

Little Brocklesby House Limited

Little Brocklesby House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Little Brocklesby House is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 36 people, some of whom may be living with dementia.

People's experience of using this service and what we found

People continued to receive a good service. Staff knew how to identify and report any signs of abuse. People received their medicines as prescribed. Risks to people's safety and wellbeing were assessed and minimised. The home was clean and suitable for people's needs. Recruitment checks were carried out to ensure staff were suitable to work in the service.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. People were respected; staff promoted people's privacy and dignity and encouraged their independence in all aspects of life. Staff were knowledgeable about people's needs and had access to detailed care plans, guiding them how to support people. Activities took account of people's interests and life histories.

Staff had positive links with health care professionals, which promoted people's health and wellbeing. Professional advice was sought and followed. People received good support with their nutritional needs. People and relatives felt able to raise concerns and their feedback was sought.

Systems were in place to check the quality and safety of the service and regular audits were conducted. We received positive feedback from staff and relatives about the management and leadership of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Little Brocklesby House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Little Brocklesby House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers, activities coordinator and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to review evidence from the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff were aware of how to recognise abuse and protect people from harm. They were aware of whistleblowing procedures and felt confident to raise any concerns should these arise.
- The provider had a safeguarding policy and referred concerns to the local authority safeguarding team when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments relating to people's individual needs were carried out. These were updated when people's needs changed.
- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes to reduce the risk of recurrence.
- People felt safe, confident and happy when being supported by staff. One person told us they felt "Safe and comfortable."
- The environment and equipment were appropriately checked and maintained.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- There were enough staff available to meet people's needs.
- People received care in a timely way.

Using medicines safely

- Medicines were stored and managed safely. People received their medicines as prescribed in a personalised manner by trained staff.
- Some medicines prescribed for use 'as and when required' were missing guidance or required more detail to guide staff on when to use them. This was addressed during the inspection.
- Regular medicines audits were conducted, to check on practice and ensure people received their medicines as prescribed.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. Staff received guidance about infection prevention and control. They used personal protective equipment when required, such as disposable gloves.
- Domestic staff were employed, and the home was clean and free from malodours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before receiving a service to ensure these could be met. A care plan was then developed detailing how to meet people's needs and preferences.
- Care and support was reviewed to reflect people's current needs.
- Staff monitored people's needs and provided flexible support, for example, to make sure they sought emergency medical attention if needed. Their rights were and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's relatives gave positive feedback about the effective support their family member received. A relative told us "The staff are very attentive to all resident's needs."
- People's bedrooms were personalised, and the environment had been adapted to accommodate people's needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff received regular support and supervision to discuss their role and the care they provided.
- Staff were satisfied with the training they received and told us they could request additional training or support if they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to meet their nutritional needs. People's dietary requirements were met, and nutritional needs monitored.
- Staff were aware of people's dietary requirements and information about people's nutrition and hydration needs was recorded in their care plan.
- People were involved in meal choices and supported to maintain a balanced diet. People told us they enjoyed the food. They described it as "Excellent" and "There is plenty of choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was monitored. Services of healthcare professionals accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Information about people's health needs was recorded in their care plan. This included information about

people's oral health care needs and guidance for staff about any health conditions people had.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interests where required.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed good relationships with people and were friendly and caring towards them. Staff knew people and their preferences well. A relative told us, "The staff are all very kind and caring."
- Staff confirmed the approach they used with people; they explained they cared for people how they would wish to be cared for themselves and demonstrated empathy.
- There was a relaxed homely atmosphere. People appeared comfortable in their surroundings and around staff. A relative said, "Its lovely here, [name of person] wanted to come in here and I was so pleased as its lovely."
- Family members felt welcomed and involved in their relatives' care.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- People felt supported and listened to by staff.
- Staff respected people's preferences, encouraged them to make choices and promoted their wishes.
- People and relatives were involved in the development of their or their family member's care plan and in discussions about their care.
- People were supported to access advocacy services if required, so they had access to independent support with decision making and expressing their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. Staff responded quickly to maintain people's dignity when required. This was confirmed by our observations and feedback from people and their relatives. One person told us, "The staff help with a shower, they are there if I need them." A relative said, "Staff are very respectful, they always talk to [Name] and explain what they are doing."
- People looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their abilities, health needs, likes and dislikes.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. Staff could tell us details about people's needs, the support they required and the person's preferred routines.
- Staff had developed relationships with people and talked to them about their interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The provider made sure people had accessible information, for example, in large print. Staff talked about examples where people had been supported with information in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of social and leisure activities and follow their interests to avoid social isolation. People enjoyed activities such as pat dog visits, visits from guest singers and enjoyed hand massages and listening books.
- Links had been developed with the wider community. The service held regular coffee mornings and fetes and people from the community attended.
- People were supported to maintain relationships with those close to them; relatives confirmed they could visit any time and felt welcome. One relative told us, "The staff are very good, if [name] is not well they let me know and I can come and sit with them."

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which was displayed in the home.
- Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of care and the home. Both relatives we spoke with told us they had never needed to complain.

End of life care and support

- People received compassionate end of life care and any religious needs were provided for.
- People had the opportunity to discuss their end of life care preferences. This helped to ensure people would receive dignified, comfortable and pain free care and to support and maintain their cultural and spiritual preferences. This was not always recorded but was addressed during the inspection.
- Systems were in place to support people to have a dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management team. One told us, "The manager is very fair with everyone and is very approachable."
- The service benefited from having a registered manager who was committed to providing good quality care to people. A relative told us, "The manager is lovely you can discuss anything with them."
- Staff understood the registered manager's vision for the service. They told us they were listened to.
- Staff said the team worked very well together and that morale was good. Staff and managers demonstrated commitment to providing a person-centred, high quality service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood requirements in relation to the duty of candour.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of regulatory requirements. They knew when to inform appropriate agencies and organisations including CQC, of events that happened at the service, or to people while being supported by staff.
- Staff understood their roles. They received information on induction and throughout training about what was expected from them. There were daily handover meetings to exchange key information between staff and ensure they were aware of their responsibilities.
- People's personal information was stored securely.
- The culture of the service was open, honest and caring. The management team acted promptly to address any concerns.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular quality checks were made on service delivery to ensure people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected. People told us they experienced good communication with staff. Everyone understood each other's expectations for sharing information.
- Staff had opportunity to provide feedback in staff meetings and supervisions.

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuously improving the service. They had made some changes and improvements since our last inspection, such as changes to the environment and décor.
- Systems were in place to ensure the service was consistently monitored and quality was maintained.
- Staff learned from experience and shared their learning with other members of the staff team. They were committed to reflecting on their performance and improving it where possible.
- The provider and staff worked well with other health and social care professionals to meet people's needs.