

Royal Variety Charity

EABF

Inspection report

Brinsworth House
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09 August 2016

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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 ●

Summary of findings

Overall summary

The inspection took place on 29 July and 9 August 2016. Both visits were unannounced.

EABF (known and referred to in this report as Brinsworth House) provides accommodation and nursing care for up to 36 older people, some of whom may be living with dementia. The home is a Victorian listed building with extensions at the rear of the property. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. There were 33 people living at the home at the time of our inspection.

The last inspection of Brinsworth House took place in November 2014 when we found two breaches of regulations relating to consent to care and treatment and management of medicines. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

At this inspection we found the provider had followed their action plan and improvements had been made in the required areas.

The home had 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.

People and their relatives were positive about the care and support provided. Staff knew people well and treated them in a kind and dignified manner. We observed positive relationships between staff and people at the service throughout our visits. A wide range of activities were provided for people to participate in both in and outside of the home.

Staff told us they received the support and training to care effectively for people and meet their needs. They had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the registered manager and acted upon.

People were protected against the risks associated with the unsafe use and management of medicines. Improved arrangements were in place for the recording, safekeeping and administration of medicines.

We also found improvements had been made so that the service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people no longer had the capacity to consent to aspects of their care, we saw the registered manager and staff worked in people's best interests. Assessments were completed to document the decision making process involving family and medical professionals as appropriate.

Healthwatch Richmond visited in June 2016 reporting that Brinsworth House was a well-run home with good systems in place to care for the residents and that these worked to a high standard. They observed good practice throughout their visit commenting there was a welcoming atmosphere with good interaction between the staff and residents.

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. There were sufficient staff to meet people's needs and keep them safe.

Staff were aware of any risks to people's safety and there were management plans to reduce the risk of harm.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

We found that action had been taken to improve by ensuring there were appropriate arrangements in place for the storage, administration, recording and disposal of medicines.

Is the service effective?

Good ●

The service was effective. Staff were provided with training and support that helped them care for people effectively.

Staff provided appropriate support to those who required assistance with their meals.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

We found that action had been taken to improve so that the service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff at Brinsworth House.

Relationships between staff and people receiving support were positive.

Is the service responsive?

Good ●

The service was responsive. Care plans addressed people's care and support needs and were regularly updated.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives felt able to raise concerns or complaints.

Is the service well-led?

Good ●

The service was well led. An experienced registered manager was in post who promoted high standards of care and support for people using the service at Brinsworth House.

Staff were well supported by the registered manager who was approachable and listened to their views. The ethos of the home was positive and staff felt part of a team.

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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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 29 July and 9 August 2016 and was unannounced.

The inspection was carried out by one inspector. We spoke with nine people who used the service and three visitors. We also spoke with the registered manager, a trustee of the charity and four members of staff. We observed the care and support in communal areas, spoke with people in private and attended the residents meeting.

We looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Healthwatch Richmond carried out an enter and view visit to Brinsworth House on 27 June 2016 and some of their findings are reflected within this report. Healthwatch England is the national consumer champion in health and care. They work to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Their report is available online at: www.healthwatchrichmond.co.uk.

Is the service safe?

Our findings

At our previous inspection in November 2014 we found the management of medicines was not safe. At this inspection we found the service had made improvements and people were receiving their medicines as prescribed.

We saw medicines were stored safely and securely. Medicines were administered to people using a new system supplied by a local pharmacy. One person told us, "They come every morning and make sure that we take our tablets." We checked the Medicine Administration Records (MAR) for a number of people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed. Regular audits were undertaken by senior staff to make sure medicines were being administered correctly. The temperature of the refrigerator where medicines were stored was checked daily. These records were kept to make sure that medicines were being stored at the correct temperature. A full medicines audit by the supplying pharmacy took place in November 2015 with 100% compliance reported.

People told us that they liked living at Brinsworth House and felt safe there. One person told us, "One of the better ways of spending your latter years." Another person said, "Totally happy." A third person commented, "I am very happy here, very good care, I am very sincere about that." Following their visit in June 2016, Healthwatch Richmond reported that all the people spoken to about safety said that they felt safe in the building and grounds and with all the staff. People also knew they could approach the manager or their carer at any time they needed.

We asked people if there were enough staff on duty to meet their needs. Eight out of nine people spoken with said there were sufficient numbers on duty. One person said that they would like more staff working at night to assist them with their particular health need and had discussed this with the registered manager. Staff told us that staffing numbers on shift had increased. One staff member said, "It's easier now." Another staff member commented, "It is getting a lot better." We observed that people's needs were being met during our visits with people receiving assistance when they needed it.

People using the service were supported to keep safe. Risks to individuals were being identified and assessed. A new computerised care planning system was in use and this enabled staff to document assessments of people's mobility, their risk of falls and of pressure ulcers developing. The system prompted staff to keep these assessments under regular review. Any falls were documented and we saw evidence of the action taken to help prevent further accidents including referral to a community falls prevention service.

People using the service told us that staff treated them well. One person said, "Yes, they treat me nicely." Another person told us, "They treat me with great respect." Staff had a good understanding of how they kept people safe within the service. They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. One staff member said, "I would ring the manager immediately, they always respond very promptly." The staff understood the roles of local authorities in protecting people and their duty to respond to allegations of abuse. All the staff we spoke to told us they had attended training in safeguarding adults and the training records we looked at

confirmed this.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for four members of staff. Each file contained evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification.

We looked at the homes system for reporting and monitoring incidents and accidents. These were recorded on a computerised system and monitored by the registered manager. Staff told us that any incidents or accidents were reported immediately and records we saw confirmed this with the action taken logged in each instance. For example, the GP being called and the next of kin being informed.

All areas of the home were seen to be kept clean and hygienic. No malodours were noted during both days of our inspection.

We saw risks associated with the environment and equipment were assessed and reviewed. A specialist external company supported the service with premises risk assessment and risk management along with supplying required health and safety policies and procedures. Records confirmed that safety checks were regularly carried out such as those for the fire, gas and electrical equipment installed.

Is the service effective?

Our findings

At our last inspection in November 2014, we found that further work was required to make sure that the home consistently acted in accordance with the requirements of the Mental Capacity Act 2005. At this inspection, we found that improvements had been made.

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).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. Records showed where people lacked mental capacity, staff sought to obtain their consent and work in their best interests. Staff completed Mental Capacity Act training that helped them to understand issues around capacity and support people effectively.

The new care planning system documented when people could not give consent and staff worked with others to make decisions in their best interests. Health professionals, relatives and representatives were involved in decision making processes where individuals lacked capacity. For example, where one person was receiving their medicines covertly in their food.

People were supported by staff who had the knowledge and skills they needed to carry out their role. One person told us, "They have very high quality staff here."

There was a training and development programme for staff that included a structured induction and mandatory learning for all new staff. One senior staff member was given supernumerary hours for the induction and on-going training of new staff. They had begun to implement the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015. New staff shadowed more experienced staff members on shift when they commenced employment. We observed two new staff members shadowing others on duty during our visits.

Staff told us they received training to care effectively for people and meet their needs. An electronic training and development plan was used to monitor training provision for the staff team and identify any gaps. This

was up to date and staff had completed refresher training in key areas. Staff shared examples of recent training courses relevant to their roles and the needs of people they supported. For example, around pressure care. The availability of training was highlighted as a positive in a recent staff survey.

Staff confirmed they were supported by their line managers through regular staff meetings, one to one and group supervision meetings and annual appraisals. We saw records to support this. One staff member told us that senior staff were "always on hand" to support them.

The majority of people using the service told us they enjoyed the food provided to them and were supported to have sufficient amounts to eat and drink. People's comments included, "The food is wonderful", "Excellent", "Perfectly alright" and "I would not complain about it." The people spoken with said they received a choice each day and had opportunities to voice their opinion about the menus provided. The chef was present at the residents meeting we attended where food was discussed.

During their visit, Healthwatch Richmond observed that care staff made every effort to make the dining experience for people as positive as possible by very sensitively helping people who required assistance and engaging them in conversation. They observed that people were treated with great respect and patience.

Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. We saw that individual food and fluid intake was being monitored where necessary. People with special dietary requirements were catered for, for example, some people were served soft or pureed food.

People were supported to keep well and had access to the health care services they needed. People using the service were registered with a local GP practice unless they chose, and were able, to retain their own GP. Discussions with staff showed they recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care. Records documented visits from the GP as well as other health professionals such as the tissue viability nurse and chiropodist.

Is the service caring?

Our findings

People we spoke with were happy living at Brinsworth House and were satisfied with the care they received from staff. One person using the service told us, "I have no complaints about the staff." Another person told us, "By and large I get on well with them." A third person commented, "The staff here are nice."

Relatives and friends visited on both days of our inspection. A visitor told us, "It's very happy and friendly here, a very nice place." The visitors spoken with confirmed they felt welcomed by staff.

Following their visit in June 2016, Healthwatch Richmond reported that there was a pleasant, warm atmosphere to the home and observed very positive interactions between the people using the service and the staff, who ensured that each person had everything necessary to make themselves comfortable.

People told us that staff treated them with dignity and respect. One person said, "They treat me with great respect." Another person commented, "They are polite and respectful." Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person was covered when they received personal care. One staff member told us, "Knocking on doors, that's a given here." Another staff member commented, "Staff go above and beyond here."

We spent time in the communal areas observing the interactions between people and the staff who provided their care and support. Our observation was that staff treated people with dignity and respect. Some staff clearly knew people very well and there was great familiarity between them and people using the service. They were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records. Staff members were observed to support people in a kind and sensitive manner. For example, we heard staff asking people, "Is this ok?" and informing them what they were going to do when supporting them.

Individual profiles created for each person gave guidance to staff about the person, their background and what was important to them along with information about their mobility and nutritional needs. These helped staff to know each person as an individual and personalise their care. For example, one person's profile reminded staff of how they liked to take their tea and the phrases that they responded to in order to initiate conversation. Another profile reminded staff to sit with the person and hold their hand if they needed reassurance.

We attended the residents meeting during our inspection. A sometimes lively discussion took place around activities and the food provided along with information sharing such as any new staff working at Brinsworth House. Minutes of these meetings were made available to people using the service and these included actions required which were reviewed to ensure they had been completed.

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. Some people said they were unsure if they had a care plan but said either that their family members or representatives dealt with this area or that they were not interested as the home met their needs.

People's individual needs were assessed before they came to live at Brinsworth House. A pre-admission assessment form was completed that staff used to discuss with the person and / or their representatives about how they wanted to be supported. Care plans were then written addressing areas such as mobility, communication, nutrition and cognition and these were reviewed regularly.

We saw that a new electronic care plan system had been introduced since our November 2014 visit and this work was ongoing to complete this process. The new system flagged high risk areas and prompted staff to review and update records regularly.

A full time co-ordinator was employed to provide activities at Brinsworth House. They were enthusiastic about their work and were assisted by regular visiting volunteers and work experience students. Following their visit in June 2016, Healthwatch Richmond observed that the activities co-ordinator had a very good rapport with people using the service and made every effort to stimulate participation with her dedication also being noted.

A long serving bar manager also came every day at lunchtimes and evenings and was observed to interact very positively with people, clearly knowing many individuals very well. The bar area also provided a focal point for interaction and conversation each day.

People using the service said, "They help you go out in the garden and we play bingo", "The entertainments are good here, can't fault the social life" and "There are things going on." We saw monthly events and activities were planned ahead with a trip out on the river taking place just after our first visit. Electronic tablets were used to capture photographs of each event and these were also used for reminiscence sessions with people.

Regular exercise and yoga sessions were held at the home. Other events included regular visiting entertainers, craft and quiz sessions. Some people had their own garden areas that they tended to whilst others were able to enjoy independent trips in to the local community. Records were kept to log the activities people participated in and each person had a profile that gave information about them and the things they liked to do.

A comments, complaints and suggestions book was kept in the front reception area along with a copy of the complaints procedure. The registered manager reviewed the book regularly and signed each comment with any action taken. People told us they felt able to talk to a member of staff or the registered manager if they had a suggestion, concern or wanted to raise a complaint. One person said, "Whatever I ask for or suggest, they follow up." Another person told us, "I would normally speak to the matron." A third person said, "There

is nothing to complain about." One visitor commented, "I have no concerns."

Is the service well-led?

Our findings

People using the service and their visitors spoke positively about the registered manager, saying that she was visible and approachable. One staff member told us, "Matron responds to your emails, she is always very helpful."

A recent staff survey recorded positive feedback about areas such as training, teamwork and management support. Staff told us that they enjoyed working at Brinsworth House and were confident about the quality of service being provided. One staff member said, "I would have my relatives stay here."

There was a quality assurance system in place that included regular audits of care records, medicine administration, health and safety and the environment. These documented where any action was required and we saw they were then monitored to make sure improvements had been made. Further audits were completed by the registered manager looking at compliance with CQC standards and associated regulations. Other regular checks included unannounced out of hours and night visits by the registered manager.

An annual quality assurance exercise was carried out to obtain the views of people using the service. The last one was completed in November 2015 with positive feedback recorded about the quality of service provided.

The registered manager met with the charity trustees on a regular basis, providing a report on progress made by the service. A trustee was visiting during our inspection and said that they did this regularly to help with the administration. This also enabled them to talk with people and staff about the quality of service being provided.

Accidents and incidents were recorded on an electronic system and were reviewed by the registered manager to make sure that action had been taken as appropriate and any learning applied for the future. One staff member commented that the registered manager would immediately discuss any accidents or incidents with staff as soon as they were reported.

Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice. Action plans were put in place following each meeting, for example, for staff to have read policies and procedures and to make improvements in shift handovers and reporting. Weekly meetings were held between the manager and heads of units to discuss progress and to resolve any issues.

Records at the service were kept securely in office areas. A new computerised system for care planning and risk assessment had been introduced which helped staff make sure that information was fully maintained and up to date.

The service was in the process of seeking accreditation from investors in people which recognises that it had attained set standards in leading, supporting and managing people.

