

# Abbeyfield Society (The)

# Browns Field House

## Inspection report

25 Sherbourne Close  
Cambridge  
Cambridgeshire  
CB4 1RT

Tel: 01223426337  
Website: [www.abbeyfield.com](http://www.abbeyfield.com)

Date of inspection visit:  
06 February 2020

Date of publication:  
12 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Browns Field House is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

Browns Field House accommodates people in one adapted building over two floors.

### People's experience of using this service and what we found

People's health, welfare and safety were placed at risk because risk assessments were not in place to ensure staff knew how to keep people as safe as possible.

The service had a quality audit in place however this was not effective as the service had not improved its rating from requires improvement to good.

Care plans were not all in place and therefore did not provide enough guidance to ensure staff had the detail on how to provide care and support to people in line with their needs and choices.

There was limited signage to help people find their way around the home. We have made a recommendation that the provider looks at best practice guidance for developing an environment for people living with dementia

Staff had clear guidance in place that detailed what medicines people were prescribed and to ensure they were administered in line with the prescriber's instructions. There were systems in place that ensured lessons were learned.

Staff we spoke with had a good understanding about how to respond if they had concerns about a person being harmed in some way. Various safety checks were taking place to promote people's safety when they were in the building and using any equipment.

Staff received appropriate support and training to undertake their roles,

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe and were happy living at Browns Field House. Relatives were complimentary about the care people received. Activities were organised, and people told us they had enough to do. New staff were recruited in line with the regulations.

Staff were aware of their responsibilities to protect people from the spread of infection.

Relatives spoke about how the registered manager was out and about in the service and how they responded to any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 February 2019). This service has been rated requires improvement for the last two consecutive inspections.

At this inspection enough improvement had not been made and the provider was now in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

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

#### Enforcement

We have identified one breach in the regulations in relation to risk assessments at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Browns Field House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and an assistant inspector.

#### Service and service type

Browns Field House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection:

We spoke with eight people who lived at the service and two relatives about their experience of the service.

We spoke with nine staff including three care staff, two housekeepers, an activity coordinator, the chef, a regular agency member of staff and the registered manager.

We looked at care plans relating to three people and reviewed records relating to the management of the service. We carried out observations throughout the day.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager had failed to ensure that risks to people were assessed, monitored and managed, which meant people were at serious risk of avoidable harm. Risk assessments had not been completed for some people, for example for a person who had been admitted into the service for over a month and was at risk of falling. The person had had a second fall on the day of the inspection which resulted in a hospital admission. This meant that staff did not have the information they needed about how to keep people safe from harm.

Risk assessments were not in place to ensure staff knew how to keep people as safe as possible. This placed people's health, welfare and safety at risk. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were reviewed, and action taken as needed. The registered manager kept these under review to help identify any emerging trends or themes.
- Regular checks of all equipment and systems in the service, such as the fire safety system had been undertaken, to make sure people, staff and visitors to the service would be safe.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "There is always staff around. (Staff) make me feel safe."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would report any concerns to the (registered) manager."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- A safeguarding policy was in place at the service which detailed steps staff should take if they suspected abuse. There were also posters and notices around the service directing people to what abuse was and how to report it.

### Staffing and recruitment

- The provider's recruitment process continued to ensure as far as possible that new staff were suitable to work at the service.
- A dependency assessment tool was used to determine the number of staff needed on each shift to meet people's needs. Staff told us that the number of staff on duty varied according to people's needs.

#### Using medicines safely

- Staff who administered medication had been trained to do this and had their competency assessed on a regular basis.
- Guidance providing staff with information about how to administer a specific medication was not available for everyone. The registered manager told us that guidance would be written and made available to staff.

#### Preventing and controlling infection

- The service was clean and smelled fresh throughout with no unpleasant odours.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. They wore gloves and aprons when providing personal care to people.

#### Learning lessons when things go wrong

- Staff recorded any incidents and accidents. The registered manager reviewed and analysed these on a regular basis.
- Learning from incidents was discussed during staff meeting and when needed changes to staff practice took place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us and we saw that they assessed each person's needs before the person was offered a place at the service. They also ensured any equipment required was in place before the person was admitted.
- Staff used up to date guidance and best practice to support people.

Staff support: induction, training, skills and experience

- Training courses and development opportunities were undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge. One member of staff told us, "I have lots of opportunities to undertake training. We have regular updates, so I keep up to date." Another member of staff said, "We do a lot of online training and have face to face training for moving and handling and first aid."
- Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed.
- The registered manager worked alongside staff so that they knew first-hand how well staff worked.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. People were positive about the food. One person said, "I can always have more if I am still hungry."
- Staff supported people to choose the meals they liked. One person told us, "I always choose what I would like to eat." People who required special diets were catered for.
- Staff were fully aware of people who were at risk of not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses.
- Staff had guidance and information within people's care records to prompt staff when they needed to make these specific referrals.

Adapting service, design, decoration to meet people's needs

- There were signs identifying bathrooms and toilets. However, there were no signs to support people to identify how to get to areas of interest. For example, there were no signs to support people to get to the

lounges or garden patio areas.

We recommend the registered manager reviews best practice guidance and introduces further development to the environment to meet the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "Decisions are made in the person's best interest and we record this in the care plan."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had good relationships with people and people enjoyed their company. Staff we spoke with seemed to genuinely care about people and wanted to do their best for them. A relative told us, "Staff have been great, they get to know the residents really well." Another relative said, "All staff are really caring. I feel they all want to do their very, very best for [family member]."
- Interactions between people and staff were kind and caring and people responded to staff when being spoken with by smiling.

Supporting people to express their views and be involved in making decisions about their care

- Staff communicated with people and involved them where possible in decisions about their care and support needs. A person said, "Staff spent time getting to know me when I came here. They talked about my likes and dislikes."
- People and their relatives attended meetings within the service where they were updated on any changes and were able to express their opinions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. Staff were seen to knock on people's doors before entering. Staff respected the need to be confidential and told us they did not discuss people's support and care needs in front of other people.
- Staff supported people to remain as independent as possible.
- Staff supported people to maintain relationships with relatives and friends. Staff welcomed people's visitors to the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff did not always have the information they required to meet people's needs. Not everyone who lived at Browns Field House had a care plan in place. One person did not have a care plan in place since they were admitted over five weeks ago. This meant that staff did not have the guidance in place to meet people's needs and there was a risk that these were not being fully met.
- We also found details in care plans were not always available, for example there was no information about how to manage one person's specific health condition. The registered manager ensured a detailed plan was put in place during the inspection, so staff were clear how to care and support the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses to improve communication.
- People were given information they could understand, staff supported people with any questions they might have.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were positive about the activities available. The provider employed a member of staff to lead activities. People who were able to, undertook a session doing tai chi (with instructor who specialises in tai chi for people with dementia). People also had the opportunity to go for a walk in the local community. Other activities included, karaoke, bingo, massage and board games. People were enjoying the activities on the day and there were lots of smiles. One person told us, "I enjoy getting involved and enjoy doing jigsaws." Another person said, "I enjoy going out for a walk when the weather is better, a bit cold today."
- The service had also created a sensory room which included an interactive table for people to enjoy.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and outcomes shared through team meetings were appropriate.
- People and family felt confident their concerns would be resolved to their satisfaction. One person said, "I would speak to the (registered) manager or any member of staff. They would do something about it."

#### End of life care and support

- Staff were in the process of asking people and their families to document their end of life wishes. Staff would use this information to provide people with a dignified death in line with their individual wishes.
- The service's ethos was that people should be able to die in their home if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen if at all possible.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found shortfalls in people's risk assessments. Some of these were not complete, or certain risks had not been explored or considered. Also care plans had not been completed for a newly admitted person giving staff guidance to enable them to meet their care and support. The management and provider quality monitoring checks had not identified these issues.
- Since the last inspection a manager had registered with us in January 2020.
- The registered manager reported all notifiable incidents to the proper authorities.
- All staff had a good understanding of their responsibilities.
- Policies and procedures in place were clear and up to date with current legislation around how to supply the best care to people.
- There were daily handovers for staff to ensure the registered manager had an overall view of people's care needs and any changes to a person's health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke of a very homely atmosphere at the service.
- People's relatives also thought the atmosphere was very welcoming. One relative told us, "All the staff are friendly and approachable." Another relative said, "It's like a second home to us, we are always welcomed."
- Relatives were complimentary about the registered manager. One relative said, "It's very well managed. Everything comes down from the top. The [registered manager] makes herself very available, always available."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives had no concerns that the registered manager was not open and honest with them. A relative said, "They always let us know what is happening with our [family member] I am kept well informed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and management of the service continued to establish links within the local community.

- Relatives and people were invited to attend meetings about the service. These were an opportunity for people to discuss any suggestions for improvement. One visitor said, "I get sent a note (after the meetings) of what's happening."

#### Continuous learning and improving care

- Staff told us that they attended regular team meetings where information about the service was shared quickly with them.
- The registered manager were open to what we found at the inspection.

#### Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks.</p> <p>Regulation 12 (1) and (2) (a) (b).</p>