Runwood Homes Limited

Brewster House

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on the 09 and 10 April 2015 and was unannounced. Brewster House provides care and accommodation for up to 70 older people some of whom have dementia. There was a total of 66 people living at the service at the time of our inspection.

The service has a 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.

At the last inspection in August 2014, we identified two breaches of the legal requirements. We asked the provider to make improvements as there were not enough staff to meet peoples needs and their dignity was not always promoted.

The provider sent us an action plan setting out what they were going to do, and during this inspection we found that improvements had been made. There were sufficient numbers of staff on duty to meet peoples needs and staff were more aware of issues around dignity and respect.

The Provider had robust systems in place to ensure that the staff they recruited were properly vetted. Staff were

Summary of findings

clear about what abuse was and the processes to follow to protect people if they had concerns. Staff had good access to training, however their learning was not always put into practice.

Medicines were managed safely, however where people were prescribed medicine on an 'as required' basis this was not always offered. Risks to people using the service were assessed however were not always managed in a proactive way

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

People received a varied choice of nutritional meals, however where assistance to eat was required, this was not always efficiently provided. There was a range of activities available for people to participate in , however those suitable for people living with dementia were very limited.

Most staff were very caring and had good relationships with the people living in the service.

People had their care needs assessed and this included a social history and details of their care preferences. However some care delivery was task led and did not reflect a person centred approach.

Complaints were taken seriously by the provider and there was documentation in place to show that concerns had been investigated and clear actions taken where short falls had been identified.

The provider had a clear management structure in place, and the manager was accessible and visible. Quality assurance and governance systems were in place and a range of audits were undertaken, some of which were very comprehensive. However this was not consistent. There was a lack of management oversight in some areas and analysis of risk undertaken, was not always in sufficient depth.

During the inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) as staff were not following safe moving and handling procedures. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service is not always safe.

Staff were recruited appropriately and were accessible to people.

Staff did not always follow safe moving and handling procedures.

Risks to peoples welfare were not always managed effectively .

Medicines were being stored safely but pain relief was not being offered as prescribed.

Is the service effective?

Requires Improvement

This service was not always effective.

People were positive about the meals provided.

There were systems in place to access health care support but referrals were not always made promptly.

People were not consistently supported by staff with the right skills and knowledge.

Is the service caring?

Requires Improvement

This service was not always caring .

Most staff were very caring but care delivery was task focused, and did not always meet individual needs.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Care needs were assessed reviewed and recorded in a plan of care.

Staff were not always aware of the contents of the care plan and people did not always receive care that was personalised and responsive to their individual needs.

Concerns and complaints are taken seriously and clear action plans developed from the investigation.

Is the service well-led?

Requires Improvement

This service was not always well-led.

We found that while there were audits undertaken they did not always address the inconsistencies in the approach of staff and promote individualised care.

Risk analysis was not robust and people were at risk of poor care.

Brewster House

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 9 and 10 April 2015 and was unannounced. The inspection team consisted of two inspectors and an Expert–by-Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

As a number of people who lived in the service had dementia 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 spoke with nine people, four visitors, and two healthcare professionals. We spoke with eight care staff, the registered manager and the regional manager. We looked at three staff records; peoples care records, staffing rotas and records relating to how the safety and quality of the service was being monitored.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in August 2014 we identified a breach of Regulation 22 as there was not enough staff to make sure that people were supported in a safe manner.

At this inspection we found that there had been some progress and there were sufficient staff to meet people's needs. The manager used an assessment tool to calculate staffing and said that they had maintained staffing at these levels, which was reflected in the staffing rota. Staff told us that staffing levels were adequate and that the home was no longer dependant on agency staff. A number of relatives noted the decreased reliance on the use of agency staff, which facilitated relationships and staff's ability to respond to people's needs.

The majority of people told us that staffing levels were satisfactory and met their needs. One person said that staff were, "very quick" to respond to their needs and that staffing levels seemed to, "be adequate to me." They went on to say that, "staff often sit and chat, they take an interest in what you are you're doing." There were some inconsistencies in the comments and one person said that staff, "had no more than five minutes to do things." However our observations were that staff were accessible and able to respond to call bells and requests for assistance promptly.

Recruitment processes for staff were thorough. Staff told us that they had attended an interview and references had been obtained before they were allowed to start work. Examination of three staff files confirmed that all relevant checks, including a criminal records check and appropriate references had been obtained to ensure that they were suitable to work with people who used the service.

Environmental risk assessment and fire safety records for the premises were in place to support people's safety. The fire alarm log book showed that regular testing of alarms were undertaken as well as regular drills. Regular testing was undertaken to reduce the risk of legionella. Plans for responding to any emergencies or untoward event's were in place to reduce the risks to people. For example emergency plans were in place identifying how individuals would be evacuated in the event of an emergency.

Assessments were in place to manage risks such as pressure damage and hydration, however these were not being monitored effectively. Fluid charts were not being appropriately completed, and we found that when carers reported concerns such as skin damage there was not always evidence to demonstrate that follow up actions had been implemented to prevent deterioration. Two people had home acquired pressure ulcers and people at risk of pressure damage were not being referred promptly to health care professionals. This placed them at an increased risk of deterioration. Risks to people in general were not looked at in a proactive way. The care team collected data on incidents such as falls, skin tears, infections and pressure ulcers and some analysis was undertaken. However it was not extensive and they did not always look into the cause with a view to questioning or improving practice.

Plans were in place for the management of risks such as moving and handling however we found that these were not always followed. Some people had been placed at risk of injury and pain because staff were not following safe moving and handling procedures. An individual told us that staff do not always move people safely, and during the inspection we observed unsafe practice. A person was moved with a loose handling belt and using an inappropriate lift from their wheelchair to a chair.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and that their possessions were looked after. One person and their relative told us that a gate had been put across her door to stop an individual entering. Permission had been sought from both of them before this was put in place.

Staff were clear about what constituted abuse and the need for reporting unacceptable practice. Staff told us that they had received training on both safeguarding and whistleblowing and that they were aware of the role of the safeguarding team. They expressed confidence in the homes management and said that if they raised a concern it would be listened to. The manager was aware of her responsibilities and maintained a central log on safeguarding alerts. She showed us the actions that she had taken in response to a recent investigation by the safeguarding team. We saw that a meeting had taken place with staff to reinforce key messages about reporting any concerns . We also saw records which showed that staff were reporting concerns to their supervisors.

Requires Improvement

Is the service safe?

People were supported to take their medicines but practice was not always consistent. One person told us that they received their medicines at the right time and that staff would always find them wherever they were in the building. Another person said that they would be given pain relief if needed. However our observations on the day of the inspection did not fully support this as we saw that people were not always offered pain relief which placed them at risk of pain.

We observed a member of staff administering the morning medication to a person whose daily records noted that they had been complaining of pain. However they were not offered any pain relief although this was prescribed. We spoke to the manager about this and she addressed this issue with the staff member. However the plans which were in place to support staff making judgements were not clear for example not all individuals who were prescribed medication on an "as required" basis had a plan for its use. Those in place were not adequately detailed and did not give clear guidance to staff about what information they should use to make a judgement about when they should be giving pain relief.

Medication administration records were maintained and staff were aware of the importance of recording and safe storage. Medication audits and competency assessments for staff were being undertaken.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they had good access to training and we saw that the manager used a spreadsheet to monitor overall attendance on the training in key areas. A newly appointed member of staff told us about their induction training. This involved some classroom learning and working alongside an experienced member of staff for three days so that they could get to know the people who use the service and observe how care was undertaken.

Despite staff attending training, some people's needs were not always consistently met by skilled staff, and training was not always put into practice. The home looked after people with varying stages of dementia and during the inspection we observed some people exhibiting distressed behaviours. Staff skills and knowledge in responding to these individuals varied and our observations were that some staff had a lack of understanding and insight into why individuals may be distressed. When we spoke to staff some showed that they knew people well and could discuss triggers, and how to approach them. Others demonstrated a lack of understanding about the needs of people with dementia and what strategies could be used to support them.

People told us that they had access to chiropodists, opticians and dentists and there were records to confirm this. We observed staff making appointments on individuals behalf and saw that a member of staff accompanied an individual to their hospital appointment. However when people's needs changed referrals were not always made promptly. For example, an individual had been prescribed medication for an infection that had resulted in the person having falls. The person continued to have falls and exhibit distressed behaviour for some time before another referral was made for further investigation by a health professional. The health of another person with a pressure ulcer had deteriorated and they were no longer mobile. This had presented increased risks but these had not been evaluated and a revised plan of care put in place for the person.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA), but staff were less clear. They had undertaken e-learning on the subject, but did not feel fully confident with regard to their role and in some cases were confused with Deprivation of Liberty Safeguards (DoLS). However care records showed that the principles of the MCA 2005 code of practice had been used when assessing an individual's ability to make decisions on everyday matters such as receiving personal care. Applications had been made to the appropriate professionals for assessment when people who lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLS.)

People told us that the food was good and the minutes of the most recent residents meeting noted positive comments about the food. People said it was, 'excellent' and, 'I think the food is very good indeed.'

Our observations were that people were offered regular drinks and the meal served looked appetising. The menu offered a choice of the main meal and the pudding with a vegetarian option available. The menu was written on one side and had corresponding pictures on the other, which assisted people in making a choice. One person said, "we always get a choice" another said, "you couldn't wish for better."

However one person said that items on the menu were not always available, and on the day of the inspection the menu did not reflect the meal offered. We noted some people were visibly disappointed by this and raised this directly with the manager. The manager spoke with the kitchen but was not able to provide the missing items.

People who required assistance to eat were not always supported sensitively and in a manner that would allow them to enjoy their meal. For example, two people were supported to eat at a pace that was too fast, with staff giving a spoonful of food before they had sufficient time to finish the previous spoonful. We also noted that one person was served their food and left to eat it without support. We observed them taking a spoonful and then falling asleep. Staff prompted them on a couple of occasions but then the meal was removed. The person had eaten only half of what they were given because they were not given the level of attention and support they required.

We looked at the arrangements for overall management of nutrition and noted that people had their weight monitored either weekly or monthly depending on risk. Malnourishment universal screening tools (MUST) had been used to give an indication of the person's risk level.

Requires Improvement

Is the service effective?

The manager had a system in place whereby she reviewed these monthly. People's care plans showed that their nutritional needs were managed and that people were referred to the dietietics service if there were concerns.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection in August 2014 we identified a breach in regulation 17 because some staff did not communicate with people in a way that promoted their dignity and respect. Following the inspection we received an action plan from the provider setting out the steps that they were going to take to address the concerns. At this inspection we were told that the provider had appointed dignity champions and had provided dignity training to staff. We saw that progress had been made but practice was not always consistent.

People told us that they were treated with dignity and respect. One person said that they had never seen "anyone talked down to" and said that when visitors came staff always asked if he would like to see them in private. People told us that their privacy was respected and we observed that staff always knocked on doors before entering bedrooms. However we also observed practice which was not respectful such as staff having conversations between themselves as they supported people, without involving the person.

People told us staff knew them and that they were well looked after. We were told that that there was a core group of staff who had worked at the service for a long time and knew the needs of people well. One person said that their care was, 'based on their needs' and staff were happy to explain things to them saying that staff, "usually talk to me about it."

We saw people sharing a joke together and being spoken to in a kind way. Some staff delivered care in a way that encouraged conversation and was compassionate. We observed that they touched people in a gentle manner to show concern for their wellbeing and talked with them, showing interest in them as people. However this practice was not always consistent, for example in some parts of the home mealtimes were a time for people to sit together and be sociable but not in others. In one lounge we observed a member of staff sitting eating and talking with individuals but in another we saw staff eating separately and talking together. We observed individuals sitting around the edge of a lounge with small individual tables which did not promote conversation or interaction.

All staff responded to requests for support, but for some their focus was on completing a specific task rather than meeting the individuals needs. We saw that some staff were dismissive of people's individual abilities and needs, and some became a little inpatient when they dealt with those individuals whose behaviour presented a risk to themselves or others. We spoke to staff about this aspect of their role and one person said, "The people with dementia can be challenging, some staff deal with it better than others, sometimes it is a personality thing."

People told us that they were supported to express their views and and make decisions about their day to day care. One person said that they were able to go their room if they choose and could eat there if they wanted to. Another person said that they could have a lie in if they wanted and a third person said that they chose to get up early and staff brought them a cup of tea after they had washed and got dressed.

We spoke to staff about promoting independence. One said: "I let them wash themselves if they can, I let them do as much as they can for themselves." Relatives said that their family members were supported in being as independent as far as they were able. However one relative expressed concern that some individuals were not always being encouraged to walk, particularly to the dining table and was becoming less mobile as a result. We also observed an individual being given a drink, and despite the person being able to lift the cup to their mouth and drink independently, the member of staff intervened unnecessarily did the task for them.

Requires Improvement

Is the service responsive?

Our findings

People told us that they were not always involved in developing their care plans and did not always have them explained to them. However a number referred to their relatives involvement and said that they were happy with this. One person said that they had spoken about their care plan with staff and said that they had seen their folder, albeit not very often. They said that their care was, 'based on their needs' and staff were happy to explain things.

Relatives we spoke to told us that they were aware of the care plans and were regularly involved in reviews and informed of changes. We saw that some people had detailed social histories in their care plans which set out their life history and sense of identity. These had been completed by the individual and their families and included information about their care preferences. Some staff had a greater understanding of person centred care and peoples preferences than others. For example, under, 'I use these toiletries/creams' was written, 'my (family member) supplies my toiletries.'

The care plans we looked at were up to date and had been evaluated however staff were not always aware of the contents. For example a person told us that they could not hear but they were not wearing a hearing aid. There was a clear record of the person's assessed need in their care plan. A member of staff providing support for the person was unaware that they required an aid to enable them to hear properly. The care plan also recorded that the person had a grade two pressure ulcer and the member of staff was unable to explain the plan of care to manage this.

We spoke to care staff about reading care plans and some said that they did not look at the plans. This was reflected in their knowledge of people with regard to their social histories and in their approach to person centred care. Whilst the care plans were informative, staff were not using them to inform their practice. Other staff spoke about people in a very person centred way and understood what the approach was, although we did not always see this in practice.

We observed that one person wanted a meal when staff were dishing up food for people who required assistance. This person was ignored and went on to become agitated and verbally aggressive. This distracted staff away from assisting people. They went and got the person, told them to sit down and said that their dinner was at 12.30. The person got up walked off and again became agitated. They did not engage with the person and provide their dinner in order to avoid their agitation. Another person asked for the toilet and was told to wait and the carer carried on laying the tables for lunch in front of them. The person started shouting and was told to wait, as they needed two care staff to help them. The staff member carried on laying the table and did not summon help. The person carried on shouting and other people started shouting at them in frustration. Another carer eventually came to the dining room and the person was taken to the toilet and was then settled.

People were supported to maintain relationships with people who were important to them and reduce their isolation. People and their relatives told us that there were no restrictions on the times that people could visit. We saw that people's visitors came and went at various times during our inspection.

People told us that there was activities that they would attend on a weekly basis. There was a list on display but this was not current and did relate to the activities provided on the days of our visit. We observed that there was a church service taking place and a range of games and bingo. One member of staff was assisting people to choose horses for the Grand National as they were running a, 'sweepstake' at the home. A relative told us that the activity staff member had been to see her family member, as she was struggling to settle, and this had been very helpful as they had been able to discuss the range of activities that were available. We were told that trips had been arranged to the local shop, the pub, local tea rooms and a sponsored walk.

We observed some people with dementia who were not engaged in any activities. We did not see any equipment being used with people living with dementia, which would aid stimulation or provide comfort. This left some people without many opportunities to independently entertain themselves.

Complaints were acted on and used to improve care practice. Some people were unaware of the complaints procedure, but said that they were able to express any concerns that they had. One person said 'If you've got any gripes, you can just knock on [the manager's] door.' A relative said '[the manager's] door is always open. [The manager] does her best to sort everything out.' Another

Requires Improvement

Is the service responsive?

relative said that they speak to the office if they want to say anything or ask about something. We spoke with the manager about complaints received and they showed us a complaints and compliments folder in which all complaints were logged. There were records to show that concerns had been investigated and responded to promptly. Where the concerns were upheld apologies were made and we saw that the manager had met with a number of complainants to discuss the findings of the investigation and what actions the provider was taking to prevent a similar problem occurring.

Requires Improvement

Is the service well-led?

Our findings

People told us that they were mostly happy at the service and that the registered manager was approachable and was often seen around the home. One person said that the home was "managed excellently, It's impressive really. The Manager is always appearing at any time of the day."

Staff told us that the manager had an open door policy and that she would work along side them if necessary. They said they were supported to raise issues and that the manager would listen and do her best to sort things out. One staff member said, "she treats everyone as a human being and takes a teaching approach."

The manager acknowledged that while there had been progress, some areas required further work to ensure improvement. The manager told us that she had a plan and significant recruitment had been undertaken but further interviews were planned. The regional manager who visited the home during the inspection spoke about how the provider was considering further support for the manager by bringing in a specialist team to work with staff on person centred care.

Staff were positive about the changes to the leadership team and felt that the service was moving forward. A deputy manager had recently been appointed and was spending time working with care staff to get to know them and the people living in the service. Staff confirmed that they were well supported and received supervision on a regular basis.

The service had a number of systems in place to evidence it's aim to provide good quality care. Records showed that the manager and provider carried out a range of audits and where shortfalls were identified an action plan was developed. The audits included medication and care plans as well as competency assessments for areas such as medication administration. However we were concerned that the audits did not always drive improvement and address the shortfalls efficiently, For example one of the manager audits which had recently been completed indicated that all areas were satisfactory but this was different to our findings. We were also told that one of the care plans which we looked at, had just been audited and while the documentation may have been in place, the care plan was not reflective of the care being delivered.

The service had arrangements in place for people who lived at the service, their representatives and staff to provide their views about the care and quality of the service delivered. Quality assurance questionnaires were sent to relatives and people who use the service to gather their views and opinions. The information received back had been analysed and suggestions subject of an action plan. The manager said that feedback on the findings had been provided to residents and relatives at a recent meeting.

The service also had a compliment folder and this had a number of cards from relatives with positive comments about the care their relative had received when living at the service.

Resident and relative meetings had taken place in January and March 2015, and although attendance had been small, people confirmed that they had been invited. The manager confirmed that the suggestions made at the meeting had been taken on board and were in the process of being implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care and treatment of people was not always appropriate. It did not always meet their needs or reflect their preferences.