

Care UK Community Partnerships Limited

Britten Court

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Britten Court provides accommodation and personal care for up to 80 older people who require 24 hour support and care. Some people are living with dementia. The building is made up of four units, Sole Bay, Lighthouse, Seagull and Heron, all of which we visited during our inspection.

There were 73 people living in the service when we inspected on 30 April 2015. This was an unannounced inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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 manager in post who told us that they intended in making a registered manager application with CQC.

Improvements were needed in how the service protects people in relation to medicines management.

Summary of findings

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

Improvements were needed to ensure people throughout the service were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs.

People, or their representatives, were involved in making decisions about their care and support. People's care plans identified how their individual needs were met and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

Improvements were needed to ensure people were encouraged and supported with their hobbies and interests and participated in a range of personalised, meaningful activities to meet their social needs.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support. However, improvements were needed in people's mealtime experience and how the records relating to how much people had to drink.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were in the process of being addressed. However further improvements were required to ensure the quality of the service continued to improve.

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?

The service was not consistently safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Staffing levels arrangements were not consistent to ensure there was enough staff to meet people's needs in all of the units.

Systems in place for medicine management were not robust. People were not provided with their medicines when they needed them and in a safe manner.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in people's mealtime experience.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was not consistently responsive.

People's wellbeing and social inclusion was not effectively assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and shortfalls were in the process of being addressed. However further improvements were required to ensure the quality of the service continued to improve.

Britten Court

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 30 April 2015 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 27 people who used the service and eleven people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to seven people's care. We spoke with the regional manager, the manager and 17 members of staff, including care, nursing and domestic staff. We looked at records relating to the management of the service, four staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with two visiting professionals who provided services to people about the views of the service provided.

Is the service safe?

Our findings

Members of staff authorised to handle and administer people's medicines had received training and received annual assessments of their competence in managing people's medicines. However we could not be assured that people living at the service were always receiving their medicines as prescribed because records were not all complete and there were discrepancies. For some medicines there were no records of their receipt at the home to enable them to be accounted for. There were gaps in some records of actual doses administered when prescribed with variable doses, for example, one or two tablets. The records for the administration of medicines prescribed for external application were also incomplete.

For people prescribed medicines for occasional administration (known as PRN) there was some written guidance in place for staff to refer to about these medicines. However there was insufficient information where there were complex pain-relief strategies in place involving more than one pain-killer to enable these medicines to be given consistently to meet people's needs. For people prescribed medicines for occasional administration to manage their psychological agitation there was no or limited written guidance about the circumstances for their use and other measures to take prior to considering the use of the medicines. In addition, there were no detailed records about when the medicines had been administered indicating that the use of the medicine each time was justified. Therefore we could not be assured some PRN medicines were being used appropriately and as intended by the prescribers.

Medicines prescribed for external use, which were kept in people's bedrooms in areas where there were people living with dementia, were not stored securely. Therefore we could not be satisfied that vulnerable people were protected against access to these medicines to prevent them from accidental harm.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified shortfalls in medicines management and improvements were ongoing.

Some supporting information was available alongside medication administration record charts to assist staff when administering medicines to individual people. There

was information about known allergies/medicine sensitivities for people living at the home and information about how medicines should be administered to individual people. There were body charts in place showing where on the body pain-killing skin patches were to be applied. Medicines were being stored at the correct temperature and medicines for oral administration were stored safely.

People told us that they were safe living in the service. Staff told us that they felt that people were safe and had their needs met in a safe manner. We saw that staff took prompt action where there were potential risks, such as moving furniture to allow people to mobilise safely.

Staff had received training in safeguarding adults from abuse. Staff understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. Staff also had an understanding of whistleblowing and told us that they would have no hesitation in reporting bad practice.

People's care records included risk assessments which identified how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. However, these required further detail of how these risks were minimised. This had been identified as an improvement required by the service's management and there were systems in place to implement these. For example, creating of a clinical risk register and coaching sessions being held with staff. Where incidents had happened there were systems in place to reduce the risks of them happening again. For example, incidents had been analysed and potential trends and patterns had been identified.

Where people had pressure ulcers or the risks of them developing, they were assisted, such as repositioning, to reduce these risks. We spoke with a visiting health professional who told us that referrals were made promptly and that the staff were cooperative and acted on their guidance and advice.

Risks to people injuring themselves or others were limited because equipment, including hoists and equipment were checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety

Is the service safe?

checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs and that they were provided with assistance when they needed it. One person said, “They come and help me when I ask for help, I don’t have to wait too long for them to come when I press the buzzer.” We saw staff were attentive to people’s needs and verbal and non-verbal, including call bells, requests for assistance were responded to promptly.

We found inconsistencies with staffing in the service. In one unit we found that the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way. For example people in the lounge were left alone for long periods of time with no interaction whilst care staff were answering call bells or writing up care records. Some staff interactions at times were hurried and rushed.

We received mixed feedback from people about the staffing levels. Some staff told us they experienced difficulties meeting people’s needs during busier times such as meal times and supporting people to get up in the morning.

Other staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. One staff member commented that there were, “Enough staff to get everything done with ease.” The manager told us that the staffing levels were under constant review and adjusted if people’s needs increased and to make sure that the busier times of the day were adequately covered. They told us they would look into their processes to address the inconsistencies we found. The staff rota and our observations confirmed the staffing levels which we had been told about.

One person’s relative told us that they were concerned with the staffing levels at the weekend and that there was no management cover during this time. When we asked the manager about this they told us that they had addressed this and management cover was being arranged for weekends. This would also allow them to assess the staffing levels and be available to those, including visitors, who were not present at the home during the week.

Records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, “They do what I want them to.” A relative said, “The staff are really on the ball, well trained and know what they are doing.” Staff training in moving and handling was effective because staff supported people to mobilise using equipment to maintain their independence effectively and appropriately. Staff were knowledgeable about their work role, people’s individual needs and how these needs were met.

Staff told us that they were provided with the training that they needed to meet people’s requirements and preferences effectively. Records showed that there were on-line training courses that staff were expected to complete and in addition to this there were planned coaching sessions and training, for example in caring for people living with dementia. The provider had systems in place to ensure that staff received training and were supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had supervision and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked and to receive feedback on their work practice.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. One person said that the staff, “Always ask for your consent before doing things.” The relatives of people who did not have the capacity to consent to care and treatment told us that they were involved in the care planning of their relatives. We saw that staff sought people’s consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) legislation and referrals to the local authority in accordance with new guidance were made to ensure that any restrictions on people, for their safety, were lawful. Staff also understood the Mental Capacity Act 2005

(MCA) and were able to speak about their responsibilities relating to this. Records confirmed that staff had either received or were due to receive this training and had discussed it in staff meetings.

Records identified people’s capacity to make decisions. Care plans for people who lacked capacity, showed how decisions were to be made in their best interests. Relevant individuals, such as people’s relatives and other professionals had been involved, for example decisions associated with end of life care and where people lived.

People told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person commented that the food was, “Really good with a choice.” They also told us that they were able to eat where they liked. One person said, “I like to eat my breakfast in my room, but have my lunch and tea in the dining room. They are very flexible.” Another person said, “The food is tasty and well prepared I enjoy it. If I don’t want what is on offer I can always have something else.”

We saw inconsistent approaches at meal times which meant that people were not always supported well with their eating and drinking. In Sole Bay we saw that where people who required assistance to eat and drink, this was done at their own pace and in a calm and encouraging way. In Lighthouse the meal time was initially disorganised because not all of the staff were familiar with people’s needs and who needed assistance. This impacted on people not being able to eat their meal because staff were unaware of who needed help to cut up their food. However, we saw that the meal time experience improved when a team leader intervened and organised and delegated staff. One person, who was in bed, had spilled their dessert onto their lap and was eating it from there. We told the management team what we had observed and they told us that they would address this.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People’s dietary needs were being assessed and met. Guidance and support had been sought and acted upon where issues were identified in people’s wellbeing, such as with weight loss. One visiting health professional confirmed that referrals for support were made in a timely manner. We saw that there had been a discrepancy in a person’s most recent weight and staff immediately took action by assisting the person to be weighed again to ensure that an accurate record was maintained and provided to health professionals.

Is the service effective?

A staff member showed us a new tool which had recently been introduced which was used to monitor people's fluid intake each day. The amounts that people had to drink were totalled and it was recorded if they had met the target for fluids each day. Where people had not drunk as much as recommended actions were taken to encourage more. We saw this in practice in Sole Bay, one person who had been identified at risk of not drinking enough was regularly encouraged by staff to drink a range of hot and cold drinks. However, the tool was not being used appropriately in Lighthouse, some days had no entries.

People said that their health needs were met and where they required the support of healthcare professionals, this

was provided. We saw one health professional visiting people during our inspection. The staff provided them with the information they needed to ensure that people were given the support and treatment they required. They said that the staff flagged up issues with people's wellbeing and that staff were, "Cooperative," with them, which told us that people were supported in a consistent way which met their needs.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “The [staff] are lovely, they do look after me.” Another person commented, “I like it here and the staff really respect you.” A visiting health professional told us that they had observed that the staff spoke with people in a caring manner.

Staff talked about people in an affectionate and compassionate manner. One staff member said, “I really enjoy working here. I love the residents.” We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff. One person told us, “The staff even the young ones who are new and learning are very kind and gentle with me. They work very hard always rushing around after us.”

We saw that one person, who was living with dementia, showed signs of anxiety. Two staff were on their way out of the building and saw this, they approached the person and spoke with them in a calm manner and suggested something that the person could do. The person and the two staff then walked away chatting and laughing. This told us that the staff took prompt action to reduce this person’s anxiety. They were able to help this person because they knew them well and knew how to interact with them to help their mood. Staff interactions with people were calm and encouraging.

People and their relatives told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. This included where they chose to eat their meals. One relative told us, “On the whole my opinions are taken on board about the care that’s given. It would be nice to have regular face to face reviews but the staff do keep me informed and seem to want to do right for [person who used the service].” People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

We talked with a visiting advocate who told us that they supported people as required in the service. During our inspection there was a relative’s meeting which was attended by the advocate. They told us that they were planning to offer their services to people. This was confirmed by the service’s management team.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. This was confirmed in our observations. Staff knocked on bedroom doors before they entered and doors were closed when people were being supported with their personal care needs. When staff had noted that a person required support when their clothing was soiled, they spoke with the person in a hushed tone, so not to be overheard by anyone else which respected their privacy and dignity.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs. One person said, “I love it here, very happy with life here.” Another person told us, “The staff are kind and attentive. When I press my call button they come very quickly.”

Relatives told us how the staff met people’s individual needs. One relative said, “They [staff] have got to know [person] and their ways and helped them to settle in. They know when [person] is upset how to calm them and will put their favourite film on as it soothes them.” Another relative commented, “It’s pretty good here,” they also told us that the staff were not always consistent in ensuring the person got to eat what they preferred. We spoke to the team leader on the unit who advised us that there had been new staff working recent shifts who may not have been aware of this person’s food preferences. They advised they would remind staff and leave signs in the office and handbook to prompt staff.

Records and discussions with staff showed that they were provided with the guidance they needed on how to meet people’s specific needs. This showed that people received personalised support that was responsive to their needs. Staff told us that the care plans provided them with the information that they needed to meet people’s individual needs. The service had identified how these were to be further developed and an action plan was in place to monitor the improvements made.

People and their relatives told us that there was no restriction on when relatives and friends could visit. This told us that the risks to people being lonely or isolated were reduced. However two relatives expressed concern over the lack of stimulation and planned activities for people to do at the weekend. One person said, “Unless people have visitors or there is an organised event like a BBQ or seasonal celebration not a lot happens.”

People and their relatives told us that there were social events that they could participate in. However, these were limited. One person said, “The people with dementia need more support and stimulation.” One person’s relative commented, “They do little with the residents. [Person] sits all day with nothing to do and lacks stimulation. [Person]

sits in the lounge, dislikes television which is running all day. The only other option for [person] is to go to [person’s] room which frustrates [person]...The activities listed on the board don’t always happen.”

We observed that there were some areas of good practice with regards to activities and social stimulation in the service. A staff member chatted to a person in their bedroom, another staff member did a jigsaw with a person and another looked through a box of items of memorabilia with people and talked about their memories about these things. A staff member talked to the person about their pets and read the newspaper to them discussing items of news. A staff member told us that at 3pm each day people and staff were encouraged to go into the café on the ground floor for a social gathering, which we saw happening. There were items in the service that people could use to reduce boredom, such as a cinema, table tennis table, wooden tools and objects that people could handle to stimulate their senses and memories, none of these were being used during our inspection. Despite the areas of good practice and equipment available we saw that some people were left for long periods of time with little or no stimulation. In Lighthouse we saw that planned activities such as arts and music were not properly planned and prepared for and appeared rushed as there was not enough equipment for people to participate fully. We also found that people who were nursed in bed had limited interactions and meaningful engagement and were at risk of isolation.

We spoke with the management team about what we had found and they told us that there were a range of activities on offer, visiting entertainers were provided and that they had intended for staff to support people with individual activities each day. This was confirmed in staff meeting minutes which we saw. But we had seen that staff were busy supporting people with their task based needs, including with their personal care. However, they told us that they had taken our comments on board and would further explore this.

People and people’s relatives spoken with told us that they knew who to speak with if they needed to make a complaint.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People and their relatives were asked if they had any complaints and were reminded about the

Is the service responsive?

complaints procedure in meetings which were attended by the people who used the service and relatives. Complaints were well documented, acted upon and were used to improve the service.

Is the service well-led?

Our findings

We saw that the manager spoke with people in the service and knew them by name. People responded to them in a positive manner by chatting and smiling. This was confirmed by a staff member who said, “[Manager] has taken time to get to know everyone.”

People and their relatives were asked for their views about the service in regular meetings. They were kept updated with changes in the service and what actions had been taken as a result of their comments. There had been no satisfaction questionnaires completed as yet; the service had been open since November 2014. The manager told us that they were planning to do this in June 2015; these would be done on a regular basis and used to help improve and review the quality of the service.

There was visible and supportive leadership in the service. Staff were positive about the new manager in the service. They told us that they could approach them at any time and were confident that they would be listened to. This was confirmed in recent staff meeting minutes where staff were told to speak with the manager if they had any concerns or suggestions. This provided an open culture. They knew about the planned changes in the service and were committed to these to provide a good quality service to the people who used the service. One staff member said, “The new manager is very good, I think things will get done.” Another staff member commented, “Things have really changed, it is much better.” Staff understood the ethos of the service and their roles and responsibilities to provide good care.

The manager told us that they felt supported in their role and that they had regular support from the regional manager in regular visits to the service. They understood their role and responsibilities and were committed to making improvements in the service to provide good quality care to people.

The provider’s quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

There was a service improvement plan in place, which identified how shortfalls had been identified and how the improvements were being monitored on a regular basis to check that targets had been met. However, as these had not yet been fully embedded in practice to provide people with a good quality service we could not be assured of their effectiveness at this time. We did find that the management team were receptive to our feedback and had made a positive impact on the service and the planned improvements were ongoing.

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
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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
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	The service did not protect people against the risks by way of doing all that is practicable to mitigate any such risks associated with medicines management. Regulation 12 (2) (b) (g).
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