

Brooklyn Home Limited

# Ann Slade Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on the 8 November 2016.

Ann Slade Care Home is located close to Southport town centre. The home can accommodate up to 24 people. Accommodation is provided over three floors which can be accessed by stairs and a passenger lift. Shared areas such as dining facilities and lounge space are located on the ground floor. There is car parking to the front of the building and a garden at the back of the home.

A registered manager was 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 about how the service is run.

During this inspection we identified a of breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people had access to exposed hot water pipes and radiators and a window restrictor was needed in a shower room. In addition, people could easily access a cupboard that contained a switch for a main utility. Following this inspection the registered provider informed us that appropriate action had been taken in relation to the areas of improvement identified.

You can see what action we have asked the registered provider to take at the back of this report.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. However, we have made a recommendation in this report that the registered provider reviews their procedure for the recording of best interest decisions made on behalf of people to ensure that appropriate details are recorded.

Procedures were in place to protect people from harm and inform staff of how to respond to and report a concern about a person. Safeguarding procedures were available at the service. Staff demonstrated a good awareness of situations that they needed to report under the local authority safeguarding procedures.

People received care from a staff team who had received training for their role.

People told us that staff were kind and looked after them well. They told us that they never had to wait long for staff to attend to their needs.

People's medication was managed appropriately. This helped ensure that people received their medication when the needed it.

Arrangements were made for people to have regular health checks. People had access to the optician, GP services and chiropodist appointments to maintain their health.

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual assessed needs.

Care plans and risk assessment were in place detailing people's needs and how their needs were to be met. Staff having access to how they needed to support a person helped ensure that people received the care they needed.

People knew who to speak to if they wanted to make a complaint and felt that their concerns would be listened to.

People's views of the service were sought on a regular basis by an annual survey. Following the survey people and their relatives were sent a letter informing them of changes made in response to their comments. In addition, monthly meetings took place for people using the service to discuss any changes or suggestions they had in relation to the service they received.

Policies and procedures were in place to offer guidance and support to staff. This enabled staff to deliver safe care and support. The registered provider was currently in the process of reviewing the services policies and procedures to ensure that they contained current best practice.

Staff had carried out research on current best practice on supporting people living with dementia to support service development. An action plan was in the process of being implemented to ensure best practice was being supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service required improvement to be safe.

Areas of people's living environment were not always safe.

Systems were in place for the safe management of people's medicines.

Procedures were in place to safeguard people from harm.

Recruitment procedures were in place to ensure that only suitable people were employed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Detailed records were not always available in relation to best interest decisions made on behalf of people under the Mental Capacity Act 2005.

People were happy with the choices of food and drinks available to them.

People were supported by a staff team who received regular training for their role.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Positive relationships have been developed between people and the staff supporting them.

People felt staff looked after them well.

People felt that the staff team supported in them in a manner that respected their dignity and privacy.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

Assessments of people's needs and care planning documents contained detailed information.

People knew who to speak to if they had a complaint and felt that they would be listened to.

Activities were available for people to participate in.

**Is the service well-led?**

The service was not always well-led.

Quality monitoring systems in place were not always effective.

A registered manager was in post.

Action had been taken when incidents occurred.

Policies and procedures were in place and currently under review.

**Requires Improvement** ●

# Ann Slade 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 the 8 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included notifications we had received from the registered provider which they are legally obliged to send us following significant events and incidents which occur at the service. Prior to the inspection the registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, including what the service does well and any improvements they plan to make.

During the inspection we spoke with and spent time with 13 people who used the service. In addition we spoke with five staff members, including the care manager, two care staff, the cook and the maintenance person.

We reviewed some of the services policies and procedures, the care planning documents in use for three people who used the service and the recruitment files of four staff members. In addition, we reviewed records relating to the management of the service. These records related to medicines, the delivery of care and support, staff training and the quality monitoring systems in use.

Before our inspection we contacted the local authority who commissions the service to obtain further information.

# Is the service safe?

## Our findings

People told us that they felt safe at the service. Their comments included "I feel safe here. The staff look after us all very well" and "We're safe here. Staff are always there if you need anything".

We found that areas of people's living environment required improvement. For example, there were exposed hot pipes in a person's bedroom as the casing to the pipes was not in place. In another person's bedroom we found that a carpet was creased in places, which was a potential tripping hazard. The shower room on the second floor had a trestle window that was not restricted in line with health and safety guidance and in addition, there was no warning / alarm on a fire exit door to inform staff that the external fire door had been opened in the shower room. We brought these issues to the attention of the care manager who took immediate action to rectify these issues. Following our visit we received confirmation that appropriate action had been taken to make these areas safer.

We recommend that the registered provider reviews the procedures in place to ensure that a safe environment is available to people at all times.

Safeguarding policies and procedures were available within the service which gave guidance and information as to what actions needed to be taken in the event of an incident of abuse or suspected abuse. In addition to this information the head of care was in the process of developing a one page action protocol for staff to use in conjunction with local authority safeguarding procedures. Records demonstrated that staff had completed safeguarding training for their role. During discussions, staff knew what action they needed to take if they thought a person had experienced or was at risk from harm.

A dedicated locked room with lockable cupboards, fridge and trolley were in use for the safe storage of people's medication. The care manager was able to demonstrate a clear process for the ordering, dispensing and returns of unused medication. Provision was in place for the safe storage of controlled drugs (CD's). Controlled drugs are medicines prescribed for people that require stricter control to prevent them being misused or causing harm. Having appropriate procedures in place helped ensure that people received their medicines in a safe manner when they needed them.

Each person had a medication administration record (MAR) that detailed their prescribed medication, a description of the medication and the times they needed it administering. MARs also contained the name and personal details of the individual and were seen to be completed appropriately. Staff responsible for the management of people's medication had received training for this role.

Three staff, the head of care, cook and domestic staff were on duty to meet the needs of people. Changes had recently been made to the hours that staff were on duty. This change enabled one member of day staff to start their shift earlier in order to support night staff during the early morning. People told us that they felt there were sufficient staff on duty to meet their needs and that they never had to wait for long to get the support they required.

Systems were in place and were in the process of being developed further for use in the event of an

emergency. A box that contained personal protective equipment was in place for use in the event of an outbreak of infection. A checklist with actions to take was readily available for use in the event of immediate action needing to be taken in the event of an emergency. The care manager demonstrated that they had carried out observations and a detailed analysis of people's needs and was in the process of consolidating the information into quick read personal emergency evacuation procedures (PEEPS) for individuals. PEEPS are used to detail important information about people's needs and what support they require in the event of having to leave the service in an emergency.

Accidents and incidents experienced by people were recorded. As part of their monthly monitoring the care manager reviewed all incidents that had taken place. The purpose of this monitoring was to ascertain any trends or patterns of incidents and to consider how these incidents could be minimised in the future.

The environment was clean and tidy. To help ensure people were protected from the risk of infection, infection control procedures were in place. Personal protective equipment (PPE) was available throughout the service and used appropriately. For example, staff used disposable gloves and aprons when they assisted people with personal care. A handy person was employed to carry out repairs around the building. On the day of this inspection new flooring was being fitted to the communal lounge and repair work was taking place on one person's bedroom. This demonstrated that maintenance of people's living environment took place.

Staff recruitment procedures were in place. We looked at a selection of recruitment records of staff. An application form had been completed and written references had been received. In addition, a Disclosure and Barring Service (DBS) had been carried out. Carrying out these checks minimised the risk of people being employed who are not suitable to work with vulnerable people.

## Is the service effective?

### Our findings

People told us that they were happy with the care and support they received at the service. Their comments included "The staff know how to look after us" and "They [Staff] know what we need". People's comments in relation to the food available included "Foods good", "You can always ask for something different "and "If you like something the cook will always do it for you".

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 done in their best interests and as least restrictive as possible. Best interest decisions made on behalf of people were recorded as a conversation that had taken place. However, there were no formal processes in place for the recording of decisions made in people's best interests under the Mental Capacity Act 2005 (MCA). When a decision had been recorded it failed to demonstrate that the people's rights were being maintained in line with the principles of the Mental Capacity Act 2005. For example, the records did not include the process in how the decision had been taken. We found no evidence that the lack of a formal recording process had had a negative impact on people's rights under the MCA. The care manager demonstrated a good knowledge of the Act and staff were seen to offer people choices and assisting in decision making during our visit. We recommend that the registered provider review their process for the recording of best interest decision to ensure that appropriate records are maintained.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We saw that applications for DoLS had been authorised or were awaiting authorisation from the local authority. People's DoLS had been reviewed when required. For example, one person's DoLS had been reviewed and following that review the DoLS had been removed as the individual had demonstrated during their review that they had the capacity to consent to their care and treatment. This demonstrated the effective use of the Mental Capacity Act 2005 in protecting people rights.

Two small communal dining rooms were available for people to have their meals. People told us that they used the dining rooms on most occasions, however they could have their meals in their bedrooms if they wished. Dining tables were set with cutlery and condiments and people had their preferred places as to where they wanted to sit. Throughout lunch we observed people chatting and for some, mealtimes was seen as a time to socialise with others. People told us that they always had a choice at mealtimes and that a full cooked breakfast was available five days a week, along with a choice of cereals. One person said that they always spoke to the cook each day to tell them what they wanted to eat.

The cook demonstrated a good knowledge of people's likes, dislikes and specific dietary needs. For example, how individuals' liked their eggs cooked and how much gravy people liked with their meals. To support people with diabetes, sugar was not used in cooking, this enabled people to have access to all of

the menu. The kitchen was well stocked with fresh, tinned and frozen foods. Each day food including sandwiches, cake and biscuits were prepared for people to eat throughout the day and night and staff always had access to the kitchen to prepare drinks and snacks for people. Throughout our inspection people were offered hot and cold drinks with and in between meals.

The service had access to a telephone service to gain advice in the event of a person being unwell. This facility offers a triage service and offered advice on what actions were needed in response to people becoming unwell. People were registered with a local GP service and told us that if they were unwell they always had access to a doctor. In addition to GP services, people told us that they had access to monthly visits from a chiropodist and received annual sight and hearing checks. Information relating to people's health care needs and identified risks was recorded in their care plans. For example, people's needs in relation to eating, drinking and risks of malnutrition were assessed using a universal screening tool. The outcome of this assessment helped plan people's care to ensure that any specific needs were met. When a need had been identified recording charts were used to monitor the amount of food and drink a person had taken. Having these systems in place helped promote that people's individual health needs were supported.

Staff told us that they had received training for their role. Records demonstrated that staff had received training which included health and safety, safeguarding people, dementia, first aid, food hygiene, equality, diversity and inclusion. The care manager had developed an audit tool that enabled all training undertaken to be monitored on a monthly basis. The purpose of this monitoring was to ensure that staff received regular up to date training for their role. As a result people were supported by staff that had the knowledge and skills to meet people's needs.

Staff received supervision for their role on a regular basis. The purpose of supervision is to allow a member of staff to sit and discuss their role and development with a senior member of staff. In addition to individual supervision, regular staff meetings took place to inform staff of any changes needed within the service.

People's bedroom doors were numbered and a photograph was in place to assist people with their orientation around the service. However, the door to a hairdressing and nail salon was labelled 'bathroom' and another bathroom was being used as a store room for equipment and laundry. People looking to locate a bathroom could potentially be disorientated by these wrongly signed doors. We brought this to the attention of the care manager who told us they would address this issue.

The care manager demonstrated that they were in the process of planning improvements to the service to develop and make the environment more appropriate for people living with dementia. An assessment tool developed by the Kings Fund in relation to dementia care had recently been completed and an action plan was being devised. The Kings Fund is an English charity that advises and helps shape social care practice. In addition, information had also been sourced from a national charity for people living with dementia to plan for improvements within the service.

## Is the service caring?

### Our findings

People told us that they felt well cared for. Their comments included "We're well looked after here", "Staff are kind" and "We get everything we need".

People told us that they enjoyed the company of others living at the service. Their comments included "We mix and enjoy ourselves", "We all get on alright together" and "Good company". People told us that they were encouraged to make choices for themselves, for example, what they wanted to wear and what time they got up and went to bed.

People told us that staff respected their privacy and dignity when delivering personal care. One person told us that they never felt embarrassed when they were being supported to wash and dress as staff were "Always respectful". Staff were seen to knock on people's bedroom door and ask if they could enter prior to opening the door. On one occasion we saw staff discreetly supporting a person to alter their clothing to ensure their dignity was maintained as they entered the dining room.

People were supported with politeness and respect from the staff supporting them with their care. Staff responded to people directly when spoken to and were seen to explain situations in a number of ways until they were certain the person understood what was being said. Staff were responsive to people who became anxious or disorientated by offering a calming approach when giving reassurances. Staff were seen to offer comfort to people by touch. For example, when invited to, staff would hold people's hands or put an arm around a person's shoulder to offer reassurance.

We saw staff supporting a person who had experienced a fall and who was waiting for an ambulance. The person was sat and made comfortable with pillows and blankets to keep them warm and protect their dignity. Staff sat and talked to the person throughout their wait, offering constant reassurance. It was evident that the support from staff had reassured the person in a manner that saw them relax during their wait.

People were relaxed and comfortable when staff approached them and it was evident that positive relationships had been formed between people and the staff team supporting them. We saw jokes and laughter being shared. One person told us "We always have a laugh here".

We saw that people had freedom of movement around the service whenever they wished. For example, people were seen going into different communal areas and taking the lift to their bedroom when they wished. Staff asked people after their meals where they wanted to go and offered any support that person needed. In addition, people were asked how frequently they wanted to be checked by the staff team throughout the night. This information was recorded and helped ensure that people had a choice of the support they required.

Individual's bedrooms were personalised with people's personal effects. People told us that they had brought items of importance to them from their previous address to make their room as comfortable as

possible.

People told us that if they wished they could access local churches. They told us that they would just ask staff if they wanted to visit a local place of worship. One person told us "I'd just ask. Staff take us out locally and they would always take us to church if we asked them to".

When the information was available, the care planning records gave the opportunity to record people's choices in relation to their end of life. In addition, where a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been made by or on behalf of an individual under the appropriate legislation, this was recorded and placed in a central location where staff could locate the information quickly. In addition, the bedroom doors of people with a DRACPR in place contained a coloured sticker. The purpose of this sticker was to inform staff that a DNACPR was in place for the person and to help ensure that individuals' received their planned care.

Lockable cabinets were available for the safe storage of people's personal and confidential information. Where information was stored on a computer, only staff who needed to access the information could do so by using a password. This helped ensure that people's information was stored safely.

## Is the service responsive?

### Our findings

People told us that they were happy with the service they received and that staff explained to them what care and support they needed to deliver. People told us that staff always said what they were about to do and asked if it was ok.

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. Information considered during this assessment included communication, nutrition, continence, mobility, orientation, sleeping and resting and social needs. Information gained during this assessment process contributed to the planning of people's care and support. People told us that staff asked them how they wanted to be cared for.

Each person had a care planning file that was stored electronically on a computer system. Each person's file included a care plan as to how any identified needs were to be met. Care plans had been developed in relation to individual's physical and psychological needs. For example, personal care, mobility, continence, alcohol dependency, use of hearing aids and specific dietary needs. The care plans were detailed and contained information as to what support staff needed to give a person when delivering care. People's care planning documents were reviewed on a regular basis to ensure that they contained up to date information about individual's needs and wishes.

Daily records were maintained of what care people had received and any other important information, for example, the results of a hospital or GP visit. Further records were maintained to record when people had received personal care, such as a bath or shower. Maintaining these records helped ensure that people were receiving the care and support they required.

In addition to people's care plans a system of colour coded stickers on people's bedroom doors was in use to highlight people's identified needs. For example, a person who had diabetes had a specific coloured sticker on their door to identify their specific condition. The head of care told us that this system was in place to help ensure that staff could respond to people's needs in an emergency.

Risk assessments had been completed when a person had been identified as being at risk or vulnerable. For example, risk assessments had been completed in relation to people's skin condition, nutritional needs, mobility, mental health and vulnerability. When a person had been identified as being at risk, their care plans recorded what actions needed to be taken to minimise the risk of harm to the individual.

A key worker system was in place and staff had scheduled 1:1 time with the people they were key worker to. This time was dedicated to meeting the needs of individuals' for example, care planning reviews, accessing the local community and planning events and activities. Wherever possible, people had been involved in choosing their key worker. The care manager explained that minimum changes were made in relation to people's identified key workers to promote continuity and help forge positive working relationships.

An activities co-ordinator was employed at the service. Their role included supporting people with activities both within the service and out and about within the community. People told us that they had the opportunity to participate in planned activities within the service and that they were also supported to go out and about within the local community. One person told us that they enjoyed visiting the local shops and another person told us "It [The service] is very central here for getting into Southport".

People had the opportunity to discuss their thoughts about the service on a regular basis. Monthly link meetings took place and people were invited to attend. A person who used the service had the role of chairperson and they told us that the meetings were useful for people to get together and have their say. They told us that everyone was invited but not everyone attended but that was their choice. The minutes of a recent meeting showed that discussions had taken place regarding key workers, alternations to the ground floor layout of the service and one person commented on a lack of variety of veg, namely cabbage at mealtimes. The meetings were facilitated by the activities co-ordinator.

A complaints procedure was in place and was clearly displayed in the service. People told us that if they had a concern or a complaint they would speak to a member staff or to the care manager and were confident that they would be listened to. To encourage people and visiting family members to share their thoughts, a comments and complaints book was in place in the foyer for people to write their opinions, suggestions and concerns.

## Is the service well-led?

### Our findings

The registered provider was also the registered manager of the service. The registered manager was supported by the care manager. On the day of our inspection the registered manager was not available and the care manager was on duty. People who used the service and staff easily identified the head of care and all were confident that any queries or actions needed with the service would be addressed.

Quality monitoring systems were in place to ensure that people's living environment was safe. For example, we saw that regular checks had taken place in relation to the fire detection system and hot water temperatures. However, current systems in place for monitoring the service required improvement as they had not always been effective as they failed to identify and assess potential risks from a loose fitting carpet, uncovered radiators and hot water pipes and that people have access to an unsecured cupboard which contained a utilities switch. In addition, the monitoring systems had failed to identify that information recorded in relation to best interests of people failed to fully demonstrate the process of how the decision was made.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that effective systems were in place to regularly assess, monitor and improve the quality of service that people received.

We found the other quality monitoring systems in place to be effective. For example, people's medication and care planning documents were monitored on a regular basis and any changes required took place. Accident and incidents were reviewed on a monthly basis to establish any themes where improvements could be made to minimise the risk of incidents reoccurring.

The care manager carried out a monthly audit. This audit gave the opportunity to monitor information within the service. For example, in relation to people's skin management, falls, accidents and incidents. Positive actions had been taken by the registered provider in response to incidents that had occurred within the service. For example, an alarm system had been fitted to exterior doors to alert staff to when the doors had been opened. In addition, action had been taken to implement information in relation to the Herbert Protocol. The Herbert Protocol is a risk reduction tool for people living with dementia who leave a building unplanned or without an escort. The protocol involved developing a form containing detailed information about an individual which can be passed to the local police to assist them in locating the person. These actions had been taken in response to an incident in which a person left the service unaccompanied.

Inspections from other agencies had taken place at the service. For example, the most recent infection control audit carried out by the local infection control team had scored the service at 90% compliant. In addition, the service had achieved a five star rating in relation to food hygiene.

A system was in place to gather the views of people and their family members on the quality of the service delivered. Following the most recent survey a letter was sent on behalf of the registered provider highlighting actions that had been taken in response to people's feedback. For example, an activities board

had been introduced highlighting planned activities for the week, and a number of trips had been organised. This demonstrated that the system in place gave people the opportunity to make suggestions and know that changes made.

The registered provider had a range of policies and procedures for the service that were accessible for all staff. Policies and procedures support decisions made by staff as they provide guidance on best practice. At the time of this inspection the head of care was in the process of reviewing and updating the policies and procedures in place to ensure that they contained up to date guidance and best practice.

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered provider had informed the Commission of notifiable events in a timely manner. The Commission reviews all notifiable events to make sure that appropriate action has been taken to mitigate any further risks to people and to decide if any further action is required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that effective systems were in place to regularly assess, monitor and improve the quality of service that people received.