Pearlcare (Lincoln) Limited

Brantley Manor Care Home

Inspection report

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Date of inspection visit:
13 April 2016

Date of publication:
31 May 2016

Ratings

Overall rating for this service	Requires Improvement

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**

Summary of findings

Overall summary

This inspection took place on 13 April 2016 and was unannounced. Brantley Manor provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 33 people who require personal and nursing care. At the time of our inspection there were 32 people living at the home.

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. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe. Medicines were usually administered safely but the provider did not follow their policy for covert medicines, (these are medicines which are given in meals without people's knowledge). Medication administration sheets(MARS) were completed fully however information sheets did not include people's allergies.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision.

We saw that staff obtained people's consent before providing care to them. People were provided with access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to.

Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as falls and infection control. Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were sufficient staff.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and usually administered safely. The provider did not act in accordance with their medicine's policy.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met. People had access to a range of healthcare.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity. People did not always have their privacy protected.

Is the service responsive?

Good

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how

to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Good

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture.□

Brantley Manor Care Home

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 13 April 2016 and was unannounced. The inspection was completed 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.

Before the 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 what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager. We also looked at four people's care plans and records of staff training, audits and medicines. We spoke with six people and five relatives and four staff. We also spoke with a visiting professional.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. Relatives told us that they felt their family member was safe. One relative told us, "The worry of thinking if my relative is safe has been taken away from me, because I know that they are safe in this home."

People and staff told us that there was enough staff to provide safe care to people. We observed staff responded to people promptly. The registered manager told us that they did not need to use agency staff and were in the process of recruiting to bank roles. They said they had a stable team of carers which ensured that people received safe and appropriate care.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns both within the organisation and outside of the organisation. For example, to the local authority. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

We observed the medicine round and saw that medicines were usually administered and handled safely. However we saw staff left medicines with a person during lunchtime on one occasion. Although another member of staff was close by there was a risk that the person may not have taken their medicines or another person could have had access to the medicines. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. However identification sheets in the medicine documentation did not include allergies which meant that staff could not easily check that people were not allergic to prescribed medicines. People were asked if they required their as required medicines such as painkillers. Staff understood the importance of ensuring that medicines were given at correct times. For example they told us that a person had been late up and had therefore had their painkillers later than normal so they couldn't offer them their lunchtime dose now and would need to do this later in the day.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. We saw that

the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. Arrangements were in place to assist staff with this for example where people had medicines on a weekly basis the information was highlighted on the MARS to alert staff. Arrangements were also in place to check MARS on a daily basis to ensure medicines had been administered and documentation completed. Where people required their medicines to be given in their meals (covert medicines) this was documented and discussions had taken place with the GP. This was not in line with the provider's policy. The systems in place to support people to take their medicines were not being checked with the pharmacist. We checked the provider's medicine policy and saw that it stated that the pharmacist should be consulted. The provider was not following their policy and people were at risk of medicines being given in an inappropriate manner. We discussed this with the registered manager who told us that they would follow this up with the pharmacist.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. A visiting professional said, "The carers are well trained."

The registered manager told us that they had introduced a system of lead trainers for areas such as infection control and moving and handling. They said this meant that staff could receive both formal training and support whilst delivering care to ensure that their practice was appropriate. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as care of people with dementia.

The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. We saw that appraisals had also been carried out. Appraisal are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms and consent to photography to ensure that care was provided with people's agreement. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why. One record stated, 'Doesn't have enough capacity to self-medicate' and a best interest assessment and plan was in place in order to support the person with their medicines. Another person used a sensor mat to keep them safe at night but was unable to consent to this and we saw that an assessment had been completed to ensure that the care was being provided in their best interests. Staff were able to tell us what they would do if people refused care and that risk assessments were in place where care was regularly refused. For example where a person regularly refused their medicines.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS, although applications had been made and the provider was awaiting the outcomes of

these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. The registered manager told us that all the meals were home cooked with fresh ingredients. One person said, "The food is nicely served and I have never been refused anything." A relative said, "The home have taken the time to find out exactly what [my relative] likes and when, exactly what [my relative] was used to before coming here, and continued to do this for them."

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice of two meals by staff the day before however staff told us if people didn't want the offered meals or the meal they had chosen they were able to provide alternatives.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example people received nutritional supplements to ensure that people received appropriate nutrition. We saw that care plans detailed what support people required for example if they needed help with cutting up their meals or by using specialist cutlery. Staff were familiar with people's needs and were aware of what nutrition they had received. For example a person at lunchtime had not eaten any of the meal offered to them. Staff told us that this was often the case and that they would be offered a snack box in the afternoon. They also told us that they were being given food supplements to ensure they received sufficient nutrition. We observed snack boxes being offered. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, a visiting professional told us, "Any concerns staff will ring us." They told us that they carried out any care that they advised correctly and worked with them. Information was available to ensure that if a person was admitted to hospital staff would have an understanding of their needs. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing.

Requires Improvement

Is the service caring?

Our findings

The provider's arrangements did not always support people's privacy and dignity because where people were sharing bedrooms there was temporary screening in place. The home had six shared rooms. We saw that the screening that was available was not fixed or sound proof and could easily be knocked aside. We saw that commodes were in use in these rooms and the screens were not adequate to protect people's privacy. The registered manager told us that the refurbishment programme included plans to address the issue of privacy in the shared rooms.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality and records were stored appropriately to ensure people's personal details were protected.

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "The carer's are so kind and patient." Another person said, "I get great care, I am doing very well."

A relative told us, "I can be my mother's daughter again." Another told us, "We can come here as family, not as her carer, like we had to at the other home." A visiting professional said, "Staff have a good working knowledge of people and will help with any assessment we need to do." They said that they thought staff had a good working relationship with people.

People were involved in deciding how their care was provided. We observed that staff were aware of respecting people's needs and wishes. For example, staff asked people where they would like their lunch and supported them in their decision. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. One person told us that they did not like to go into the dining room as it was too light for them and that it affected their eyes. They said they preferred to sit in a corner in one of the lounges off the dining room. I observed that the staff supported them to sit here. Another person preferred to sleep in a chair at night and we saw that plans had been put in place to support the person with their decision and ensure that they were comfortable.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example before removing a cup from a person they checked that the person had had enough to drink and that it was alright to take the cup. One person had been admitted to the home the previous night and we saw that staff accompanied them to the lounge and introduced them to people to make them feel at home. We observed a person at lunchtime was struggling with eating their meal as they had turned their plate around so that the plate guard was not in the correct position to prevent food falling off the plate. We saw staff noticed this and offered them assistance.

Where people were distressed staff were kind and reassured people in order to alleviate their distress.

During our inspection a person fell and staff responded calmly. They allowed the person time to recover before assisting them and checking that they had not suffered any injuries.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. For example they said, "Just going to put your feet down. Come forward. Going up now." In addition staff ensured that people were covered when supporting them to move in order to preserve their dignity.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. We observed people taking part in a craft activity in the afternoon. People were being supported to make banners for the celebrations of the Queen's 90th birthday. We observed that the activity provided an opportunity for people to share memories about the Queen. The registered manager told us they were planning to develop the garden during the summer months and wanted to involve people in the work. We saw that there were a number of garden areas which were accessible to people.

The registered manager had introduced some external activities which were specifically designed for people with dementia. For example an exercise and music programme called Oomph which was developed by the Nuffield Foundation. They told us that they had supported three staff to be trained to deliver the programme so that it could be run on a regular basis for people to access.

We saw that there had been trips to local amenities such as a café and garden centre. The registered manager told us that they preferred to arrange trips on request rather than organising them well in advance because it depended how people felt on the day to what they wanted to do. However they also said in order to facilitate this they sometimes required additional staff and were looking to recruit some volunteers to support trips out. We saw in the newsletter that this issue had been raised.

A registered manager told us that they tried to learn about and understand their past so that they could provide appropriate support with their future care. People's care records detailed people's past life experiences in order to help inform staff about people's interests. For example a person had previously enjoyed watching programmes about history and this was detailed in their care record.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for four people who lived at the home. Care records included risk assessments and personal care support plans. Care plans had been reviewed and updated with people who used the service. Audits had been carried out to ensure that records were kept up to date and complete.

Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. For example a person was prone to urine infections and this was included in the relevant areas of the care record and information provided on how to prevent this. We saw that when the person had suffered from an infection staff had responded appropriately and recorded their response.

One person who had been admitted to the home the previous evening told us that she did not feel that it had been a positive experience. In particular they expressed concerns about not having their inhaler and requiring an additional pillow. When we spoke with the registered manager about this they told us that they had spoken with the person and provided an additional pillow. They said that they had also completed a risk assessment so that they could have their inhaler to self-administer as they were accustomed to.

Bedroom and bathroom areas were clearly marked with pictures and written labels in order to help people to orientate themselves around the building. In addition we saw that the use of colours for areas had also been used. Visual prompts are important to people with dementia because it assists them with memories. Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member.

A complaints policy and procedure was in place and on display in the foyer area. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home across a range of issues. There was an internal audit system in place to check the current service. Checks were carried out on areas such as health and safety, falls and infection control. We saw that action plans were in place and audits were monitored by the regional manager and provider. The registered manager told us that they were in the process of moving to a computerised system for audits. They told us that this system would mean they would spend less time sorting paperwork out and be able to spend more time on outcomes from the audits to drive improvements.

Relative told us, "The home is updating all the time." We saw that there were some areas of the home which required refurbishment for example, replacement of grouting in bathroom areas. We saw that audits had identified these issues. The registered manager told us that there were plans in place to carry out refurbishment and we saw that a plan was in place to address them in the forthcoming year.

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that they liked to be 'hands on' because it helped them to understand people's needs and the needs of the staff. They also told us that their priority was to ensure that people had a good quality of life, they said, "Quality of life is everything."

Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. The registered manager told us that they got regular support from the regional manager and the provider. In addition they attended meetings with other managers of the provider's services. They said that these meetings were useful for learning and exchanging ideas to improve services.

Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting and saw that discussions had taken place about snack boxes and medicines management.

Relatives' meetings had been held and we saw that one was due to be held that evening. When we spoke with relatives they were aware of the meetings however they said that they were happy to raise issues when they arose. We saw that a newsletter was produced on a regular basis and that this included information about meetings, staff moves and plans for the future. Surveys had been carried out with people and their relatives and positive responses received. Surveys had been carried out to gain people's opinions on issues such as security and cleanliness. We saw that following the survey carried out in February 2016 actions had been put in place to address any issues raised.

The registered manager told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff. A relative told us, "The manager is very hands on."

Another told us "The manager has a very good team and they all work as a team."

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. We observed that the registered manager had a good knowledge of the people who used the service and the staff.