happy about”. Another relative said, “The manager is on the ball with everything”. A member of staff told us, “We all have a similar outlook on care. The manager is very supportive”. Another member of staff said, “We all work well together and support each other. We’ve been through lots of change but we’re working through it together”. The registered manager told us, “We’ve all pulled together and embraced the change. I’m proud of the staff”.

Relatives told us they were kept up to date about changes in the home through regular meetings. We read that at the last meeting, updates had been provided about recruitment and the introduction of a new philosophy of care which concentrates on improving the wellbeing of people living with dementia. Staff received regular updates at meetings arranged for them. We read that staff received positive feedback from the registered manager and encouraged them to lead on initiatives to improve people’s lives. Staff showed us that they rearranged the furniture in the communal living rooms to make them feel more like home for people. A member of staff told us they had made false fireplaces to give the rooms a focal point and had displayed photographs of people taken in their earlier lives, for example on their wedding day or receiving a

presentation from work colleagues when they retired. We heard staff referring to the photographs as they spoke with people. One person was asked about their favourite day and said it was their wedding day. The member of staff with them said, “There you are look, walking back down the aisle just after you were married”. The registered manager told us, “The staff have done all of this themselves. They’re so motivated about what they do. It’s important to give them a voice about their ideas”.

The provider’s quality monitoring system included checks on how the service was provided. We saw the results of the audits were analysed so that the provider could, where necessary, make improvements to the way care was provided to people. Accidents and incidents were monitored and the information was used to identify if there were any trends so that action could be taken to reduce risks to people.

The registered manager was fulfilling their legal requirements and sent us statutory notifications about important events which affected the home. In the provider information return (PIR), the provider explained their plans to continue offering staff opportunities for development and providing an open and transparent ethos in the home by maintaining an open door policy at all times. The registered manager showed us awards that they had won including a ‘Dignity in Care’ award for the past five years. A relative told us, “This home is just like one big happy family and there’s nothing I would want to change”.