

Brancaster Care Homes Limited

East Croft Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At the previous inspection on the 5th and 6th of March 2015 the service was in breach of Regulation 9 (Care and welfare of people who use services), Regulation 23 (Supporting workers) and Regulation 10 (Assessing and monitoring the quality of service provision). At this inspection we judged that all of these breaches had been met.

We have revised the rating for effective as we judged that enough work had been done in this area to warrant an outcome of good. While improvements had been made we have not revised the overall rating for this service. To achieve the overall rating of 'Good' would require a longer term track record of consistent and sustained good practice in all areas.

East Croft Grange is a period property that has been extended and adapted to provide accommodation for up to 31 older people. There is a self-contained unit - the Garden Unit- for people with dementia. The home is situated in a residential area of Harrington and is near to local amenities. Accommodation is in single rooms and most have en-suite facilities. The home has extensive grounds and there is a secure garden for people in the specialist dementia unit.

The company had appointed a new manager who was in the process of becoming registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had evidence to show that staff were being supported, trained and developed appropriately. Staff had received supervision, staff meetings had been held and a new training plan was in place. Staff working in the dementia unit were accessing training from the University of Stirling.

The senior staff team understood their responsibilities under the Mental Capacity Act 2005 and applications had been made in relation to the Deprivation of Liberty legislation.

People were more than satisfied with the meals provided and we judged that people had good support in relation to nutrition and hydration.

The specialist unit for people living with dementia had been improved with new signage and interesting things for people to look at and interact with.

We checked on assessment and care planning and saw that care plans were being updated for everyone in the home. Where risks were identified the care management plans had been updated. Reviews of care had been held and social workers and health care professionals had been involved where appropriate.

People told us they were satisfied with the entertainments and activities on offer. Staff were working on activities for people living with dementia.

The registered provider was developing a new quality monitoring system. Questionnaires had been sent to everyone in all their homes. The team at East Croft Grange were auditing care, staffing and the environment. We saw that improvements had been made to care planning and delivery, training and development and to the environment in the specialist unit for people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good 

The service was effective

Staff were being supervised, trained and developed appropriately.

The team understood their responsibilities in relation to the Mental Capacity Act 2005.

The garden wing had been improved and was more 'dementia friendly' for people living with this illness.

Is the service responsive?

Requires Improvement 

The service was responsive.

Assessment and care planning were being updated and improved.

Reviews were being held with support from professionals, families and the person involved.

Activities were a regular feature of the life of the home with more dementia friendly activities included.

Is the service well-led?

Requires Improvement 

The service was well led.

The company had appointed a new manager who was in the process of registering with the Care Quality Commission.

A system of delegated responsibilities was being developed.

Quality monitoring was being developed and people were being consulted about care and services.

East Croft Grange

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 3rd November 2015 and was unannounced. The inspection was conducted by an adult social care inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 5th and 6th of March 2015 had been made.

This service was rated as 'requires improvement' at the comprehensive inspection of 5th and 6th of March 2015 with three breaches of regulation. This inspection was a follow up to this visit to check on the progress made by the service since March 2015.

The provider had sent us an action plan after the comprehensive inspection and we met with the provider shortly after the visit. We were given both written and verbal assurances that improvements were underway. We had received updates every month since March 2015.

We had also received updates from the local authority who had given the provider support and advice under Cumbria County Council quality improvement planning.

We spoke with ten people who used the service and to three visiting relatives. We read eight care files and checked on other documents relating to care delivery.

We met with nine members of staff, the recently appointed manager and the assistant manager. We looked at staff training and development records. We read six of these in depth and checked on supervision and appraisal. We also received a copy of the updated training matrix and a new training plan.

We saw a number of quality monitoring documents. These included records of quality checks for care delivery, checks on medicines management and updates to planning for care and support. We saw records

related to staff development and some evidence related to the provider's disciplinary and grievance procedures. We also saw records related to supporting people with money management, environmental checks and health and safety records.

Is the service effective?

Our findings

At the last inspection of this service in March 2015 we judged that the service required improvement as the service was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because staff were not being suitably trained and developed in their role. We looked at this under the 2014 Regulation 18: Staffing. We found that the service was no longer in breach of this regulation.

We judged that the service was now effective and we have changed the rating for this outcome accordingly.

We looked at staff files and we saw that since our last visit all members staff had received supervision from the new manager, a registered manager from another Brancaster service or from the operations manager. We also noted that the deputy manager and the assistant manager had supervised staff both formally and informally. There had been observations of practice and confidential, developmental discussions with staff at all levels.

We saw staff had received training which would support them in delivering care to a good standard. Staff had received in-house training, had received training from external trainers and had completed e-learning. Staff had also been required to read guidelines on equality and diversity.

At our last inspection we saw that the staff team were unsure about their responsibilities under the Mental Capacity Act 2005. We spoke to care staff and the management team and we judged that they now had a comprehensive understanding of what constituted a deprivation of liberty. The new manager and the operations manager had applied for Deprivation of Liberty authority where they judged that a person was being deprived of their liberty. We looked at records of applications and related care planning and we saw that the team now understood how to manage any issues with capacity and deprivation of liberty. We noted as we looked at daily records and care plans that people using the service were asked to give consent before any personal care was delivered.

We observed people on the day of our visit enjoying well prepared and nutritious meals. Nutritional planning had improved with better records of assessment of need, regular recording of individual weights and nutrition included as a topic for care planning. The cook and members of the care staff team could talk about the training they had received about nutrition. They could talk about how they supported people to eat well.

At the last visit we discussed the environment in the Garden Unit. This unit provides accommodation for people living with dementia. We noted at this visit that signage had improved and that the décor had become more 'dementia friendly' so that people would be less disorientated. One of the corridor walls was an activity centre and covered with a collage. This wall had interesting things to look at and to touch. The wall had different materials that together created a landscape. Some parts of this could be removed so that people could take parts of the collage away with them. Staff encouraged people to use this area in any way they preferred.

The new manager told us that they were continuing to improve the contrast in the environment so that people could identify specific areas. We also learned that 'dementia friendly' lighting was going to be installed which would help people recognise the time of day with adjustable lighting for different times of day and night.

Is the service responsive?

Our findings

When we visited in March 2015 we judged that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because care was not suitably assessed or planned for individuals or for groups of people. At this inspection we judged this under Regulation 9: Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this visit we judged that the service was no longer in breach of this regulation.

We looked at a number of care plans in service. We saw that care plans had been reviewed and that new risk assessments were in place. We noted that some behavioural planning had been included in care plans for people living with dementia. People told us : "I am asked all the time about what I want and it goes in my file." Staff said that they had received training and felt "much more confident" in putting together care plans for individuals. We saw care plans that gave good details of moving and handling, pain control, nutrition and cultural and religious preferences.

We also saw that there had been a number of multi-disciplinary meetings to determine the best approach to care delivery. These meetings involved, where possible, the person themselves or their family, social workers and health care professionals. The mental health specialist team visited monthly to discuss the care of people living with dementia.

We spoke with the new manager and heard of her plans to develop more dementia friendly activities. Staff had received training with Stirling University and were keen to support people appropriately so that they would have stimulating activities and also be helped to remain as orientated as possible. Plans were underway to develop a café area in the dementia care unit.

People using the service said they remained "satisfied" with the activities on offer. The staff had started to work on the idea of a 'pop-up' shop and were trying to encourage people to go out to local events. There had been entertainments and activities on offer. People in both units told us they had enjoyed a recent 'Pizza night' with an Italian theme. There were a number of events planned for Christmas.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Is the service well-led?

Our findings

At the comprehensive inspection in March 2015 this service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because quality monitoring had failed to identify some of the areas where the service was in breach of the Act. We looked at this under Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this visit we judged that the service was no longer in breach of this regulation. We saw that there were now good systems in place to support efficient working practices and quality monitoring was being established.

This service had a new manager. We had evidence to show that an application to register as manager had been sent to the Care Quality Commission. The new manager was a suitably qualified and experienced person to take on the role. Staff told us they were happy with the new appointment and one member of staff said: "I feel confident that things will go well. The new manager is easy to talk to but you know she is the manager. She has drawn a line and we all understand what is expected of us." People who lived in the home and their visitors told us: "Very nice, very capable young woman...and she complements the deputy and the assistant manager." Several people told us: "Yes we have a new manager and she is out and about and knows what is happening."

We spent time observing the interactions between staff and the manager. The staff team were relaxed with her and came to her for support and advice. We saw that the manager, her deputy and assistant manager had been working together on the scheme of delegation for the home. Senior care staff, housekeeping, catering and maintenance staff all told us that they were now very confident that they understood their roles and that they had clear guidance about the expectations of the management team.

We looked at a range of quality monitoring documents. These gave us evidence to show that assessment and care planning was under review and that a system was in place for monitoring medicines on a regular basis. An audit of money kept on behalf of people had been completed and a system of checks put into place. People who lived in the home were consulted about how the home was run through resident meetings and individual reviews. A questionnaire had been sent to service users, their families, staff and other stakeholders.

New systems were in place for monitoring the environment with housekeeping and maintenance staff having specific work tasks to complete. Their work was reviewed by the manager. Fire and food safety matters had been audited and changes made.

We had evidence to show that Brancaster had decided that their systems for good governance needed updating. The company had sent questionnaires to all the people who use their services as part of a full company audit of quality. These were to be analysed at the company headquarters. This meant that people were given an opportunity to comment on quality in confidence.

We noted that the operations manager and the owners of the company had visited the home and that they were giving the new manager support and guidance. The manager told us that the company had said that

'money is no object' when improvements were necessary. We saw that money had been spent on the environment, staffing and training to help this new manager to implement change in the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.