Brookdale Healthcare Limited

Elm House

Inspection report

Howitts Lane
Eynesbury
St Neots
PE19 2JA
Tel: 01480 471166
Website: www.brookdalecare.co.uk

Date of inspection visit: 19 May 2015
Date of publication: 17/06/2015

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

Elm House is registered to provide accommodation and personal care for up to 12 people. The home does not provide nursing care. The home mainly provides support for people who have a learning disability or autistic spectrum disorder and who may also have mental health needs. Accommodation is provided over two floors and there are 12 single bedrooms. There were six people living at the home at the time of our inspection.

This inspection was undertaken on 19 May 2015 and was unannounced. We last inspected Elm House in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 had mental capacity assessments completed and information about their best interest decisions were well documented. Deprivation of Liberty Safeguards guidance had been followed and completed applications sent to the appropriate agencies so that people were not deprived of their liberty unlawfully.

People's health and care needs were assessed and reviewed so that staff knew how to care for and support people in the home. People had access to a wide variety of health professionals who were requested appropriately and who provided information to maintain people's health and wellbeing.

The risk of abuse for people was reduced because staff knew how to recognise and report abuse. People were supported to be as safe as possible and risk assessments had been written to give staff the information they needed to reduce risks.

Staff received an induction and were supported in their roles through regular supervision, annual appraisals and training to ensure they understood their roles and responsibilities.

People were involved in the planning and choice of the meals, snacks and drinks, which they told us they enjoyed.

People were able, with support, to contact their friends and families when they wanted. Staff supported and encouraged people with activities that they enjoyed.

People were able to raise any concerns or complaints with the staff and were confident that action would be taken. Independent advocates were available so that people could be provided with independent support.

People in the home were happy with the staff and management. People were involved in meetings, and action was taken where requests or comments had been raised regarding suggested improvements.

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 were recruited safely and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed.

Staff in the home knew how to recognise and report abuse.

Good

Is the service effective?
The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Staff were supported and training was provided to enable them to do their job.

People were encouraged to have enough food and drink to make sure their individual health and nutritional needs and choices were met.

Good

Is the service caring?
The service was caring.

Staff knew the care and support needs of people in the home and treated people with kindness and respect.

People had regular access to advocates who could speak on their behalf.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff knew how to meet them.

People who lived in the home knew how to complain if they needed to.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led.

The provider had undertaken a number of audits to check on the quality of the service provided to people so that improvements were identified and made where possible.

People were involved to help improve the service through completing surveys and attending meetings to share their views.

Good

Elm 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 19 May 2015 was unannounced and undertaken by one inspector.

Before the inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law.

During the inspection we spoke with three people living in the home, one health professional and three social care professionals. We spoke with the registered manager, team leader and two staff.

As part of this inspection we looked at five people's care plans and care records. We reviewed three staff recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, medicine administration records, quality monitoring and audit information and policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person said, “The house is safe for me.”

We saw that people were comfortable talking with staff and staff engaged with people well. For example one person discussed concerns about their future move to another area of the country. Staff helped them think positively about the move as well as ensuring they had a realistic view of their placement. People had access to posters and booklets about safeguarding. These were in different formats so that they could understand what abuse was and how they could tell someone about it. There were details of the telephone numbers of agencies they could phone so that they could be supported if the need arose. Staff said, and records confirmed, that they had received annual training in recognising the signs of abuse so that people were protected from harm. Staff spoken with understood their responsibilities and the action they would take in reporting any incidents. They were aware that they could report allegations to other authorities. One member of staff said, “I would report to the senior [member of staff on duty] or the on call [member of staff].”

Staff were also aware of the whistle blowing policy and their responsibilities to report poor practice. One member of staff said, “I wouldn’t hesitate to whistle blow. We have protocols in place and we are also reminded during our one to one [meetings] about who to contact.” One social care professional told us that people were safe because there was no discrimination and that the home and the staff were not oppressive. Another social care professional told us they had no concerns and felt their client was kept safe.

Risk assessments had been written with the person and been signed and dated by them. One visiting health professional told us that they were involved in writing risk assessments in relation to their area of expertise. Staff had signed to show they had read and understood the risks and their responsibilities to keep people safe. These included risks such as deliberate self-harm and social vulnerability. Information for staff to recognise behaviour indicators, strategies on taking action before an event as well as how to react afterwards were also provided.

There were emergency plans in place, for example individual evacuation in the event of fire, which provided staff with access to information to keep people safe.

People in the home had not had any accidents. There were appropriate records of all incidents that had occurred and they showed what actions had been taken to reduce the risks of similar events reoccurring.

People told us, and we saw, that there were enough staff on duty so that they could go out for various activities when they wanted. Staff told us there were sufficient staff on duty to meet people’s individual needs. One member of staff said, “There’s no agency staff used [in the home]. That’s good as it means people have familiar faces. There’s definitely enough staff to meet the needs of people.” Where people were provided with specific one to one staff time these were recorded on the staff rota, and we saw that people were provided with that support. The registered manager confirmed that there were no staff vacancies. Staff told us that they covered any planned and unplanned staff absences so that there was continuity for people. The registered manager told us that they regularly reviewed the care hours needed for people in the home to ensure they had the level of staff necessary to provide and meet those needs. For example on the day of inspection we saw that an extra member of staff was on duty so that one person could be supported for an appointment. That member of staff confirmed their role and that they were extra to the number of staff on duty.

People were protected because there were recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people living in the home. The provider took appropriate action to make sure people were protected and ensured any disclosures made and gaps in employment were discussed and the responses recorded.

People were supported to take their medicines as prescribed and we saw that there was information to show how each person wanted their medicines to be administered. For example one record showed, ‘put [tablet] in pot and I will then put [my tablet] in my hand’. There was also information to show how people evidenced that that they consented. For example one person had on file: ‘I will verbally prompt staff that it’s time for me to take medicines.

Good

Is the service safe?

If not staff to verbally prompt me'. One person self-administered their medicines and there were appropriate risk assessments in place to ensure they were safe.

Medication administration records (MAR) showed that people were supported to take their medicines as prescribed. There had been an external audit from Boots Pharmacy and an internal drug audit undertaken on 7 April 2015 that showed some records had not been appropriately completed. Staff had been informed and action had been taken. However we found a number of the same issues such as gaps in recording and crossing out of signatures with no explanation. The registered manager took immediate action and staff who had not completed the MAR correctly were removed from administering medicines until further training had been completed and their competency checked.

Good

Is the service effective?

Our findings

People told us how they were supported by staff. One person said, "Staff help me with what I need." We saw that people were encouraged by staff who understood their needs and how to help them remain and improve their independence. One visiting health professional told us that staff had the skills and knowledge in relation to people's mental health needs. One member of staff said, "If you were new [things like] finance and community is written in people's folders and you can read it in black and white so there shouldn't be any misunderstandings."

Staff told us that training was provided on a regular basis, which supported them in their role. One member of staff said, "I love it here. There's a good rapport with the staff. All my training is up to date. [For example] Health and safety and food hygiene. We are encouraged to broaden our horizons." Training records confirmed that training and refresher courses were attended by staff.

Staff told us they received regular supervision and annual appraisals with a more senior member of staff. One member of staff told us that the registered manager was randomly auditing all areas of the home to check staff remained competent. Information showed that where there were any issues, staff were provided with support and guidance to ensure improvement.

Staff confirmed they had received training in the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The principles of the MCA had been followed and assessment decisions recorded. People had been involved in their own decisions and had signed to say they agreed with them. Examples of decisions made were management of finances and being supported in the community. People did not have unlawful restrictions placed on them. Staff and the registered manager told us that DoLS applications had been submitted to the appropriate authorities. All applications had been authorised and records showed that to be the case. The information included the date the authorisation was due to expire. We saw that one person was in the process of appealing against their DoLS authorisation and was being supported by staff in the home as well as an independent advocate.

One member of staff said, "I have had training in breakaway [method used if behaviour that challenges people is required]." We saw that staff had received the training needed to safely restrain people if necessary. Staff told us they used restraint methods such as re-direct, guide and verbal de-escalation training that they had undertaken through external trainers, before any form of physical restraint would be considered. The monthly records to show any form of restraint indicated the last restraint was October 2014. Details showed that the providers' guidance had been followed and recorded.

We saw that people had food diaries that showed what they had eaten and drunk each day and the choices they had made. People were involved in recording these and used pictures and words so that they could take part. During the day we saw and heard people request snacks, drinks and meals all of which were their choice and, where possible, they made them for themselves and others. People told us about the food they bought and that they each have an individual cupboard that is locked so only they have access to that food. One person said, "The staff cook. I sometimes help choose the food. I cook on two nights and buy the food." We saw that staff sat with people and had meals and snacks together and were on hand to encourage people where necessary. People's weights were monitored and the records showed people's weights were stable.

People had access to a range of health and social care professionals so that their health and wellbeing was maintained. These included GP's, dentists, psychologists, speech and language therapists and care managers. Health care professionals told us that people's health needs were met because people were supported to attend hospital and other appointments.

Good

Is the service caring?

Our findings

People told us the staff were 'nice' and one person said, "Staff help me with what I need." Another person said, "It's good. People are nice. People are helpful. I've benefited from being away [from home]." We saw that people were treated with respect and the relationship between staff and people in the home was excellent. There was a good rapport between them and people were included in all aspects of the conversations that took place in the home. One staff member said, "I treat people as I would expect my son to be treated. It's their home and that's why I like it."

People were encouraged to participate in monthly meetings and we saw minutes of the last two months. These showed that people were invited to raise any issues or anything they wanted to talk about at the start and end of each meeting. This gave people the opportunity to speak if they wished to. There were some subjects discussed each month, which included menu's, activities, behaviour and theft. There was evidence that comments made by people in the meeting, were addressed and commented on in the following month. This meant people's views had been heard and acted upon.

People's privacy and dignity was maintained as all bedrooms were single occupancy. There were some shared bathroom and toilet facilities but these had lockable doors. One person was asked by staff if they would like to show us their bedroom as it was very interesting. The person was very keen and asked that the member of staff to accompany us, which they did. They were very happy with their room and showed us all their individualised furnishings and fixtures. The pleasure on the person's face showed that staff had taken the time to create a bedroom that was unique to them and full of items of significance. People cleaned their own bedrooms as far as practicable and were reminded each monthly meeting to keep their bedroom doors locked to keep their belongings safe.

People were enabled to do as much as possible for themselves in all aspects of their personal care as well as cooking, cleaning and activities. One person had put their clothes in the washing machine and there were discussions with staff about it and what to do next when it finished its cycle. There was a positive discussion and how well they had done and there was a sense of achievement for the person.

People were encouraged to maintain contact with their family and friends by phone calls and visits. For some people this was written down so that they phoned their relatives on specific days and times. This was at the request of the relatives but also meant the person knew when they should phone and could expect a response. Some people visited and stayed overnight with their relatives on a regular basis.

We saw and heard that people were offered choices on every aspect of their lives. There were conversations about going to get washed in the morning, what to eat at lunchtime and where to go out. One staff member said, "We encourage people, but they all make their own choices."

The registered manager told us that people had regular access to independent advocates and one person has a voiceability advocate to work on their behalf to appeal their DoLS. People told us of the names of the advocates who visited and that they could talk to them at any time. There was information in the office and in the house of the telephone numbers of the advocates so that people could access them directly if they wished. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People told us that staff helped them and supported them in things that they chose to do. Staff told us, and observations we made showed, that they knew the people they supported. Staff told us there was a key worker, who was the main support for a person, and a link worker who was the secondary member of staff who would be available if the key worker was off duty or on holiday. There was information to show that people had meetings each week with either their key worker or link worker to ensure that goals and progress were monitored. For one person it was to learn how to budget. Discussions with the person also included checks that they were happy with the menus and any changes they wished to make in their timetable. There were also monthly summaries recorded on people's files that showed input from the Multi-Disciplinary Team (MDT) and provided details of a person's interaction, social and work. The MDT is a group of health and social care professionals. We saw that people recorded their comments and signed to show they had been involved. This meant people were involved in how their care and support needs were met.

Staff told us and we observed that there were handover meetings when they came on duty. These were used to provide staff with the most up to date information about a person's health and wellbeing. It meant that staff were aware of any changes that were necessary to provide appropriate support to meet people's needs.

Staff told us they had sufficient information about people's needs. One member of staff said, "We get enough information, we're well informed and get the relevant paperwork [when someone comes into the home]." Information for people was written in an easy to read format so that people could understand. Care and support records were detailed and included a 'My life story – about me', which included information of "who I want to be involved in my planning". There was evidence that the people they wanted to be involved in their reviews, had been.

In discussion with people, and in records and photographs we saw, there was evidence of a wide variety of hobbies and interests that people enjoyed. There were house activities which people told us about such as making milkshakes, having a bar-b-que, baking cakes, cooking and eating meals from different countries as well as outings to places like Cadbury's World, the seaside and the zoo. People told us of their individual interests and how they had been taken into account in relation to things that they organised to do. One person told us, "We had a lovely time at Disney on ice and I visited a friend in [another town]. On Sundays I like washing Herbie [the house car]." Another person told us, "I go to Gateway [disco]." People were interested in trains, car boot sales to buy and sell, visits to the theatre, computers, photography and were supported, by staff, to do them.

People said they knew who to speak to if they had any concerns. One person said, "I sometimes talk to [registered manager]." Advocates visit twice a month so that people can have the opportunity to raise any issues and have support if they need it. One member of staff said, "I would support to help the person complain. There is also an advocate available [if people need it]. I've never had to complain." We saw that there had been one recorded complaint which had been responded to in line with the providers' policy. There was evidence that the person was satisfied with the outcome. There had been two compliments from a person who had lived in the home previously.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection supported by a team leader, seniors and support workers. People knew who the registered manager and all the staff in the home at the time of the inspection were, as well as their names. We saw that the people were comfortable with the registered manager and team leader when they walked into the room and that they engaged with them easily.

One member of staff said, "I get support from the manager if I need it. The manager is always available. There's an open door for staff." Another staff member said, "The manager is very approachable and very supportive. It makes you feel better and she knows her job well. Her care is for these guys [people living in the home]."

Staff attended joint monthly meetings with another small home next door, which was also managed by the same registered manager. Staff in Elm House said the meetings were useful and allowed time for discussions and to make suggestions to improve the quality of care they provided for people. One member of staff told us, "We look at regular things like timetables [for people living in the home] and are reminded that they should be person centred and to ensure we offer choice. Recently we discussed about sourcing different activities to provide a varied choice." However the staff meeting minutes did not differentiate between the two homes and it was difficult to know whether an issue was about the two homes or just about one.

People had been supported to complete an annual survey designed (in consultation with Brookdale senior managers) and conducted by independent advocates. However this was a survey that was completed within the whole residential service of Brookdale Care and was not specific to Elm House. There were details of 'areas of satisfaction' and 'areas that could be improved' within the report, but nothing that specifically related to the individual homes. The registered manager said that improvements had been made using the overall responses, such as people having a front door key (after a risk assessment). This was evidenced during the inspection. The registered manager said there were new questionnaires being piloted for 2015 as it had been recognised that information needed to be available for individual homes as well as a corporate overview.

There was evidence that people had links within the community, where they attended religious services, went to local shops and pubs.

Staff were clear about the values that ensured people were supported to be as independent as possible. One member of staff said, "We have weekly planners [for people] and they change day to day. As link workers we listen to their [people's] choices."

There was a staff training and development programme in place and staff confirmed their work performance and competency was reviewed. This was to make sure people were safe and looked after by staff who were trained and able to meet people's needs effectively. One social care professional said, "Staff are competent and very good."

The registered manager had sent in notifications as required by law. Records we saw during the inspection showed that the registered manager and team leader had completed a number of quality audits and produced reports as a result of their findings. These included management of medicines, people's plans of care, risk assessments and activities. This showed that there was a regular review of the standards maintained by staff in the quality of people's care. Staff told us, and we saw that there were monthly audits completed by individual staff on areas such as menus, first aid, Elm House vehicle, people's choice and Legionella. There were guidelines for each area so that staff were aware of what they were expected to check, and a report was written, action to be taken as required and shared by staff in the home.

The staff and management worked with a number of health and social care professionals who provided positive comments about the staff and the care provided to people. One social care professional said, "Staff communicate well with me and the [registered] manager ensures a good standard [of care]."