Somerset Care Limited

Cary Brook

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cary Brook is a purpose built home which provides accommodation and personal care for up to 45 people. The home specialises in the care of older people who are living with dementia.

At the last inspection in March 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good
People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse.

Risks to people were reduced because there were systems in place to identify and manage risks such as reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin.

People received effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People's health care needs were monitored and met. Staff had been trained to care for people who were living with dementia.

The home continued to provide a caring service to people. One person told us "Staff are good, really good actually. Very kind." Another person said, "They are kind and look after you." One person who was at the home for respite care told us, "I like coming here because everyone is friendly. You can have a bit of fun. I like to pull their legs." Staff treated people with respect and worked hard to make sure people's wishes during their final days and following death were respected.

The home provided a responsive service. People received care and support which was tailored to their needs and preferences. For example one care plan said the person liked to cuddle a large soft dog toy. When we met this person they had the soft toy with them. It also said they liked milkshake and we saw this was regularly offered to them. Staff were kept up to date with each person's health and well-being. They attended a handover meeting at the start of every shift. One member of staff said "Handover tells you everything you need to know. Like if someone is not themselves and you need to keep an extra eye on them."

The service continued to be well led. The registered manager had managed the home for several years. Staff morale was good and staff felt well supported. One member of staff said "There is good teamwork which creates a good atmosphere. The more relaxed we are the more relaxed people are." The views of people who lived at the home were valued and responded to. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service has improved to good	**Good**
Is the service well-led? The service remains good	**Good**

Cary Brook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014'

This inspection took place on 16 August 2017 and was unannounced. It was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited.

During this inspection we spoke with 17 people living at the home and four visiting relatives. We also spoke with seven members of staff. The registered manager and provider operations manager were also available.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, two staff personnel files and records relating to medication administration, quality monitoring of the service provided and health and safety.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People looked comfortable in their environment. When staff approached people to support them with a task they smiled and looked very relaxed with the staff member. One person who was receiving respite care told us, "I always ask to come here because I feel safe here. They do look after me well."

Risks of abuse to people were minimised because staff knew how to recognise and report abuse. All staff spoken with said they had received training in safeguarding vulnerable adults and knew how to report any concerns. Staff told us they were confident that any concerns raised would be fully investigated to make sure people were safe. One member of staff said, "When things have happened they have been taken seriously." Another member of staff said, "There is always a senior here to report things to."

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. One new member of staff said, "I couldn't start before they had my references and DBS back."

There were adequate numbers of staff to keep people safe and make sure their needs were met. People were supported in a relaxed and unhurried manner. A number of new staff had been employed and staff told us this had helped considerably. One member of staff said, "Staffing levels are a lot better now." One member of staff said there was enough staff "At the moment." A visitor told us "We visit regularly and there always seems to be enough staff about."

People received their medicines safely from senior staff who had received specific training to carry out the task. Each person had a locked cupboard in their room where their personal medicines were stored and staff used an electronic handset to record administration. One senior member of staff said they found the electronic system good. They said, "There have been a few issues but extra training has been provided which has really helped."

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. However these risk assessments were not always in line with people's care plans. For example one person's care plan stated they needed to be checked every two hours through the night. A risk assessment for the use of bedrails stated they needed to be checked every hour. We brought this to the attention of the registered manager at the time who assured us they would rectify this immediately.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with

minimal risks to people and staff. Fire grab bags were situated at fire exits so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people who lived at the home.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People had access to a range of healthcare professionals according to their individual needs. One member of staff told us because people were living with dementia they could find new situations and people uncomfortable. They said that if people needed to attend hospital appointments they made sure they were supported by a family member of familiar member of staff to minimise the distress this may cause. Where possible healthcare professionals, such as dentists, chiropodists and opticians visited people at the home so they were in familiar surroundings which helped to reduce people's anxiety.

The service had established very good links with the local GP surgery. In addition to visits to the home when required, a GP held a surgery at the home every week. This provided people's relatives to attend if they wanted to. A health coach from the surgery worked closely with staff, people who lived at the home and their relatives to reduce unnecessary admissions to hospital.

One person was being cared for in bed and needed to be helped to change position regularly to minimise the risk of them developing pressure sores. The care plan stated they needed to be assisted to change position every two hours and when we asked staff they were aware of this. One member of staff said about this person's care, "They need to be moved every two hours because they can't move themselves. They have lovely skin and no pressure damage." This demonstrated staff were working in accordance with the care plan which had been effective in reducing the risk of pressure damage.

People told us they liked the food served at the home. One person said "The food here is very good." Another person told us "You get enough food and it's nice." One person said "The food is very nice and I'm very fussy about what I eat." We observed that people were provided with breakfast, such as tea and toast, when they got up. People were able to sit at a table or eat their food in the lounge area. At lunch time people chose where they ate their meal. Some people sat in the dining area in the part of the home they lived in and others sat in the lounges or went to the dining room on the ground floor. People were offered a range of cold drinks with their meal. Some people had a glass of wine before their lunch. One person said, "It's quite nice wine but I would prefer a beer." A member of staff responded by saying "You should have said. I'm sure you could have beer instead." The meal choices were plated and shown to people which enabled them to make an informed decision. Vegetables were placed in serving dishes on each table and a selection of condiments were available.

People benefitted from a staff team who received training which enabled them to provide care safely and gave them the specialist skills required to work with people who were living with dementia. Staff spoke very highly of the specialist training they received. One member of staff said "The last course we did was brilliant. It made you think differently about the importance of people's memories." Another member of staff said "The training makes you understand things better. It's made me respond differently to people's questions. I understand more what it would be like to have dementia." A member of the domestic staff team told us they were able to take part in all the training that care staff received. They told us "We have all the training. It gives you confidence when you are working with people who have dementia."

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. They were given opportunities to get to know individuals and how they liked to be supported. Staff told us all new staff were allocated a mentor who was an experienced member of staff. They were able to shadow their mentor to enable them to get to know what was expected of them and how people liked to be cared for. One member of staff said, "Because everyone is so different you need time to get to know them. You aren't asked to do anything on your own until you feel confident."

People told us they were never made to do anything they did not want to do. One person said "They [the staff] are very good. They never force me to do anything. I am in charge." We heard staff asking people for their consent before they assisted them.

Staff had received training and had a good understanding about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. One member of senior staff said, "If we assessed someone as not having the capacity to make a decision we would have to act in their best interests. We would consult with people like the GP, CPN (Community Psychiatric Nurse) and family." Another senior member of staff said they had been off at the last MCA training and did not feel confident in this area, but they assured us, "Help and advice is always available." Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and had made applications for people who required this level of support to keep them safe.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People looked relaxed and content with the staff who supported them. One person told us "Staff are good, really good actually. Very kind." Another person said, "They are kind and look after you." One person who was at the home for respite care told us, "I like coming here because everyone is friendly. You can have a bit of fun. I like to pull their legs." Another person told us, "It's nice. There are lots of people, but they are all friendly to you." A visitor told us "We looked at lots of homes for [relative] but none compared to this one. The staff are always friendly and welcoming and they were very keen to find out what was important to [relative] when they moved here."

The home had received numerous compliments about the quality of the service provided. One comment included "They really look after my [relative]. They always know how and where they are when I visit or phone. My [relative] could not live anywhere better." Every time I walk through the door I feel I step into a warm and cuddly community."

People's privacy and dignity was protected by staff. Some people, because of their dementia were unable to promote their own dignity but staff took action to maintain people's dignity. For example, where one person chose to sit in the communal area in their nightdress, staff had covered them with a dressing gown. When another person came out of their room semi dressed staff were prompt in helping them to get dressed appropriately.

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. One person was being cared for in bed and when staff supported them the door was closed to promote their privacy and dignity.

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home had recently achieved reaccreditation to the 'National Gold Standard Framework (GSF).' They had achieved 'Platinum' status which is the highest award given. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Reaccreditation for this award is carried out every four years.

There were numerous thank you cards from the relatives of people who had passed away at the home. Comments included "Huge, huge thanks to an amazing team. You made an enormous difference to my [relative's] final days." Another read "An excellent home which also supports relatives through very difficult times."

Good

Is the service responsive?

Our findings

The service was responsive. At our last inspection we recommended the provider reviewed staffing levels and how staff were deployed so that all people living at the home had opportunities for social stimulation and received their care in a person centred way. We found routines in the home were busy. We observed; and staff told us they had limited opportunities to spend quality time with people.

At this inspection we found some improvements had been made. Routines in the home were relaxed and people were assisted in an unhurried manner. We did however observe that when we were sat in communal lounges with people, there was limited interaction with people. For example we sat in one lounge for 15 minutes and observed staff passing the lounge without entering or engaging with people. When we discussed this with a senior member of staff, the registered manager and the operations manager they were surprised by this and assured us this was not usual practice. The registered manager said they would discuss this with staff at a staff meeting planned later in the day.

Each person had a care plan which gave staff the information they required to provide appropriate care to people. Care plans were individual to the person to make sure care and support was tailored to their needs. One care plan said the person liked to cuddle a large soft dog toy. When we met this person they had the soft toy with them. It also said they liked milkshake and we saw this was regularly offered to them. Another person's care plan said they liked to eat their meals in the ground floor dining room at a specific table facing the window. We observed the person sat at their preferred table for lunch.

People were able to follow their own routines. Some people liked to stay in their rooms whilst others preferred company in the communal areas. Staff said they respected people's choices. On the day of the inspection one person had chosen to stay in bed. One person said "I think you can please yourself." Another person said "I can do what I like really. There are no strict rules here."

Comments from staff demonstrated they tried to provide care that was personal to each person. One member of staff said, "People can do what they like. It's their choice." Another member of staff said "Everyone is very different we go with what people want." Another member of staff explained "People with dementia all experience things differently. Just because you have dementia it doesn't mean you are the same as everyone else with dementia."

People received care and support to meet their changing needs because staff shared information about changes at handover meetings. One member of staff said "Handover tells you everything you need to know. Like if someone is not themselves and you need to keep an extra eye on them." Staff made entries about people during the day and at night. Records contained information about the person's well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

Designated activity staff were employed and there was a varied programme of activities and social events.

There were photographs around the home of people enjoying a range of activities. These included a recent armchair Caribbean day, trips to a garden centre, visits from a dog, quizzes, baking and musical entertainment. A member of staff regularly rode their horse to the home as one person who lived there used to be a keen horsewoman. There were photographs of the person smiling and petting the horse in the carpark of the home. Another person liked to play his violin. Staff regularly offered the person their violin and we observed the person playing it during our visit.

People were supported to develop and maintain relationships with the people who were important to them. At lunch time we saw that staff laid a table for a couple outside the lounge so they could enjoy their meal together. They were sat chatting without being disturbed by other people. Two people chose to spend much of the day walking around together and staff helped them both to sit down and have a cup of tea together. A visitor told us "We can visit whenever we want to and we are always welcomed and offered refreshments."

The provider had a complaints procedure which was displayed in the home. People said they would talk with a member of staff if they were not happy with their care or support. One person said "I don't have any worries. I like the staff. I can talk to them. A visitor told us "We have no complaints at all. I wouldn't hesitate in complaining if I had to." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The service continued to be well led. The registered manager had managed the home for many years. 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.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and a team of care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Care supervisors and senior care staff were on each shift. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed. One of the provider's operations managers regularly visited the home and provided management support and monitored the quality of the service provided.

People benefitted from a staff team who were happy in their jobs and who wanted to provide a good standard of care for people. This helped to create a pleasant atmosphere for people to live in. One member of staff said "There is good teamwork which creates a good atmosphere. The more relaxed we are the more relaxed people are." Another member of staff said "I just love it." One member of staff commented, "No two days are the same. I love seeing people have a good time. That's our job, to help people enjoy their lives."

Staff said they would be happy to approach the registered manager if they had any worries or concerns. They said they felt well supported by senior staff and were always able to ask for advice or support. One member of staff said "We have quite a lot of team meetings. They usually focus on a specific thing but there is always a chance at the end to have a say and make suggestions."

Regular meetings were held for people who lived at the home and their relatives/representatives. Meetings provided an opportunity to inform people of any changes or events which had been planned and to seek their views and suggestions. The registered manager told us at a recent meeting, visitors had said they would like photographs of the staff team to be displayed in the home so they would know who was on duty. This was in the process of being addressed.

There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular supervisions and an annual appraisal where they were able to discuss

their performance and highlight any training needs. There was a handover meeting when staff came on duty to ensure all staff were kept up to date with people's care needs.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the Duty of Candour regulation. The Duty of Candour regulation is a legal obligation to act in an open and transparent way in relation to care and treatment. For example the registered manager completed reports following any significant accidents or incidents involving the people who lived at the home. This helped to establish whether the incident had been avoidable and whether measures were needed to reduce the risk of the incident happening again.