

Morleigh Limited

The Brake Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out this focused inspection in response to concerns raised about the environment and the care provided to people at the Brake Manor. The concerns were about people not having a choice about when to get up and go to bed and lack of choice about some elements of their personal care. There were concerns that people did not have access to snacks in the evening and during the night. Some people were not supplied with the appropriate moving and handling equipment to meet their needs. There were unpleasant odours in the building and some sinks did not have hot water. Staff did not have access to suitable protective gloves and hand sanitiser to help prevent and control the risk of infection.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Brake Manor on our website at www.cqc.org.uk. The service was last inspected in November 2014; we had no concerns at that time.

The Brake Manor is a care home which is registered to provide personal care for up to a maximum of 26 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 23 people living in the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

At this inspection we did not find any evidence to substantiate the concerns raised. When we arrived at 9.30am in the morning most people were up, eating their breakfast and staff were assisting other people to get up. There was an unrushed, relaxed atmosphere and staff were working with people at their pace. It was clear from speaking with people and staff that people had chosen when they got up and went to bed.

People's individual care plans recorded their preferred choices and routines. We observed staff asking people for their consent before delivering care. People were involved in making choices about how they wanted to live their life and spend their time.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Staff supported people with their personal care needs and people looked clean and well cared for.

The building was clean, well maintained and free from any unpleasant odours. There was hot water, set to the correct temperature, in the sinks in people's rooms and in shared bathrooms. The registered manager advised us that a few weeks prior to our visit the rooms on the top floor had been without hot water for two days due to a fault with the boiler. Once the fault was repaired hot water was restored to these rooms.

Staff told us there were plentiful supplies of suitable gloves for them to use and they had access to hand sanitiser. This meant people were protected from the risk of infection because there were systems in place to prevent and control infection.

We found people had access to appropriate moving and handling equipment. The registered manager sought advice from healthcare professionals, such as community nurses and occupational therapists, to ensure people were assessed for the right equipment.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either one of the lounges, dining room or in their bedroom. People had a choice of meals and had access to snacks throughout the day, evening and during the night. One person told us, "Yes the meals are very, very good. I like a hot drink before I go to bed and a biscuit or something."

People who were able to express a view of the service told us they felt safe living there. Comments included, "Not sure how long I have been here, but I like it" and "I am very happy here, this is my home." We observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People had a good relationship with staff and staff interacted with people in a caring and respectful manner. One person told us, "You can always talk to staff and they will stop and listen to you. I can't fault them."

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

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. People lived in a safe environment because the premises and equipment were properly maintained. The premises were clean and free from any unpleasant odours.

People were protected from the risk of infection because there were systems in place to prevent and control infection.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good ●

The service was effective. Staff asked people for their consent before delivering care. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People had access to snacks during the evening and at night.

The Brake Manor

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 16 March 2016 and was unannounced. The inspection team consisted of two inspectors. This inspection was carried out to check concerns raised about the safety and effectiveness of the care provided to people living at the service.

We gathered evidence against two of the five questions; is the service safe and is the service effective? This was because the concerns raised related to these two questions.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who were able to express their views of living at The Brake Manor. We looked at the care records for four individuals, conducted a tour of the premises and observed care practices on the day of our visit. We also spoke with three staff, the registered manager and the head of operations.

Is the service safe?

Our findings

We carried out this focused inspection in response to concerns raised with us. These concerns related to some people not having access to the appropriate moving and handling equipment to meet their needs. There were unpleasant odours in the building and some sinks did not have hot water. Staff did not have access to suitable protective gloves and hand sanitiser to help prevent and control the risk of infection.

We looked around all areas of the service to check if the premises were clean and maintained appropriately. We found the building was clean, well maintained and free from any unpleasant odours. There was hot water, set to the correct temperature, in the sinks in people's rooms and in shared bathrooms. The registered manager advised us that a few weeks prior to our visit the rooms on the top floor had been without hot water for two days due to a fault with the boiler. Once the fault was repaired hot water was restored to these rooms. We found the taps on the sink in one of the top bedrooms did not have any markings to indicate which tap was for hot water and which was for cold. The head of operations advised us that the taps would be changed within a few days of our inspection.

We found people had access to appropriate moving and handling equipment. The information given to us raised concerns that one person needed a hoist for staff to safely assist them in and out of bed and they did not have a hoist in their room. This was because their room was not of an adequate size for a hoist to be used. We found that the person did not need to use a hoist, apart from occasionally if they were unwell, and when this occurred a hoist was used in their room. There was enough space in their room for a hoist to be used when required. Their care records showed details of a recent visit from the community nurse where their mobility had been assessed and the use of a hoist was not necessary. The person had other suitable equipment that had been assessed for their individual needs by the community nurses.

We observed that gloves, suitable for staff to use when providing personal care for people, were available throughout the service. Hand sanitiser dispensers were in place around the building for staff and visitors to use. Staff told us there were plentiful supplies of suitable gloves for them to use and they had access to hand sanitiser. This meant people were protected from the risk of infection because there were systems in place to prevent and control infection.

People who were able to express a view of the service told us they felt safe living there. Comments included, "Not sure how long I have been here, but I like it" and "I am very happy here, this is my home." We observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People told us they thought there were enough staff on duty and staff always responded promptly to people's needs. One person said, "Staff are very patient with me, it can take me some time." We observed people received care and support in a timely manner. There were sufficient numbers of suitably qualified staff on duty. On the day of the inspection there were two care staff and one senior care worker on duty as well as the registered manager. In addition there were kitchen staff and a domestic. Staffing numbers were determined by using a dependency tool, which was reviewed weekly. A dependency tool is used to identify

the numbers of staff required by assessing the level of people's needs. The registered manager told us staffing levels were adjusted depending on people's needs and the number of people living in the service. We were advised that staffing numbers had recently been reduced by one in the morning because the numbers of people living in the service was fewer. As soon as anyone new moved into the service the numbers of staffing would be amended accordingly.

Is the service effective?

Our findings

We carried out this focused inspection in response to concerns raised with us. The concerns were about people not having a choice about what time they got up and went to bed and some people were getting up as late as 11.40am. Some gentlemen had beards and this was because staff had not supported them to shave rather than them choosing to have a beard. People had "dirty, black and long" finger nails. Many people in the service would not have the capacity to consent to their personal care or when they got up or went to bed. There were also concerns that people did not have access to snacks in the evening and during the night.

When we arrived at 9.30am in the morning most people were up, eating their breakfast and staff were assisting other people to get up. There was an unrushed, relaxed atmosphere and staff were working with people at their pace. It was clear from speaking with people and staff that people had chosen when they got up and went to bed. People's individual care plans recorded their preferred choices and routines. 'My day' documents recorded the times when people usually liked to get up and go to bed.

We observed staff asking people for their consent before delivering care. People were involved in making choices about how they wanted to live their life and spend their time. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example one person's care records stated, "Can make simple choices about what to eat and drink, but can forget what they have chosen."

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. The registered manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had two people where DoLS applications had been authorised. For one person certain conditions had been applied to the DoLS authorisation. Records showed these conditions were being followed and the DoLS had been kept under regular review.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Staff supported people with their personal care needs and people looked clean and well cared for. Gentlemen were clean shaven except for those who had chosen to have a beard. We saw that for the men who had beards these were clean and trimmed to keep them tidy. There were weekly pamper

sessions for people where staff checked their nails and cut them as necessary.

People had a good relationship with staff and staff interacted with people in a caring and respectful manner. One person told us, "You can always talk to staff and they will stop and listen to you. I can't fault them."

Each person had their nutritional needs assessed and met. Staff monitored people's weight in line with their nutritional assessment. Some people had been assessed as being at risk of their nutritional needs not being met and losing weight because they regularly refused to eat. These people's food and fluid intake was monitored until the risk of them losing weight reduced. The registered manager monitored the charts completed by staff to ensure people had sufficient food and fluid to meet their needs.

People had access to snacks throughout the day, evening and during the night. One person told us, "Yes the meals are very, very good. I like a hot drink before I go to bed and a biscuit or something." Staff told us they could access the kitchen at any time to provide people with snacks or light meals of their choice. We saw people had fresh jugs of cold drinks and staff offered them hot drinks, biscuits and cakes throughout our inspection.

On the day of our inspection we observed people having their lunch. Tables were laid with tablecloths and flowers which created a pleasant 'restaurant' type environment. Food was well presented and people told us they enjoyed the meal they had just eaten. Mealtime was unrushed and people were talking with each other and with staff. Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently. People had a choice of where to eat their meals. For example, in the dining room, their bedroom or one of the lounges. Staff asked people during the morning to choose their lunch and teatime meals. However, the registered manager explained that if when lunch was served some people decided they wanted a different meal to their original choice this could be easily accommodated.