London Residential Healthcare Limited

London Residential Health Care Limited - Brook House Nursing Home

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

Brook House provides accommodation, nursing and personal care to up to 32 older people, many of whom are living with dementia and healthcare needs which require nursing care. At the time of our inspection 28 people were using the service.

At our last inspection in March 2016 we rated the service "Good". At this inspection we found the evidence continued to support the rating of "Good" and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm. There were assessments in place, which identified support needs and how care was to be delivered. People were protected by staff who knew how to recognise if a person was experiencing or at risk of abuse. Staff recruitment procedures ensured that people received care from staff who were safe to work with people. There were sufficient numbers of staff to meet people's care needs, including supporting people to take their medicines as prescribed.

People's needs had been assessed and there were care plans in place to ensure they received safe and effective care. Staff received induction and on-going training which meant they were able to meet people's specific care needs, including support to receive specialist health care services. People were supported to eat and drink enough to meet their needs. There were policies and procedures to ensure people had maximum choice and control of their lives and that they were not restricted unnecessarily.

People were supported to maintain relationships that were important to them. This enabled people to develop meaningful relationships with the other people and staff at the service. People were involved in making decisions about matters important to them. They were encouraged to express their views as much as they could. We observed people being treated with privacy, dignity and respect.

The service was responsive to people's needs and staff listened to what people had to say. Staff responded to people promptly and respected people's individual wishes and choices. The service supported people to communicate their needs and understood information that was given to them by providing this in a way they could understand.

People and their relatives were confident that any concerns or complaints they raised would be dealt with. The service was well-run and had received compliments from people and their relatives. The registered manger and the rest of senior management were aware of their regulatory responsibilities. The service monitored the quality of care people received and acted to improve how people were supported.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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.

This comprehensive inspection took place on 22 May 2018 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people, six relatives, and eight staff. We reviewed five people's care records and three staff records. We looked at medicines management processes and records relating to the management of the service and undertook general observations throughout the day.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People using the service told us they felt safe there. Visitors also told us this, explaining that they thought people were safely cared for. One person told us, "When I came to stay, I thought it was the end, but staff really looked after me and gave me my confidence back." Other people and relatives commented that they felt safe, and described how any equipment that was used, for example, hoists, was used carefully. People also told us they received their medicines in a safe manner.

There were procedures designed to safeguard people from abuse. Staff confirmed they had received training in safeguarding people and this was evidenced in training files.

Staff understood the service's procedures and knew what to do if they suspected someone was not being cared for safely. The provider was aware of their safeguarding responsibilities and worked with the local safeguarding authority to investigate concerns and protect people. Any changes in people's behaviour or marks on their skin were recorded and discussed during staff handovers, so that all staff were aware and could monitor any concerns to protect the person from avoidable harm.

Individual risks to people's safety had been assessed and planned for. Care plans included a range of risk assessments, for example, support with assisted moving, risks of choking, skin integrity, nutritional risks and other risks associated with people's mental and physical heath.

We observed staff supporting people to move around the home and transfer between chairs using equipment. The staff were caring and used the equipment safely and in the best way to support people. The staff explained that they had been trained in the use of equipment and in assisting people to move.

Feedback from people and their relatives was positive. They told us they felt safe and were able to describe the equipment that was used, getting medicines as prescribed and the high degree of cleanliness of the home. We were told by staff that they took a considered and pragmatic approach regarding risks of falling, for example by using alarm mats and thick foam around a bed where it wasn't safe to use safety rails.

Staffing levels continued to meet people's needs with a mix of nursing and care staff who were supported by domestic and catering staff. One person told us, "Generally speaking, staff are there for you and will do what you ask. Sometimes they look a bit rushed but they soon get round to you."

The provider had appropriate procedures for recruiting new staff to make sure they were suitable. These included checks on their identity, eligibility to work in the United Kingdom, employment history and references from previous employers. The provider also applied to the Disclosure and Barring Service regarding any criminal convictions. The provider had a process for risk assessing staff who had criminal convictions. These assessments were discussed and agreed at senior management level to ensure people using the service were safe. All staff took part in an induction which included assessments of their competency and suitability.

People received their medicines as prescribed and all medicines administered were recorded on a medicines administration record (MAR). Audits of medicines were carried out internally and by the local pharmacy.

Good

Is the service effective?

Our findings

People continued to be cared for by staff who had the skills, experience and knowledge needed to carry out their role. People using the service and their relatives confirmed this, telling us that the staff appeared to be well trained and knowledgeable.

New members of staff undertook training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff also shadowed experienced members of staff. Their competency was regularly checked before they were assigned a permanent role at the service.

There were regular training updates for all members of staff. Some of these were classroom based and run by staff who were qualified to train others whilst others were carried out in the form of e-learning. The provider supported care staff to undertake vocational qualifications and for nurses to undertake clinical training so they could keep their professional qualifications up to date.

The staff records we viewed showed that staff had completed mandatory training on safeguarding adults, moving and handling, the Mental Capacity Act and Deprivation of Liberty Safeguards, fire safety, food hygiene and health and safety. Some staff also received additional training on medicines management and skin integrity. Staff spoke positively about their training and support. They told us they received individual supervision from a senior care worker or nurse and records confirmed this.

One member of staff told us, "It is so, so lovely here. I feel so supported by the management and the team." Another staff member said, "I've been here a few years now and I love it. This job is all about having compassion and working well with others."

Staff competency and performance was reviewed through supervision sessions and appraisals. These processes also identified whether staff needed any additional support from their manager and what support they required with career progression.

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).

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 were being met. Staff adhered to the Mental Capacity

Act 2005. They were aware of whether people had the capacity to make decisions and what decisions they were able to make. People were encouraged and supported to make decisions where able. Mental capacity assessments were undertaken to establish whether people were able to make a decision. If people did not have the capacity to make decisions 'best interests' meetings were held to make decisions on people's behalf. Where people had allocated individuals with lasting power of attorney, these nominated individuals were involved in care decisions.

The service's approach to supporting people who lacked capacity was underpinned by clear guidance and monitored through the home's action plan.

People continued to be supported with their nutritional needs. There was a choice of meals provided and people told us if they did not like what was on the menu they could request alternatives. The people we spoke with told us the food tasted good and there was plenty of food available. Several residents were on restricted feeding and this was administered appropriately and differing dietary needs and wants were accommodated.

We spoke with the chef who was able to demonstrate a sound knowledge of the dietary needs of people. The chef told us his philosophy was that eating well leads to people feeling well and that this approach was his contribution to working with the care staff team.

One person told us, "The food is excellent. There's a four-weekly rotation of the menu so you don't get bored." Another person said, "They will adapt, they are very obliging like that. I had a bad stomach and they made special food for me while I got better." One person suggested that the home could provide more fruit and to make fruit accessible throughout the day.

People were supported to access the healthcare services they needed. There were qualified nurses who monitored people's health needs throughout the day and night. There was clear information about these, and any health needs were incorporated into care plans. There was evidence of regular monitoring of people's wellbeing, including regular communication at staff handover sessions. Where required, a referral would be made to other healthcare professionals, including the local GP.

People's rooms were nicely decorated and personalised and the layout of the home was straightforward as was access to the garden. The corridors had tactile structures were decorated with reminiscing objects such as matchstick cars and ration books. There was a lift in operation.

Relatives commented positively about the home. One told us, "I've seen so many people blossom in here post hospital". Mention was made of needs being anticipated and other health services being called in where needed, for example in times of poor sleep, low mood, or where physiotherapy was required. Another relative commented, "Management follow through right away if changes in care plans are needed or other services need to be called in. They are very good if there's a problem, they call me and let me know what is going on."

Other relatives spoke about "lovely care plans", "effective team working and key worker system"; "easy to communicate with the team" and there's a very good GP".

Good

Is the service caring?

Our findings

The service continued to provide care in a way that demonstrated kindness and respect.

Everyone was very positive about the high level of care and kindness shown by staff. One relative told us, "I can see the level of attention the staff give to my [relative]. They get right down to the basic checks that make sure they are well looked after." Another relative said, "My [relative] doesn't communicate much, but does keep saying how lovely the staff are and how happy he is here."

One person said, "There are always staff around. The nurses are very firm and friendly, kind, helpful and attentive."

Staff had built caring and positive relationships with people. We observed staff speaking to people politely and regularly checking on them if they were feeling unwell. We saw several examples of one to one attention, including a care staff considerately shadowing a resident who constantly moved around the home, and people who had constant companions made available by external health services.

Staff respected people's privacy. People told us staff always announced themselves and asked for permission before entering their rooms. Personal care was provided in the privacy of people's room and staff were quick to support people with their continence needs. We observed people looking clean and well presented, and their relatives told us people were always supported to dress in line with their preferences.

People were informed and involved in decisions. We observed staff offering people choices and respecting people's decisions. People's care records also instructed staff to discuss with people what support they were providing and how they wanted to be supported. For example, discussing with them before supporting them with transferring what equipment they were going to use and how this would support the person.

People's dignity was respected. The staff addressed people using appropriate language and their preferred names. People's religious and cultural needs were recorded in their care plans. The staff caring for people, including the catering staff, were aware of their needs so these could be met. Alternative menus were provided where people had a specific dietary need.

Good

Is the service responsive?

Our findings

People continued to receive personalised care which met their needs. One person told us, "There are plenty of things we can be involved in if we want, but it's up to you. We have a nice lounge, with TV, there's a garden, I've got radio in my room." Another person said, "We have an activities person. She is constantly trying to get me to do things. The games are good, arts and crafts, pottery, singing, everyday there is something. We have an entertainer and do exercises."

Some less positive feedback included "This home is not meant for people with a brain.", "we are all sat around the edges and not in groups", "my [relative] is too disruptive to join in the group activities but there isn't too much in the way of 1:1 activities for someone like them".

Discussions with the registered manager and regional manager indicated that these experiences were partly a result of the increasing frailty and dependence of new admissions to the home. They confirmed that they were discussing ways to reconfigure the care provided at Brook House in response to this issue.

The activities co-ordinator employed at the home had set in place a range of activities, both for groups and for individuals, as well as occasional trips outside the home. She explained how she used audiobooks, downloaded programmes on iPad and used the radio to tailor activities for special interests. For people whose hearing was impaired there was the use of head phones to help hearing and concentration and she enabled skype calls to enable people to communicate with friends and family. Major events were shown on TV such as the Royal Wedding and Wimbledon.

The activities co-ordinator described her role with enthusiasm and with a sound knowledge of people's needs and interests. She told us how she hoped to develop the role of activities coordinator further so that it was a larger part of the day for all staff, where she could provide support and assistance.

One person told us, "The co-ordinator takes time to sit down and talk to everyone." Another person said, "We go out a couple of times a year, to McDonalds for example and last week there was a trip to the Isabella Plantation."

One person's relative said their family member was "well looked after." Another relative told us, "It's brilliant here…care is very good."

Care plans were developed to people's support needs and were updated regularly. Staff were familiar with people's care plans which enabled them to provide the appropriate type of support to people. Care staff confirmed that if they had any questions or concerns about people's care plans they would feel confident in raising this with the lead nurse on duty.

People, and relatives, told us they felt able to raise a complaint if they had any concerns. The people we spoke with felt they had not needed to make a complaint and felt able to discuss any concerns or worries they had with staff. The home kept a record of all feedback about the care provided. The home had not

received any formal complaint and people told us that any concerns they had were dealt with by speaking to the staff or manager. There were also examples of positive feedback in the form of cards and letters of thanks to the home from people and relatives.

Good

Is the service well-led?

Our findings

People continued to receive a service that was well-led. One relative told us, "This home is amazing. I looked at 5 homes, and I'm a nurse so I can assess a place. I knew this was the right place for my [relative]." Another relative said "I have no complaints - I can't find fault with it. I would have no hesitation in recommending this home to anyone."

People spoke positively about the management of the home and were aware that the registered had been on a period of leave. An interim manager and the regional manager had overseen the home during this period. People and their relatives told us that managers were very approachable and could be seen at any time. One relative said, "They are very open, to be trusted, you can speak to them, the area manager too."

People and their relatives were invited to feedback about the service and make suggestions. The relatives we spoke with told us they found these meetings useful and the meetings also enabled staff to update people and their relatives on any service developments. The relatives we spoke with felt informed and involved in the service. However, one relative told us, "I think a relative and residents forum is important, because it generates discussion. There hasn't been one for a while but I've been told it'll happen again when the manager is back from maternity leave".

Processes were in place to review the quality of service provision. This included a range of audits to review medicines management, infection control processes, catering arrangements and to review the quality of care records. Information was also collected to review people's needs and ensure they reviewed the support they required. This included reviewing incidents such as falls and the number and development of infections and wounds.

We saw that the service carried out a continuous improvement plan which regularly audited care based on care standards and regulatory requirements. This was carried out in such a way that made any area of concern easily identifiable.

Staff meetings were held to discuss the support and care provided to people and to discuss any changes in their needs. This ensured all staff were informed about people's current needs, for example, if there were concerns someone was losing weight or there had been an increase in people displaying behaviour that required a response from the staff team.

The registered manager was aware of their registration responsibilities with the Care Quality Commission and submitted statutory notifications about key events that occurred at the service as required.