Brookfield Care

Stuart House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on the 12 October 2017 and was unannounced. We last inspected Stuart House in September 2015. At the last inspection we rated the service overall Good with requires improvement for the key question "Is the service effective."

We recommended that the provider considered specific dementia awareness training for staff, improve signage and other memory aids to assist people living at Stuart House with stimulation and recognition. At this inspection we found improvements had been made. We found the service remained Good overall.

Stuart House is a care home which provides accommodation for up to 19 people. The service supports older people, some of whom may be living with dementia. The service is located in Hornsea, a seaside town in the East Riding of Yorkshire. At the time of our inspection there were 19 people using the service.

There was a manager in post who had registered with the Care Quality Commission in May 2017. 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.

People told us the care workers were kind and caring. One person said, "I would be lost without them. They are very kind."

Care workers knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm.

There were enough care workers to keep people safe. Appropriate checks were undertaken to ensure newly recruited care workers were safe to work with people using the service.

Medicines were managed safely and people received them as prescribed.

There were records of essential maintenance and inspections by specialist contractors. Fire safety arrangements were in place. The environment was kept clean and tidy. Infection control measures were in place.

Care workers received relevant training and were supported by senior staff to help them meet people's needs effectively.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to. The registered manager was able to tell us of the people at the service who lacked capacity. We found appropriate DoLS applications had been submitted to the local authority in relation to people's care.

People's dietary needs had been assessed and arrangements were in place to ensure that people received adequate nutrition. People were satisfied with the meals provided.

The service worked with health care professionals to ensure that people's healthcare needs were met.

People told us they were happy with the activities organised at Stuart House.

Care workers understood people's individual needs in relation to their care. Care plans were in the process of being improved so they were centred on the person and reflected individual's preferences.

There was a complaints procedure for people to raise their concerns.

The registered manager used a selection of methods to assess and monitor the quality of the service. These included surveys and regular audits. Staff and resident meetings were held to seek their views about the service and their opinions to make improvements.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards (DoLS) had been submitted to the local authority for their consideration.

People were supported by staff who were trained and staff we spoke with told us they felt supported.

People's nutritional needs were assessed and met. People were supported to maintain their diets when required.

People told us they had access to health care professionals when required.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

Stuart House Residential 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 was 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 was carried out on 12 October 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one inspector and an expert by experience who had experience of older people and those living with dementia. 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, we asked the provider to complete 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 the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when providers send us information about certain changes, events or incidents that occur. As part of the inspection planning process we contacted the local authority and safeguarding team for their feedback; they had no concerns about the service.

During our inspection, we spoke with eight people who used the service and four relatives who were visiting people. We also spoke with the registered manager, four care workers, three ancillary staff (cook, activity co-ordinator and maintenance) and a visiting health care professional. We received feedback after the inspection from two other health care professionals.

We were shown around the building and looked at communal areas and, with people's permission, some

private bedrooms. We observed interactions between care workers and people who used the service throughout the inspection.

We reviewed the care records for three people who used the service. We also looked at medication administration records, recruitment and training records for four staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People who lived at Stuart House spoke to us about how safe they felt living there. Comments from people included, "Everyone is very nice here. Yes I feel safe" and, "Oh yes, I definitely feel safe." A health care professional told us, "I have not been concerned about the safety of the residents. The front door is always locked. Residents are accompanied on the stair lift or in the lift." We saw that people appeared relaxed and happy in the presence of staff.

Since our last inspection the provider continued to ensure staff were supported to keep people safe from abuse or potential harm. The care workers we spoke with were aware of safeguarding procedures and the signs of potential abuse. They knew what action to take if they suspected abuse. A safeguarding policy was in place and care workers had attended safeguarding adults training.

Individual risks for people were managed safely. Care workers were able to explain the risks related to individual people and what action they needed to take to mitigate these risks. For example, one care worker told us, "The risk assessment doesn't eliminate all of the risk. (Name of person using the service) sometimes struggles when walking and we are assessing her constantly. If we need to we use the stand hoist to support her mobility."

The care plans we reviewed included risk assessments which were relevant to the person and contained specified actions required to reduce the risk. These included falls, pressure care and mobility. Risk assessments had been regularly reviewed. These procedures helped ensure people were kept safe from avoidable harm.

We observed that care workers handled people safely when assisting them to transfer using equipment. They had been trained to support people to move safely and we observed equipment, such as walking frames and a hoist being used appropriately. Four care workers had completed a moving and handling 'Train the trainer' course; which meant they could deliver this training to other staff at the service.

Systems were in place to ensure the environment was safe and did not pose unnecessary risks to people. We saw staff kept the environment free from trip hazards that could cause people to fall or slip. One care worker told us, "We keep the walkways clear." Staff followed procedures for minimising risks to people that could arise from poor cleanliness and hygiene practices. The environment, including communal areas such as the bathroom and toilets were clean. Staff wore personal protective equipment (PPE) when required, to reduce the risk of spreading infection.

Where an incident or accident had occurred there was a record which was reviewed each month by the registered manager, and any recommendations were recorded to help reduce the risk of further incidents. For example, we saw one person had experienced a decline in their mobility and falls. We saw action had been taken for care workers to continually assess the person's mobility and use appropriate equipment to support this if required. We also saw a referral to the local falls team had been made.

We looked at staffing levels within the service. We received mixed responses when we asked people, their relatives and care workers about levels of staff. All of the people using the service and their relatives felt there were enough care workers to meet their needs. One person told us, "We don't have to wait long if we call them (care workers)" another said, "I don't feel as if I'm being rushed." The majority of the care workers we spoke with felt that there were not enough of them available. Comments included, "We could spend more time with people (if we had more staff)" another said, "We have not had a break today, we wish we could spend more time with people."

We reviewed the results from a recent relatives survey conducted in September 2017. We saw three of the seven relatives that responded felt there were not always enough care workers to meet the needs of their relative. The registered manager had responded with an action plan which included the identified need for an extra care worker between the hours of 4 and 6pm. We saw this had also been discussed in a recent meeting between the registered manager and provider. The registered manager confirmed that they were actively recruiting for this post. They went on to tell us they had plans to recruit an additional ancillary staff member each morning, to complete bed making and room tidying. A care worker we spoke with told us, "It has been advertised for someone to work from 4 to 6pm."

The registered manager told us there were currently three care workers (including a senior care worker) on shift in a morning and evening. During the night there were two night care workers. They were supported by the registered manager, a domestic, a maintenance person and a cook.

Our observations during the inspection were that there were sufficient care workers on duty to meet people's needs and keep them safe. People were settled and relaxed in the service. Any calls for attention throughout the day were dealt with in a timely manner and people received a good standard of care. The lunch time experience was organised and people were given assistance with their meals as needed.

We looked at the providers recruitment procedures. We checked the recruitment records for four staff employed at the service and we found appropriate procedures had been followed, including application forms and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

The service followed safe medicines management practices. Care workers were trained in medicines administration. We observed a senior care worker administering medicines and found they followed safe practices. For example, washing their hands before starting the medicines round, supporting people to take medicines and once they had swallowed the medicines only then signed the medicines administration record (MAR). We looked at five peoples MARs and no gaps were found. Medicines were safely stored in a lockable cabinet and the controlled drugs register was appropriately completed. The people we spoke with told us they received their medicines on time and were happy with the medicines support.

Good

Is the service effective?

Our findings

We spoke with eight people living at Stuart House and they told us that care workers offered a good level of care. One person said, "They (care workers) seem to know what they are doing." A relative we spoke to said, "They phone me if she is unwell and they let me know when there is any appointment she needs to go to." A visiting healthcare professional commented, "It's so nice to be able to ask a carer about someone and them know the answer and not say 'oh I will have to ask someone else, or I have been on holiday so I don't know'. All the carers seem to know what is going on."

At the last inspection we found the training records evidenced that only one care worker had undertaken training on dementia awareness; this was considered to be 'optional' training for staff rather than essential. We recommended to the registered provider that staff had specific training on dementia awareness as some people living at Stuart House were living with dementia.

During this inspection we saw that 12 of the 19 care workers had completed dementia awareness training. After the inspection the registered manager confirmed that three new care workers were booked to attend this training in November 2017. They also told us that the service training plan had been amended for all newly recruited staff to attend dementia training. This is now part of the core training during induction to the service.

At the last inspection we found there were no pictorial aids, rummage boxes, memory stimulation aids or memorabilia to assist people who were living with dementia. We recommended that people living with dementia were provided with signage and other memory aids to assist them with stimulation and recognition.

During this inspection we saw signage had been installed on bathroom and toilet doors. Having adequate signage can help to promote people's well-being; enabling them to retain their independence and reduce any feelings of confusion. We saw red coloured crockery was used at mealtimes and one person had their own blue crockery. Using coloured crockery that contrasts with tablecloths helps to define the edge of plates and dishes and may be helpful for some people living with dementia.

The registered manager told us one senior care worker who had completed a dementia care training course and was working on making rummage boxes for people after completing research through the Dementia academy. The Dementia academy provides a single point of access for those living and working with people with dementia to receive information, training and promote workforce development. We spoke to the senior care worker who told us, "We now have signage on the doors and a picture communication book for (Name of person using the service). We have done dementia training and know the residents well. We are trying to improve the activities and do these every day now between 2 and 4pm."

Care workers we spoke with felt the training and support was good. One said, "When I started I did some training and shadowed another staff member for four shifts. I read peoples care plans. I have done fire training, first aid, challenging behaviour, safeguarding and I have done an NVQ level 3." The NVQ is a work

based qualification which recognises the skills and knowledge a person needs to do a job.

People received support from care workers that had the appropriate training for their role. We reviewed the training provided and saw that this included moving and handling, infection control, fire, health and safety and food hygiene.

We noted that two of the care workers had not completed safeguarding training. The registered manager told us that one had completed this in their previous role and another had recently started work at Stuart House. They went on to tell us that they were meeting with an external training provider to deliver training in house. After this inspection the registered manager provided us with confirmed dates for three care workers to attend safeguarding training in January 2018. A senior care worker was currently completing safeguarding cascade training. This meant that when this is completed in February 2018 they will be able to train other care workers on this subject.

New staff received an induction before starting in the service and they worked alongside experienced care workers to enable them to get familiar with the people they supported. We spoke with a recently recruited care worker who told us, "I started doing shadow shifts and did four of these. I am currently doing 4 to 6pm shifts until next week. During my induction training I completed food hygiene, moving and handling, risks in the workplace, infection control and protecting people from abuse."

Care workers confirmed they received one to one supervision and team meetings to share information. In addition, there were handovers for care workers before commencing their shifts. They received relevant information and updates on people using the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records confirmed that the required MCA documents and DoLS applications were in place for people who lacked capacity to make decisions.

The registered manager told us and records we checked confirmed that nine care workers had completed training in MCA. After this inspection the registered manager provided us with evidence of confirmed bookings of training in MCA for a further 11 staff.

Care workers we spoke with understood the importance of consent and choice. One told us, "We communicate with people the way they want to. We always ask them (people) things." Another said, "Its about making sure that people have all the information they need to make a decision and giving the person time to make their decision."

People's needs had been assessed for eating and drinking. We saw in people's records that the support they required to eat and drink was recorded. For example, one person's care records said, 'I cannot choose a good appetite. I need to be offered a soft option' and, 'Please give me my meals on red crockery.' Care workers we spoke with were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. One care worker told us, "Everyone is different. Some people have modified foods for example of a custard consistency." We observed people having their lunch and spoke with them. They told us they were satisfied with their meals.

People's healthcare needs were monitored by care workers. Care records of people contained important information regarding their background and medical conditions. Visits by healthcare professionals had been logged. We saw evidence of appointments with healthcare professionals such as people's opticians and GPs.

Good

Is the service caring?

Our findings

People and relatives we spoke to told us the care workers were caring. One person told us, "The staff are lovely." Another person said, "I'm very happy. All the staff are lovely." One relative told us, "They (staff) make me feel very welcome. It's like one big family."

We observed care workers to be confident in how they supported people. They interacted with people in a kind, caring and happy manner. We saw that people were relaxed and content as they spent time with people working at Stuart House. When one person became anxious this was noticed by a care worker who immediately sat with them and offered reassurance. We saw the care worker bend down on one knee, make eye contact with the person and hold their hand, telling them, "We (staff) are here. It's okay to be sad, you don't have to pretend." After a while we saw the person became calmer.

The interactions we observed between the care workers, ancillary staff and people who used the service during this inspection were friendly and respectful. For example, we observed them referring to people by their names, chatting to people in a friendly manner and tone and having conversations with people about their day. A member of ancillary staff told us, "They (care workers) treat them (people using the service) as human beings. I have been here for over nine years now and I wouldn't be here if it wasn't a nice place and they treat them well."

We saw care workers treated people with dignity and respect. They knocked on people's bedroom doors before entering and doors were closed when personal care was provided. This ensured that people's privacy was protected. A healthcare professional told us, "For any intimate examinations patients are transferred to their bedrooms and doors are shut and curtains closed."

Our "Expert by experience" noted one person was not eating their meal at lunchtime and the registered manager sat with the person and supported them to eat. This was done discreetly, maintaining the person's dignity. They also noted that there was kindness and respect shown towards the people that lived at Stuart House.

People were encouraged to be as independent as possible and care workers we spoke with understood the importance of this. One said, "(Name of person) is independent, they can put their own soap on the flannel and wash their own face." Another told us, "(Name of person) likes to go to bed really late. She will go and put on her own nightwear and tell us when she is ready. "During our inspection, we observed people moving freely around the home and where support was needed this was given in a helpful, kind and caring manner. Care workers were seen talking with people while they assisted them throughout the service.

The service had a policy on promoting equality opportunities and diversity. Officials from a local church visited the service every month. We noted that the menu was varied and the cook was able to show us information of people's likes, dislikes and dietary requirements that catered for people who were vegetarian and diabetic. People's care records included pre-assessment information that showed people had been consulted about their individual needs. This included any special preferences for gender of care worker,

their marital status and spiritual needs.

We saw from the service quality assurance process that residents meetings were planned every quarter. We reviewed meeting minutes from September where seven people had attended and expressed their views about the running of the home, including activities and meals. We saw all the people that had attended were happy with their care and stated care workers were nice and friendly.

People's private information was kept secure. Staff were not seen to discuss people's individual needs in public areas. Handover of any personal information took place in a private area of the home that could not be overheard by people, relatives or visitors. However, during the inspection there was some confusion during the handover as to where this was held and when we observed the handover it was being held in a bedroom. We discussed this immediately with the registered manager, who told us this had been addressed the previous day and care workers were aware this should not happen in a bedroom. The handover was completed in private in the dining area of the service. The registered manager assured us this would be further addressed with the staff team.

Good

Is the service responsive?

Our findings

People said that care workers provided them with all of the assistance they needed. One said, "There is always someone around."

Relatives were positive about the amount of help their family members received. One commented, "They (care workers) let me know when there is any appointment (Name of person) needs to go to. I am still working so if I can't make it they will take (Name of person) and bring her back."

In discussions, care workers that were employed at Stuart House had a good knowledge of people and were familiar with their needs, health and preferences. One told us, "Opticians come in and see people, families take people to the dentist and GPs come in when requested. District nurses come in twice each day."

People's care records were being changed to a new format that included personalised information about each person. In the new care records there was detailed guidance for staff about the support people needed throughout their daily routine.

The new records included individual plans of care which contained information about people's eating and drinking, mobility, skin care, communication, capacity, sleep and end of life care. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs.

Each plan recorded the persons core need, the desired outcome and how staff should support the person. For example, one person's plan stated, "I can make some decisions if they are communicated clearly" and, "I have sons who visit and support me with more complex decisions." This showed the provider had gathered personalised information to guide staff to deliver support that was responsive to their needs.

Since the last inspection we saw the service had adjusted its crossover times of care workers during the day. This meant that extra staff were on duty between the hours of 2 and 4pm each day to provide activities for people using the service. A healthcare professional confirmed this and told us, "They have recently changed their staff cross over time to provide time to put on activities during the day, this seems to be good."

A senior care worker co-ordinated the activities and there was a plan for each day. During this inspection we saw people having their hair styled by a visiting hairdresser and during the afternoon people were participating in bowling and tin can alley games.

The activities for people were still being embedded at the service and we observed a care worker speaking with people during the inspection about what activities they would like to do.

People, their relatives and care workers we spoke with told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. One care worker told us, "It is a lot better and (Name of registered manager) is a lot more approachable and things get done."

We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months prior to our inspection visit the registered persons had received six complaints from relatives and staff at the service. We saw that on each occasion the registered manager had followed their procedure to resolve the matters concerned.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. She had been registered with the Care Quality Commission (CQC) since May 2017.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and staff were open to working with us in a supportive way.

People who used the service commented positively about the management of the service and one person said, "I have met the manager. She is very nice." We were told by care workers that there had been improvements in communication since the registered manager started. One care worker told us, "It's definitely better, staff morale is better since (Name of registered manager) started. I now feel like I can say something if I want to. Now if I have a problem (Name of registered manager) is listening and helping me to sort it out."

We talked with care workers about the culture of Stuart House. One said, "Sometimes we can be a bit rushed but on the whole most people work as a team. I think the staff team work together. You now feel like you are more of a team and I certainly feel a lot more confident coming to work."

Communication systems at the home were effective. Meetings kept the staff team updated with any changes at Stuart House and allowed them to discuss any issues. Handover meetings were carried out at the beginning of each shift to ensure consistent and safe care was provided.

One care worker who had recently started at the service said, "I am comfortable going to (Name of registered manager), she resolves problems quickly if you go to her and answers questions. She is a great boss."

There was an effective quality assurance system in place, which included satisfaction surveys and quality assurance audits. We saw the results of a resident survey conducted in 2017. The results had been collated and we saw the menus had been changed to include more choice for both courses at lunch and evening meals.

The registered manager undertook regular audits which included checks of medicines, domestic and laundry services, dignity, infection control, meals and nutrition, premises, staff training and complaints. We saw the actions had been identified and completed in a timely manner. For example, we saw it had been identified in July 2017 that a carpet in the service was worn. An action plan had been implemented and the carpet had been replaced in September.

We saw that records were kept securely and could be located when needed. This meant only care workers and the registered manager had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service.