

# Brentwood Homes Limited

## Seven Arches

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This visit was unannounced, which meant the provider and staff did not know we were coming. At the last inspection in July 2013 the provider met all the requirements we looked at.

Seven Arches Nursing Home is registered to provide accommodation and support for 30 adults who may have a physical, medical or dementia related condition. On the day of our visit, there were 30 people living in the home.

# Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service told us they felt safe, were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff knew how to recognise and respond to abuse correctly. People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using care home services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We saw that staff were provided with training on MCA and DoLS. However not all staff we spoke with were confident in their understanding about the MCA and DoLS. We found that the service was not always acting promptly to protect people's rights. Improvements were needed to ensure staff understood how to protect people's rights appropriately.

Overall we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs. However not all staff treated people in a dignified

manner. Improvements were needed to ensure staff understood fully how to respect people's dignity and to gain consent before undertaking a task or carrying out care.

We found that effective systems were in place to ensure that there were sufficient numbers of suitable staff employed at the service. Staff were provided with training, supervision and opportunities for professional development.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals including both hot and cold options. We found that people were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

We looked at people's care records. The records seen showed that care and treatment was planned and delivered to ensure people's safety and welfare. Information in the records provided clear guidance to staff on how to meet people's individual needs and promote their independence.

People were supported to maintain their health and well-being. They attended appointments with other healthcare professionals such as opticians, physiotherapists, dentists and chiropodists.

People told us they knew who to speak to if they wanted to raise a concern or make a complaint. We saw that there were processes in place for responding to complaints. People we spoke with told us they were happy with the service and had not had to make a complaint.

The manager and provider regularly assessed and monitored the quality of the care at the home. Appropriate and prompt action was taken to make improvements when required

# 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 not fully safe.

People who used the service were being put at risk because not all staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This meant that people's rights were not always protected.

People who used the service told us they felt safe and secure. There were sufficient numbers of staff to meet people's needs.

Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse appropriately.

**Requires Improvement**



### Is the service effective?

The service was effective.

People told us that the staff understood their needs and their care and support was given in a way that they liked and needed.

People were encouraged to be as independent as possible when eating their meals. Where additional support was needed this was provided in a caring, respectful manner.

Systems were in place to provide staff with the on-going training, supervision and support they needed.

**Good**



### Is the service caring?

The service was not consistently caring.

People were positive about the care they received and confirmed staff treated them well.

Overall we observed positive caring staff interactions with people. However not all staff respected people's dignity and gained consent before undertaking a task or providing care. Improvements are needed to ensure people receive consistent care that does not compromise their dignity.

People were involved in making decisions about their care and daily living arrangements and their families were appropriately involved in their care.

**Requires Improvement**



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and monitored. Where required support was sought from other professionals or agencies to ensure people's needs were met.

**Good**



# Summary of findings

Systems were in place so that people were able to raise any concerns or issues about the service. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

## Is the service well-led?

The service was well-led.

People knew who the manager was. They told us the management team were approachable and a visible presence in the service.

Systems were in place to seek the views and experiences of people who used the service. Feedback was used to make improvements to the service provided. This showed that people's opinions were valued and acted on.

Audits and checks were in place to monitor the quality and safety of the service. This ensured that people lived at a home that was safe, monitored and well managed.

**Good**



# Seven Arches

## Detailed findings

### Background to this inspection

This unannounced inspection took place 4 December 2014 and was completed by an inspector and an Expert by Experience, who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection the provider completed a 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.

We reviewed information that we hold about the service such as notifications. This is information about important events which the service is required to send us by law and information from other agencies. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with seven health and social care professionals about their views of the care provided. Feedback received was complimentary about the service, the management and the staff team.

At our last inspection 23 July 2013 we looked at a range of standards. There were no areas of concern identified at the last inspection.

During the inspection we spoke with nine people who used the service, four relatives, five members of staff, a visiting healthcare professional, the registered manager and the provider.

People who used the service were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewing care records and other information to help us assess how their care needs were being met.

We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

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As part of this inspection we observed four people's care and reviewed their care records. This included their care plans and risk assessments. We looked at induction and training records for four members of staff. We reviewed information about maintenance, complaints, compliments, quality monitoring and audits. We also looked at health and safety records.

# Is the service safe?

## Our findings

People told us they felt safe and secure. One person said, “I absolutely feel safe here and the people are nice. The staff are always kind to me.” Another person told us, “If you cannot live at home, it is very good here. They (staff) are very good to me. I do feel safe.”

Relatives we spoke with confirmed they had no concerns about the care people received or the way in which they were treated. One person told us, “It is a very safe and secure place. There are plenty of staff around if you need to speak to them. I feel very reassured when I speak with the manager or nurses as they know exactly what is going on.”

Records showed that staff were provided with MCA and DoLS training. However we found that improvements were needed as not all staff we spoke with understood their roles and responsibilities in relation to the MCA and DoLS. For example, some staff recognised certain people who used the service would be unsafe if they left the home alone but did not understand that having locked doors or constant monitoring/supervision of people were deprivations of liberty. We were therefore not assured that all staff understood the key requirements relating to DoLS so as to protect people’s rights and freedom.

We followed this up with the manager who advised that further training on MCA and DoLS for staff to develop their understanding and confidence in applying MCA principles was planned. However in light of our concerns they advised they would prioritise this training and provide staff with information and guidance in team meetings and supervisions.

The manager told us that they carried out MCA assessments of people’s capacity to make day-to-day decisions to ensure people’s best interests were protected and these were regularly reviewed.

However, in one of the five care plans we looked at this information was not in place for a person we considered at risk of having their freedom or liberty restricted. The

manager advised us they had contacted the local authority for further guidance and were in the process of carrying out an MCA assessment for this person. Records seen confirmed this.

Staff were all clear about how to recognise and report any suspicions of abuse. They were also aware of the provider’s whistleblowing policy and knew how to report any concerns to appropriate agencies outside of the service and organisation. We looked at staff training records which showed that staff had received safeguarding training in the protection of adults. We found the service had policies and procedures in place, and information was on display to guide practice and understanding. This showed that staff were aware of the systems in place to protect people.

Staff confirmed that the care plans reflected people’s current situation and were regularly updated. One member of staff told us, “The care plans tell you what you need to do to care for each person and what is required. They are usually updated monthly but also straight away if we see a change to someone’s health or well-being.” This meant that risks around people’s needs were recognised and assessed to ensure that people were cared for as safely as possible.

Risks to individuals were managed and people were protected. For example one person explained that they had moved to the service as they were not managing well on their own at home and had falling several times. They said, “The staff watch out and really keep an eye on me. I have not fallen since I came here and I am still able to get up and about.” Another person said, “I tell them (staff) if I don’t feel well, they listen to me and will take the appropriate action.”

People told us they had no concerns regarding staffing levels. One person said, “There’s always somebody pottering around somewhere.” Another person said, “I cannot grumble, very seldom have I had to ring it (call button) twice. They (staff) come in a matter of minutes.” Our discussions with staff and records we looked at did not indicate any issues with staffing levels.

During the inspection we spoke with a visiting health and social care professional. They told us there was always a member of staff to greet them and that staff responded in a timely manner to the call bells.

# Is the service effective?

## Our findings

People told us they were happy with their care and that the staff, 'know what they are doing.' One person said about the staff, "They (staff) do whatever they can to make you happy. They know what I can and can't do so I don't have to keep telling them," Another person told us, "I am very comfortable here. I couldn't ask for better. The staff know me and are well trained."

Relatives we spoke with were all very complimentary about the staff. One relative told us, "Some staff were more knowledgeable than others but can't really fault them. They do their best and some are learning; we all have to start somewhere." Another relative told us, "On the whole the care here is excellent, the nurses are very good and know the people here really well."

Throughout our inspection we saw that staff had the skills to meet people's individual needs. They communicated and interacted well with people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring.

Staff said they felt supported by the manager. A member of staff said, "In a year, we get six supervisions including appraisals, observations, teaching sessions and a comprehensive training programme. Last week we had epilepsy training; also done safeguarding and dementia awareness." Staff confirmed that regular team meetings were in place which gave them the opportunity to talk through any issues and learn about best practice. This was verified in the team meeting minutes we looked at. Records showed that formal supervision and appraisals were in place to support the on-going learning and development of the staff. This meant that people had their care needs met by staff who were supported to develop their skills and understanding.

Before our inspection we contacted seven health and social care professionals who were involved with the service to find out what they thought of the care provided. Feedback was positive. They told us that they had no concerns about the service and that people received care that met their needs. Comments included, 'The manager and staff listen to the advice given and act accordingly.' 'I have found the staff approachable and willing to assist when requested. The facility is well maintained and my observations of general care of the residents is good.'

People were complimentary about the food. They told us they had plenty to eat, their personal preferences were taken into account and there was choice of options at meal times. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans seen, contained detailed information for staff on how to meet people's dietary needs and provide the level of support required.

People confirmed that the staff were aware of their individual needs, allergies, likes, dislikes and preferences. One person told us, "The staff ask me every day where I want to eat my meals even though they know I prefer to eat in my bedroom. It is nice they ask. They [staff] know I have a small appetite and don't put too much on my plate. The food is tasty and appetising." We saw in this person's care records their preference for small meals were recorded. This meant that people's choices and preferences were taken into account.

It was a very hot day when we inspected and throughout the inspection we saw staff offering people refreshments and checking people were hydrated. We also saw staff asking people who were sitting outside in the garden if they needed their sun hat and help to put their sun cream on. This showed that people were protected from the risk of dehydration and sun stroke.



# Is the service caring?

## Our findings

People told us they were happy with the care provided. One person said, “I am so happy here, the staff come by and have a chat, I like to chat.” Another person said, “It is super here and I could not wish for better, not just the service, the staff are your friends.”

We observed that not all staff consistently asked for consent to provide care when moving people’s wheelchairs or changing their position. For example, we saw one member of staff move a person’s wheelchair causing them to cry out in surprise. When the person’s feet fell from the foot plates the member of staff lifted their feet back onto the foot plates without asking or explaining their actions, again causing the person to jump. We saw that some people’s dignity was compromised when after the lunchtime meal one member of staff wiped people’s faces with the apron protectors they had been wearing when having a drink and did not remove them when the drink was finished.

Interactions between people who lived in the home and staff were friendly and relaxed. Staff were polite when assisting people and the majority of staff understood that people should be treated with dignity and respect and how to provide this. In particular we noted that when staff were interacting with people with dementia they took time to acknowledge what the person was saying, were kind and interacted in a positive way. We saw one member of staff being very warm and tactile to people. This staff member frequently held or touched people who were distressed and disorientated and this seemed to provide comfort and reassurance to people.

Relatives we spoke with told us they had observed the staff to be kind, caring and respectful in their approach. They confirmed that they were kept informed of any changes to the health, well-being and safety of their relative. One relative that we spoke with told us, “I think it is excellent.

The staff are very good; they really look after [person who used the service]. The home is always clean. [Person who used the service] is showered, hair is cut and the chiropodist comes. It is more like a five star hotel.” Another relative said, “We are really happy, [person who used the service] is regularly checked and they try to find out what they want to eat, what they want to listen to on the radio. They (staff) are gentle and kind with everyone I have observed.” A third relative added, “Staffing is good, and they deal with the residents gently.”

Staff were knowledgeable about the people they cared for. They told us about people’s individual needs, preferences and wishes and spoke about people’s past histories. This meant people received care that met their personal needs by staff that knew and understood them well.

People said they had been asked about their views about their care and were involved in making day to day decisions which staff respected. Care records seen were written in plain English and provided information for staff to be able to provide the appropriate care and support to meet people’s individual needs. Prompts for staff to encourage people’s independence and maintain people’s dignity were also highlighted.

People told us the staff encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “They [staff] help me pick my clothes out each morning. I used to do it the night before but found I kept changing my mind. They [staff] ask me what I want to wear and I choose.”

People confirmed that staff respected their privacy and dignity. One person told us, “The staff are ever so nice and friendly. They call out my name and knock on the door before they come into my room.” Another person said, “They [staff] always close the door and curtains when they help me with [personal care]. I feel very comfortable with them.”



# Is the service responsive?

## Our findings

People told us that their care needs were met in a timely manner and staff were available to support them when they needed assistance. One person said, “It is alright; you get everything done for you.” Another person said, “Never a problem if I press my buzzer they (staff) come straight away and see to me.” A relative told us, “Anything you ask them (staff) to be done is done as promptly as possible.”

We saw that staff were attentive to people, checking on people in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately or an explanation provided why the person might have to wait a short time. For example, one person wanted to move from their wheelchair into an arm chair but only one member of staff was present in the lounge. The member of staff explained they would need to wait for another member of staff to be available, to help them move the person safely. In the interim the member of staff engaged with the person helping them with an activity which the person enjoyed until the second member of staff arrived.

People and their relatives confirmed they had been involved in an initial assessment and had been able to give their opinion on how their care and support was provided. Following this initial assessment care plans and risk assessments were developed detailing the care, treatment and support needed to ensure personalised care was provided.

The care plans we looked at provided information to staff about how people would like to receive their care, treatment and support. These included their personal preferences for meeting their social, care and health needs.

Staff we spoke with confirmed that care plans provided them with sufficient information to provide the appropriate care and support to meet people’s individual needs. One member of staff said, “The care plans tell you all about the person and how they like things to be done. They are regularly updated. If there is a change in someone’s health we report it to the nurse in charge or manager who will review the care plan and change it.” This meant arrangements were in place for people to have their individual needs regularly assessed, recorded and reviewed.

Two members of staff told us, and we saw from records, that the service was responsive to people’s changing needs. For example, one person was becoming frail and the service had liaised with their family and other professionals in relation to their care. Another example was given of where the service had worked closely with nurses and the person’s doctor to monitor and manage the person’s pain.

People were supported to maintain and develop relationships. Two relatives told us they felt welcomed at the home. They said they were encouraged to visit their family members and to keep in touch by phone.

People could spend time how they wished. During the inspection we saw that some people chose to sit in their own rooms, others were in the communal areas and some spent time sitting in the garden. People said they were able to participate in hobbies and interests of their choice. For example films, quizzes, bingo and board games. We found that people’s families and friends were regularly invited into the home to join with social events and seasonal celebrations. This meant that people were protected from social isolation.

People told us they were confident their complaints would be treated seriously and knew they would not be discriminated against for making a complaint. One person told us “I go to one of the nurses if something is troubling me. I have never had to make complaint as such as if you mention even the slightest thing is not quite right then it is taken care of quick smart.” Another person told us, “I haven’t had to make a complaint, no need. I would if I wasn’t satisfied but not a problem here.”

The provider’s complaints policy and procedure was displayed in the service. This informed people how to make a complaint and included the stages and timescales for the process. We looked at the complaints log and saw that there had been no formal complaints received within the last year. The manager advised us that all feedback including verbal comments and informal concerns were logged as well as written complaints. Records showed that feedback received had been recorded and included the actions taken in response. This included how the outcome was fed back to the person. This showed us that people’s views and experiences were valued and taken into account.

A member of staff told us, “We encourage people to have a chat with us first, see if we can get to the bottom of the problem,” A senior member of staff said, “I am here every

## Is the service responsive?

day and I know all the residents and their relatives and my door is always open if anyone has a complaint or a query.” This was confirmed from our discussions with people who used the service and their relatives. One person who used

the service told us, “I can speak to the manager or one of the nurses whenever I want if I am worried about something. Never a problem. Everyone is approachable and friendly.”

# Is the service well-led?

## Our findings

A registered manager was in post at the service and was supported by their senior staff. It was clear from our discussions with the management team and from our observations that there was an effective management structure and they were clear about their roles and responsibilities.

Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and senior team. We saw that there was an open and supportive culture within a relaxed atmosphere. One member of staff told us, “It is well run and homely, with good support from the manager and directors.”

Relatives told us that the manager was a visible presence in the home and approachable. They told us they had confidence in the management of the home. One relative told us that they attended meetings every few months and said the manager had acted on the feedback given. Another relative said, “The chief nurse knows what is going on and redirects staff as required.” They added, “The manager is very caring.”

People we spoke with told us they had no concerns with the management and staff. They said they felt involved in how the home was run because they were invited to meetings and were asked to take part in surveys.

We saw that people had the opportunity to express their views about the service through regular residents and relative’s meetings and through individual reviews of their care. We looked at the outcomes from the last annual satisfaction survey which provided people with an opportunity to comment on the way the service was run. Overall feedback was positive. We saw that action plans to address issues raised were in place and either completed or in progress. This showed us that people’s views and experiences were valued and acted on.

The manager advised that as a result of people’s comments including feedback from the annual satisfaction survey, improvements were being made to the provision and range of activities provided. They explained how people had said there was not enough to do and wanted more variety. To address this manager had appointed an activities coordinator (designated member of staff) responsible for supporting people with their hobbies and interests and coordinating group activities. This showed that the management team took account of feedback to improve practice and the overall service provided.

Staff told us that they were encouraged in their one to one supervision meetings to discuss the needs of the people they cared for and improvements that could be made to the service. They told us they felt supported by their manager and senior team and had a good understanding of their roles and responsibilities. They said that they understood the management structure and knew how to raise concerns, and to whom, should they need to do so. We saw that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This showed that people were cared for by staff that were supported and empowered in their role.

Systems were in place to manage and report incidents. Staff understood how to report accidents, incidents and any safeguarding concerns. Records of two incidents showed that staff followed the provider’s policy and written procedures.

Records seen showed that the manager and provider carried out a range of audits to assess the quality of the service and to drive continuous improvement. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and used to make improvements to the service provided and reduce the risk to the people who lived there.