

Morleigh Limited







The Brake Manor

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?		Requires Improvement	

Overall summary

This was an unannounced inspection which took place on 3 and 4 November 2014.

The Brake Manor is a care home which is registered to provide personal care for up to a maximum of 26 older people. Many people living in the home have some form of dementia.

There was a registered manager in post who was responsible for the day-to-day running of the home. 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 and associated Regulations about how the service is run.

At this visit we looked at what action the provider had taken in relation to concerns raised at our last inspection on 16 September 2014. These concerns related to the lack of clear guidance for staff to follow when providing care

Summary of findings

to meet people's individual needs and a lack of robust care plan auditing systems. At this inspection we found improvements had been made in these areas and the provider had met the relevant legal requirements.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

The registered manager had implemented an effective quality assurance system to make sure that any areas for improvement were identified and addressed. However, there was no system in place for the quality of the service provided to be monitored at the provider level by an auditing process external to the home. There were systems in place to seek people's and their families views about the running of the home.

People told us they felt safe living at the home and with the staff who supported them. Visitors also said they felt the home was a safe place for people to live. A visitor said, "As care homes go this is good compared with others I have visited." One person said, "I feel very fortunate to be here. Care is good and there is nothing untoward here."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. The staff were confident that any allegations made would be fully investigated to help ensure people were protected from abuse and neglect.

People and their families were given information about how to complain. People told us if they had a concern or complaint they would speak to the registered manager.

People told us they saw the registered manager every day when she was on duty as she administered the medication and described her as a, "very hands on person".

People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to people's changing needs. Staff had good knowledge of people including their needs and preferences. Staff were well trained and there were good opportunities for on-going training and support and development..

People's privacy was respected. Staff ensured people kept in touch with family and friends. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

There were activities on offer such as; quizzes, craft work, pamper sessions, singing sessions and board games. External activities were arranged such as people who visited with owls and PAT (pets as therapy) dogs. A local clergyman visited once a month and people had the opportunity to take holy communion should they wish. One person said, "I enjoy quizzes, letter box, the visit of the owl man and snakes & ladders".

There was a management structure in the home which provided clear lines of responsibility and accountability. People told us the registered manager and deputy manager were very approachable and regularly asked them for their views of living in the home. A regular visitor said, "There is generally a good atmosphere here".

There was a positive culture within the staff team with an emphasis on putting the people who lived in the home first. Staff consistently interacted with people in a friendly and reassuring manner as they worked with people. Staff felt supported and enjoyed their work. They told us the managers were, "lovely" and "you can talk to them".

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 safe. People felt safe living in the home and relatives told us people were safe.

Staff knew how to recognise and report the signs of abuse. They followed policies and procedures when abuse was suspected.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The home understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and how to ensure people's rights to make choices were considered.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of activities facilitated by staff in the home and by external entertainers.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Good



Summary of findings

Is the service well-led?

The service was mostly well-led. The registered manager had implemented an effective quality assurance system to make sure that any areas for improvement were identified and addressed. However, there was no quality assurance system in place for the quality of the service provided to be monitored at the provider level by an auditing process external to the home.

There was a positive culture within the staff team with an emphasis on putting the needs of the people who lived in the home first.

People told us the registered manager and deputy manager were very approachable and regularly asked them for their views of living in the home.

Requires Improvement



The Brake Manor

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 3 and 4 November 2014. This was an unannounced inspection. The inspection team consisted of two inspectors 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 care service.

Before this inspection we reviewed previous inspection reports, the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We did not ask the provider to send us any other information prior to this visit.

During the two days we spoke with, nine people who were able to express their views of living in the home and two visiting relatives. We looked around the premises and observed care practices on both days of our visit. We used the Short Observational Framework Inspection (SOFI) over the lunch time period on both days of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us

We also spoke with four care staff; one kitchen assistant, the registered manager, the deputy manager and the operations manager. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

During our inspection there were some records the home was unable to provide for us, due to problems with their internet access. We asked the registered manager to send these to us after our visit. The records we asked for were; the provider's Mental Capacity Act (MCA) policy, records of some maintenance checks and the previous employment references for one staff member. The provider sent these to us on 12 November 2014.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. Visitors also said they felt the home was a safe place for people to live. A visitor said, “As care homes go this is good compared with others I have visited”. One person said, “I feel very fortunate to be here. Care is good and there is nothing untoward here.”

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said “There is no abusive behaviour by staff and if I thought there was I would report it to managers who I know would deal with it appropriately.”

The home held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. We looked at the records and checked the monies held for four people and found these to be correct.

Risks were identified and assessments of how risks could be minimised were recorded. For example how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This provided a clear summary of how staff should assist people and how many staff would be required for each activity.

Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person. People told us they were satisfied with the equipment available to them and how staff supported them to use it. One person explained they used a walking frame in the bedroom but were brought downstairs in a wheelchair by the staff and then transferred to an armchair in the lounge.

Incidents and accidents were recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, the manager

reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staffing numbers were determined by using a dependency tool, which was regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people’s needs. The registered manager told us staffing levels could be adjusted to respond to changing situations, for example, if people became particularly unwell. We looked at the staff rotas for the current week and the previous three weeks. Records showed the number of staff on duty each day was in line with the dependency levels of people living in the home at that time.

People told us they thought there were enough staff on duty. We saw people received care and support in a timely manner. People had a call bell to alert staff if they required any assistance. People told us the call bell response time was “within minutes” and did not vary between day and night. Call bells were answered promptly. We found the call bell for one person, who chose to stay in their room was out of their reach when they were sat in their armchair. We advised the registered manager of the situation and this was rectified during our visit.

A visitor told us there had been occasions when they had seen delays in people being attended to due to insufficient staff being available. Another visitor told us there had been a high turnover of staff a few months ago. We spoke with the registered manager and deputy manager who confirmed there had been a period when several staff had left. We found new staff had been recruited and vacancies had been filled.

Staff had completed a thorough recruitment process to ensure they had the specialist skills, qualifications and knowledge required to provide the care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Medicines were stored and administered safely. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s

Is the service safe?

medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Medicines were securely stored in a portable metal cabinet, which when not in use was locked and secured to the wall in the care office. A lockable medicine fridge was available for medicines which needed to be stored at a low temperature. Some medicines which required additional

secure storage and recording systems were used in the home. These are known as, 'controlled drugs'. We saw that these were stored and records kept in line, with relevant legislation. The stock levels of these medicines were checked by two staff members at least twice each day. We checked some people's stock levels during our inspection and found these matched the records completed by staff.

The environment was clean and well maintained. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment was in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Is the service effective?

Our findings

Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People told us the staff team were well trained and, “knew what they were doing”. Some people told us about difficulties in sometimes understanding staff where English was not their first language. One person said, “There have been some language problems but they are keen to learn English and after the first few days it is alright.”

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. Domestic and kitchen staff were also offered the opportunity to undertake diplomas in housekeeping support services. There was a programme to make sure staff received relevant training and refresher training was kept up to date.

Staff confirmed they had completed an induction programme when they commenced employment. Staff told us a senior member of staff explained required working practices, policies and procedures, when they started working at the home. Shadow shifts were also completed with a more experienced member of staff.

Staff told us they felt supported by the registered manager and deputy manager. They told us they had received an annual appraisal to discuss their work and training needs. Not all staff had met with one of the managers for a one-to-one supervision but they thought these were booked to take place soon. However, staff told us the managers worked alongside them most days and they were very approachable. Records confirmed that a programme for staff to have two monthly supervisions had started in September 2014.

Care records confirmed people had access to health care professionals to meet their specific needs. For example the home worked with the community nurses to identify people who were at risk of pressure damage to their skin. Where people were assessed as being at risk, records showed that pressure relieving equipment was in place and they were being seen regularly by the community nursing team. We also found the home worked closely with the

local dementia liaison nurse to help them support people living with dementia. Everyone we spoke with was confident that a doctor or other health professional would be called if necessary.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Some people had been assessed as being at risk of their nutritional needs not being met and losing weight because they regularly refused to eat. The home monitored people's food intake and weight. They worked with the people to try different foods. Records showed the home supported them to have as balanced a diet as possible and maintain a stable weight.

There were some mixed comments about the food. People told us generally about the meals on offer, “lovely”, “good enough”, “lovely choice of two”, “fairly good”, “not very good”, “no real choice”, “nice but monotonous and bland” and “you can ask for seconds”.

We saw food was well presented and people told us they enjoyed the meal they had just eaten. Mealtime was unrushed and people were talking with each other and with staff. Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently. People had a choice of where to eat their meals. For example, in the dining room, their bedroom or one of the lounges. We saw staff asking people during the morning to choose their lunch and teatime meals. When lunch was served some people decided they wanted a different meal to their original choice. Staff willingly provided another meal for these individuals.

The building was well decorated, seating was clean and suitable for people's needs. The building was suitably adapted for people with a physical disability. For example the home had stair lifts and hand rails around the home. There were assisted baths and there were raised toilet seats to further enhance people's independence. Toilets and bathrooms doors were clearly signed to help people use the toilet independently.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal

Is the service effective?

rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Many people living in the home had a diagnosis of dementia and their ability to make daily decisions could fluctuate. The home had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. We saw records of where decisions had been made on a person's behalf and the decision had been made in their 'best interest'. For example best interest

meetings had taken place for two people to decide on the use of bedrails. Records showed the person's family and appropriate health professionals had been involved in this decision.

There was evidence the home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The home had not made any recent applications to restrict people's liberty under DoLS. However, it was clear the provider had a good understanding of when an application would need to be made. The registered manager told us they had taken advice from the local authority in the past but this had not resulted in the need for an application.

Is the service caring?

Our findings

People spoke well of staff and considered them to be caring, kind and gentle in their approach to care. People told us they were fully satisfied with the care they received and the manner in which it was given. We saw throughout the inspection people were smartly dressed and looked physically well cared for. Staff ensured people's clothing was arranged properly to promote their dignity. We observed staff offering to change people's clothes if food was spilt on them during the day.

People were able to make choices about their day to day lives. We saw that some people used communal areas of the home and others chose to spend time in their own rooms.

People said they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. One person told us they preferred to be assisted by a female care worker and the home ensured this always happened. Where people were unable to communicate their choices the home had worked with people's families to write details of their known daily routines on their behalf. All care plans we read had detailed life histories and this information was used to understand how people's past life might influence their current needs. Staff provided support in accordance with people's wishes. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in their own room.

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

The care we saw delivered throughout the inspection was appropriate to people's needs. Staff responded to people in a kind and sensitive manner. For example we observed staff assisting one person who frequently called out when they became upset. Staff sat and talked to them in a kind, patient and reassuring manner. They were sensitive in their approach and we saw this comforted and calmed the person.

Staff responded to people respectfully. For example at lunchtime, a person repeatedly asked staff when lunch was coming. The person's care plan stated that they could become agitated if they had to wait for their lunch. A care worker responded in a respectful manner and maintained a humorous dialogue with the person until lunch arrived. This resulted in altering the person's mood and achieved a positive experience for them and other people in the dining room at that time.

People and their families had the opportunity to be involved in decisions about their care and the running of the home. We saw details of a recent 'residents meeting', where people and their families had discussed and agreed new menus for the home. These new menus had been implemented the week before our visit.

Is the service responsive?

Our findings

At our inspection on 16 September 2014 we found care plans did not give staff sufficient guidance as to how they should meet the needs of people who could display behaviour that challenged staff. When behaviour charts were completed these did not record how staff had responded to incidents. There was no analysis of the key learning from monitoring the behaviour and no evidence of action taken as a result. This meant the opportunity to capture information to update the person's care plan and guide staff about how to deliver care to meet their needs was being missed.

We took enforcement action against the provider regarding the breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with the regulation. We did this by looking at the care records of people who needed intense support because they could become very anxious or upset and speaking with staff.

We found where people became distressed care plans had been updated to give staff guidance about how to respond to people in these circumstances. The home had introduced a new format for staff to record incidents. This format prompted staff to record in more detail the incident and what outcomes had been achieved for the person by the actions they took.

We looked at the records of two incidents, on 18 and 26 September 2014, which had occurred when one person became verbally aggressive whilst waiting for their lunch. Staff had analysed what had happened and made suggestions about how this behaviour might be averted in future. When the person was calmer staff discussed these suggestions with them. An agreement was reached with the person that although the exact time their lunch was served could not be guaranteed staff would always serve their lunch first. We saw that after the second incident on 26 September the care plan had been updated to reflect the new guidance for staff to follow.

Our discussions with staff and checking other records for this person showed that since the care plan had been updated there had not been any further incidents. We observed that the individual could still show some signs of agitation, particularly when waiting for their lunch.

However, we saw that staff had learnt how to respond to the individual and were all providing care in line with the newly agreed approach. This had resulted in preventing situations from escalating and had meant this individual experienced care that responded to their changing needs.

We looked at other care records for people who could display behaviour that challenged staff and found the same improvement in guidance for staff about how to respond to people in order to meet their complex needs. We therefore found the breach of regulations from our inspection in September 2014 had been met.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager considered the needs of other people who lived at the home before offering a place to someone.

Care plans were personal to the individual and gave clear details about each person's specific needs and how they liked to be supported. Where possible people were involved in planning and reviewing their care. Some people had been able to sign their care plans to confirm they had been involved in writing and reviewing them. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans.

People received care and support that was responsive to their needs because staff had a good understanding of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

One of the care workers had responsibility for organising the activities programme. This included activities facilitated by staff in the home such as: quizzes, craft work, pamper sessions, singing sessions and board games. External activities were arranged such as people who visited with owls and PAT (pets as therapy) dogs. A local clergyman visited once a month and people had the opportunity to take holy communion should they wish.

Several people took part in a general knowledge quiz in the afternoon. People who took part enjoyed this activity and other people who did not join in but were watching, also enjoyed listening to others taking part.

Some people did not express a view about the activities on offer and others said they preferred to remain in their

Is the service responsive?

rooms or sit in the quiet lounge rather than participate. We saw staff spend one-to-one time reading or chatting with people who chose not to take part in the activity. One person said, “I enjoy quizzes, letter box, the visit of the owl man and snakes & ladders”.

People and their families were given information about how to complain. Details of the complaints procedure were

displayed in the main entrance to the home. The service had not received any complaints in the last year. Relatives told us whenever they raised any concerns these were listened to and dealt with promptly. People told us they saw the registered manager every day when she was on duty as she administered the medication and described her as a “very hands on person”.

Is the service well-led?

Our findings

At our inspection on 16 September 2014 we found the provider had not identified areas of the service that required improvement to ensure the care provided met people's needs. This was in relation to the lack of a robust care plan auditing system and clear guidance for staff about how to meet people's needs. We found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with the regulation. We did this by looking at the systems the provider had in place for monitoring the care provided and by speaking with the management team and care staff.

Since our last inspection the registered manager and deputy manager had carried out comprehensive reviews of everyone's care plans. Care plans we looked at were informative and gave staff clear direction and guidance about how to meet people's needs, especially for people whose needs could be complex and challenging. This had been achieved by working with people living in the home, their families and key care staff who knew each individual's needs. The managers had worked alongside staff to increase their understanding and knowledge of people's needs and to support staff, particularly when working with people prone to distress or anxiety.

The registered manager had sought advice from specialist professionals when developing care plans and this had also helped to ensure staff had the right guidance and information to meet people's needs. Advice from the community dementia liaison nurse had enabled the

managers to develop the new format of behaviour charts. We also saw notes from a staff meeting in September 2014 where staff had been given instructions about how to complete the forms.

We therefore found the breach of regulations from our inspection in September 2014 had been met.

The registered manager and the deputy manager had implemented effective quality assurance systems to monitor care and plan on-going improvements. These included audits for; care plans, medication, falls, personal monies, accidents and incidents, equipment and general maintenance of the building. Where there were shortfalls in the service provision had been identified the management team had taken action to improve practice.

However, there was no system in place for the quality of the service provided to be monitored at the provider level.

There was no external auditing process or any opportunities to share good practice across the group. The provider told us standard policies and procedures had started to be developed across all the Morleigh homes, but these were not all in place at the time of this inspection. This meant there were no standard governance arrangements to help ensure a consistent quality of service across the group's homes.

The home gave out questionnaires regularly to people and their families to ask for their views of the home. The latest surveys had been given out in October 2014 and we looked at the results of the questionnaires that had so far been returned. Everyone who had completed a questionnaire had made positive comments about the care provided and said staff were friendly and approachable. There were comments that the carpet in the hallway was stained and we saw the carpet had recently been replaced.