Asprey Healthcare Limited

Smallbrook Care Home

Inspection report

Suffolk Close
Horley
Surrey
RH6 7DU

Tel: 01293772576

Date of inspection visit:
19 September 2016

Date of publication:
02 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Smallbrook Care Home is a care home that provides support to up to 41 people who are living with dementia. The home is located in Horley. The service specialises in supporting people living with dementia and also has a specialist unit specifically to support younger people with dementia. On the day of the inspection 30 people were being supported. The people at the home have a range of needs and are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and social activities.

On the day of inspection we met the registered manager. 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 about how the service is run.

The inspection was unannounced and took place on 19th September 2016.

The requirements of the Mental Capacity Act (MCA) were not always being fully met. The registered manager had submitted Deprivation of Liberty Safeguard applications but the restrictions in place were not the least restrictive for many people. The registered manager was aware of how the restrictions impacted on people's freedom and had a plan in place to address this immediately. We have recommended that the home works in line with the MCA (2005) to ensure all restrictions are appropriate.

Staff did not have regular supervisions with their line manager. This shortfall was being addressed and despite this lack of supervision the staff felt supported by management.

Relatives said that Smallbrook Care Home was a safe place for their loved ones to live.

People were protected from harm. Staff had the training and the knowledge to understand risk, and reported accidents and incidents in a timely manner. Staff understood how to report suspected abuse so that action could be taken if necessary. Incidents and accidents were investigated and the manager reviewed reports to prevent them from re-occurring. Any potential risks to individual people had been identified and appropriately managed. People had risk assessments that staff followed to minimise risk and keep people safe.

Risk assessments had been completed to ensure the home was safe for people to live in and there were arrangements in place should there be an emergency. People were supported by sufficient numbers of staff who were recruited safely and had the skills and knowledge to support people.

People received medicines in a safe way. Staff had a good understanding of the medicines they were administering medicines were stored and disposed of appropriately.

Staff had the knowledge and skills to support people with dementia and physical needs. Training was available to staff, which included training courses related to people's needs.

People's nutritional needs were met and people had a varied diet. Staff ensured that people had enough to eat and drink. Staff ensured people were supported to maintain their health and wellbeing and people received support from healthcare professionals when required.

People were cared for by staff who put them at the centre of all they did. People were not rushed by staff and were treated with dignity and respect. People were encouraged to maintain relationships with their family and those that mattered to them.

People's care met their needs and wishes. Staff were responsive to the needs and wishes of people. People were encouraged to be involved in how the home was run and people and relatives felt comfortable in raising a concern or making a complaint.

The home was led by a registered manager who was a positive role model. Organisational values of providing a 'secure, relaxed and homely environment, where individuality is emphasised and care needs and wellbeing is of the prime importance' was reflected in the support given by staff and the management team.

Quality assurance systems were in place to monitor the quality of the service being provided and the running of the home. People and staff were involved in the running of the service. Feedback from people, relatives and staff was used by the registered manager to improve service delivery.

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 were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

Risk assessments had been completed to ensure people were safe. The home had safe emergency arrangements were in place.

People were supported by sufficient numbers of staff who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected because people were sometimes having their freedom restricted unnecessarily.

Staff had the skills and training to support people's needs and staff felt supported but were not always having regular supervisions.

People had food that they liked and their nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were cared for. There was a caring culture amongst all staff members.

People were treated with dignity and respect by staff who knew them well.

Staff had time and did not rush people. Staff took time to communicate in a way people understood.

Is the service responsive?

Good

People's care was centred around them and reviews involved people and those close to them where appropriate.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident it would be acted on.

Is the service well-led?

Good

The service had a positive culture that was person centred, open, inclusive and empowering.

Organisational values of helping, caring and understanding were reflected in the support we observed from staff.

Quality assurance systems were in place to monitor the quality of the service.

Smallbrook 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 checked 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 19th September 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR) was received which was used to aid the inspection planning process. We used all of this information to decide which areas to focus on and to inform the inspection.

During the inspection we spoke with six people, six relatives, one family friend, five care staff and a visiting social worker. We also spoke with an activity coordinator, one member of the kitchen staff, a cleaner, the hairdresser, the deputy manager and registered manager. After the inspection we requested more information from the provider, which was sent to us.

We observed care and support being provided in the lounge, dining areas, and with people's consent, we visited people in their bedrooms. People had complex care needs which meant some had difficulty describing their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed people receiving their medicines and spent time observing the lunchtime experience people had.

We reviewed a range of records about people's care and how the home was managed. These included four people's care records and medicine administration record (MAR) sheets and other records relating to the management of the home. These included staff training, three employment records, quality assurance

audits, accident and incident reports and any action plans. During the inspection process we spoke to health professionals at the local GP surgery.

Good

Is the service safe?

Our findings

Relatives said their loved ones were safe at Smallbrook Care Home. One relative said, "It's a comfort knowing (their loved one) was safe."

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. Information was available to people and relatives about raising concerns. The registered manager had raised safeguarding alerts with the local authority when abuse was suspected and the service had taken steps to address any concerns.

Staff were able to identify and minimise risks to people's health and safety. Risks to people were appropriately managed and, where they were identified, steps were taken to reduce the risk of harm. A variety of risks had been identified that included access to the community, malnutrition and dehydration and behaviours that may challenge. One person who was at risk of falls had a sensor mat in place. This person's relative said having the sensor mat gave them confidence that if they fell they would be found and helped quickly by the staff. People who needed assistance to walk were supported appropriately by staff. Equipment to support people mobilise such as walking frames were available when they needed them.

People received safe care following accident and incidents. During our inspection we observed an incident where a person displayed behaviours that challenged. Staff effectively calmed the situation by following steps in the person's behavioural support plan. Staff then took time to reassure the people involved. An incident report was filled out and an appropriate safeguarding referral made by management. All incident and accidents were analysed by management to reduce the risk of similar incidents occurring in the future. Following this incident we were informed by management that the people's risk assessments would be reviewed and staff would monitor the behaviour of the people involved.

Risk assessments and audits had been undertaken on the home to ensure it was safe for people, staff and visitors; this included fire safety risk assessment and testing and Legionella testing. Generic risk assessments were in place that covered areas such as infection control, first aid and manual handling.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included a disaster plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and were focused on people's support needs and risks. Staff had knowledge of these procedures.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. One relative said there was always staff around to ensure people remained safe. We observed staff responding to people's needs when required throughout the day. The staffing rota detailed there were sufficient staffing levels in place. The staffing levels were calculated on individual need. Staffing levels were regularly reviewed and extra staff had been brought in to respond to risks and concerns so that

people remained safe during times of change.

Staff had been employed using safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by designated team leaders who had received medicine training and an annual medicine competency assessments. The team leader's had knowledge about people's medicines and what they were prescribed for.

We observed that medicines were given to people in a way that suited their individual preferences and needs. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure trolley, which when not in use, was stored in a designated medicines room. Regular audits of medicines were undertaken and there were no gaps on the MAR charts, which showed all prescribed medicines was signed as being taken.

Requires Improvement

Is the service effective?

Our findings

People were not always able to make their own choices and decisions about their care. We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

At Smallbrook Care Home the requirements of the MCA were not always fully met. The registered manager had identified people who lacked capacity to make certain decisions. All care plans identified people had mental capacity assessments when required and best interest meetings had taken place with relevant parties, including health professionals and relatives, regarding these decisions. However, not all this information had been taken into account when staff assessed if people's freedom had been restricted in the least restrictive way.

Some people's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). When people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities however the measures to keep people safe were not always the least restrictive and did not always reflect people's needs.

There were two coded doors which restricted people from walking through to the reception area, dining area and stairs. This measure was in place to manage the associated risks of leaving without support or falling on the stairs for seven people. This meant on the day of inspection 20 people were being restricted unnecessarily as they were being denied access to areas of the home due to the risks associated to other people. During the inspection we observed a person waiting at one of the doors to be let through. After five minutes they were supported through the door by a member of care staff however they were unable to move freely around the home. The registered manager they said they were aware of the impact of this control measure on other people and had a plan in place to change this, which was being implemented immediately. Since the inspection we have received a plan from the registered manager with action that has commenced to alter this.

We recommend that the home reviews its practices to ensure it works in line with the Mental Capacity Act (2005) and DoLs.

The registered manager highlighted the level of staff supervisions (one to one meetings) was an area that needed improvement. Staff files showed supervisions were infrequent. Seven out of the 14 staff who completed a recent staff survey said they had never had a formal supervision. The registered manager said there was a plan in place to ensure staff received regular supervisions so they had the opportunity to discuss

their development and training needs. Despite the lack of formal supervision staff felt supported by management and said managers were available when needed. One member of staff had written to management explaining, "If I have any problems both the manager and deputy manager are extremely approachable and very supportive, I don't think I have ever worked for a management that are so happy to help if there are any problems."

Staff were trained to meet people's needs. Training courses were available to the staff so they could carry out their roles effectively. The deputy manager ran some training courses for staff. This training included safeguarding, health and safety, challenging behaviour and breakaway, dementia awareness and end of life care. New members of staff completed the care certificate in social care as part of their induction. The care certificate is a qualification that all new care employees have to undertake. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

People had enough to eat and drink. People who were at risk of dehydration and malnutrition had been identified and had their fluid and food intake and output monitored for any changes. A relative informed us that their loved one had recently lost weight. Staff recognised this and increased their diet to make sure this was addressed.

People were supported to have a meal of their choice. One person said "The food is excellent here" while another person said, "I look forward to my dinner." People were supported by attentive staff who gave enough time for people to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences. Menus were varied and during the inspection we saw alternatives being offered. We observed lunch on the day of the inspection, which people enjoyed as they were seen eating all the food they were given, the atmosphere at mealtimes was relaxed.

People had access to health and social care professionals, who helped maintain their health and wellbeing. People were regularly seen by a team of GPs at a local surgery. The deputy manager told us the home had built up links with a specific GP surgery because the dementia support for younger adults was more proactive there. The home worked with 'Living Well with Dementia' and 'Dementia Crisis teams', which included community psychiatric nurses (CPNs), specialist occupational therapists (OTs) and psychiatrists. These teams provide specialist dementia care to people. People also had access to chiropody, dental care, physiotherapy and district nurses.

People were supported by staff who responded to changes in health needs effectively. A person who had a recurrent health condition, which affected their mood, was supported to reduce the long term impact. Their relative said advice was gained through medical professionals and new medication was prescribed.

The registered manager said the service is very good at supporting people with dementia to maintain their independence and stay healthy, which they achieved through good working relationships with health professionals. The local GP surgery had positive feedback about the home. The visiting doctors said they were very pleased with the care provided by the home. They said the team at the home remain consistent which helps the surgery when they have had to speak to staff as they are very aware of people's needs. They collectively agreed the home is an excellent service.

Good

Is the service caring?

Our findings

People told us that staff were "Kind" and "Caring." One person said, "I am well cared for here." Another person said, "The care is good. The staff are lovely." Relatives praised the caring atmosphere of staff in the home. One relative said staff were, "Positive and really understanding." We read compliments that described staff as 'patient', 'kind' and 'fantastic'. Health professionals from the local GP surgery commended the 'kind care' provided by a senior support worker. A recent Surrey County Council quality assurance report stated that staff interactions were 'person centred and caring.'

There was a caring culture amongst all staff. A member of staff said, "I enjoy making people smile." We observed caring interactions between staff and people. One member of staff noticed that a person's cup of tea had got cold so offered a fresh cup. Arrangements were also in place for one person to have a meal with their husband every day, which helped maintain their relationship, which was beneficial to their wellbeing.

Staff did not rush people; they took time to engage with people in a meaningful way. We saw a list of people's birthdays and were told the chef makes a cake to help everyone celebrate. During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff.

We saw positive interactions between staff and people. We observed a cleaner notice that a person was not looking very happy and took time to have chat with them to make sure they were okay. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or needs correctly. Staff were seen to interact with people throughout the support that was given. When supporting people to stand up and walk, friendly, clear encouragement was heard by staff.

Staff were positive role models for promoting people's privacy and dignity. We observed a member of staff notice that one person's skirt had moved up in an undignified manner. The member of staff discreetly made sure this person's dignity was maintained. Relatives also agreed that their loved one's dignity was respected. One relative said that staff always asked discreetly if people needed the toilet and never did this loudly.

During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events in their lives that were important to them. One relative said, "Staff really know my mum."

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, activities and the complaints procedure.

People were actively involved in making choices about the decoration of their rooms, which gave a caring feel to the home.

Good

Is the service responsive?

Our findings

Relatives consistently praised the staff, care and service provided. One relative said they were, "very impressed" with the home. Another relative said they, "Couldn't fault the place" as people were treated as individuals by staff.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the home. The activities coordinator had organised trips out as well as groups people could get involved with. These groups included, a knit and natter group, a gentleman's club, a gardening club and a pamper group. One of the GPs that regularly visited the home informed us that they loved the music therapy session as the people seemed to get a lot out of it.

Staff were responsive to the individual needs and wishes of people and celebrated people's independence. A person who used to work with horses was recently supported to go to local stables, which was a positive experience for them. One person did not want to be involved in the activities on offer because they preferred to spend time in the lounge just being with people. This request was respected by staff. The registered manager was also in the process of arranging religious services to cater for the cultural needs and wishes of people.

Staff recognised when people's moods changed. One person said staff made sure they were okay when "I am not myself." A relative said that the staff were quick to give appropriate support to their loved one when their mood changed and they became more challenging.

The home had a new unit specifically set up to respond to the needs of younger adults with dementia. Although only two people were living in this unit on the day of inspection it was evident that staff were able to respond to people's changing needs. We saw that when people's behaviours deteriorated with the progression of their dementia appropriate input from CPNs (community psychiatric nurses) was arranged. Systems to monitor people's behaviour that challenged others were introduced so people received the most appropriate care they could. One person whose needs were constantly changing had fortnightly meetings with their CPN and visits from their psychiatrist once a month so the home could respond effectively to their support needs. This person received ongoing input from an occupational therapist so that meaningful activities and routines were focused on. The registered manager also met with this person's relative once a week. The registered manager said working together had helped the person have a better quality of life.

The registered provider and staff had given thought to enhance the life of those people living with dementia. For example, people had personal pictures outside their bedrooms that helped their orientation around the home. The registered manager was also a 'Dementia Friends Champion' and could delivered information sessions to families when requested, which helped them respond to their loved ones needs more effectively. A Dementia Friends Champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community.

Before people moved into the home a comprehensive assessment of people's needs was completed with

relatives and health professionals supporting the process where possible. One person's assessment included an assessment of support needs, best interest decisions, and transition plan. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified. We saw staff supporting people in line with these plans. For example, one person liked to listen to Classic FM when feeling anxious, which was saw on the day.

Relatives confirmed they were involved in developing people's care and support plans. People's care needs were reviewed with people's circle of support, included relatives and appropriate care and health professionals.

The home asked for feedback from people and their relatives. A recent next of kin/resident survey produced positive results. For example, 100% of people said that staff addressed people in a courteous and respectful manner. Resident meetings took place in a responsive and personalised way, which led to improvement actions being implemented. One such improvement was made when the registered manager changed the hairdresser who visited the home as people wanted a bigger variety of styles and more time.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. When received, complaints and concerns were taken seriously by the registered manager and used as an opportunity to improve the service. One relative agreed with this and said staff, "listen to you." Detailed action plans had been implemented for recent complaints, highlighting how shortfalls were going to be addressed. Team meetings were used as a forum to communicate learning from complaints to all staff. Practical measures were put in place so the service improved. After one complaint about a relatives concerns regarding their loved ones personal care we saw that the registered manager had implemented a personal care chart and was monitoring the situation.

Good

Is the service well-led?

Our findings

People and relatives spoke of the home with high regard. A relative said, "(there is) Such a lovely atmosphere." Another said, "We would have no hesitation in recommending the home to other families."

The service had a positive culture that was person-centred, open, inclusive and empowering. People and relatives told us that the manager and staff know them very well. The culture was summarised when a relative said, ""It's a wonderful place. Everyone is so nice."

The registered manager told us about the home's missions and values of providing a 'Secure, relaxed and homely environment, where individuality is emphasised and the care needs and wellbeing of people is of the prime importance.' Staff we spoke to understood and followed the values to ensure people received kind, compassionate and person centred care. This ethos was implemented during the day to day running of the service.

Staff were involved in the running of the home. We saw that the home had carried out a recent staff survey which an action plan had been composed for highlighting improvements to be made, including supervision levels and attendance at staff meetings. Team meetings were used in an effective way to concentrate on important themes when they arose. Staff were given the opportunity to raise concerns in these meetings, which were followed up my management. For example, we saw that a member of staff had raised a concern regarding health and safety, which was quickly responded to and rectified by the registered manager.

People, relatives and staff felt that they could approach the management team with any problems they had. Relatives told us that problems were acted on. One relative told us when they reported a smell near their loved ones room this was acted upon "straight away." The registered manager had introduced 'family clinics' twice a week so that relatives could book a meeting with her if they wished. The registered manager explained that, "Relatives also know they can pop in and see me anytime." There was a consensus from the relatives we spoke to that the service had improved under the new registered manager. One relative said there used to be problems with staffing levels but this has now been sorted out and was "much better."

Relatives told us that the registered manager was always on hand and visible in the home. The registered manager interacted well with people. People responded well to her and were pleased to see her. This reflected what we observed on the day of inspection.

The management team had an inclusive manner about them. The registered manager and deputy manager worked regularly with people and had a shared understanding of the key challenges, achievements, concerns and risks, which were highlighted in their PIR. The home was using PIR as an active document to drive improvement.

Training and support was available for staff who wanted to develop and drive improvement within the home. The deputy manager was working towards their Level Five NVQ in which they said they were being supported by the provider.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the home and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effective.

The care and support provided to people was regularly monitored so continuous improvement could be made. The home carried out audits on care plans, staff files, medication, health and safety, catering, inflectional control and accident and incidents. Each audit included an action plan which identified when the work needed to be done by. For example, one action was to implement a check after medicines were administered to ensure medicines had been signed for, ensuring safer administration for people. There was senior management oversight as the registered manager completed a monthly management report that was sent to them. This report focused on audits, complaints and incidents. There was also a regular audit by senior management, which among other things concentrated on views of residents and relatives, and reviewing staffing. The service had an overall service action plan, which was linked to their PIR, which the registered manager was working through. One of the goals was to increase the links with the local dementia charities within the local area.