Centurion Health Care Limited

Brook House

Inspection report

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Date of inspection visit:
28 March 2017
29 March 2017

Date of publication:
13 June 2017

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

This inspection took place on 28 and 29 March 2017. It was an unannounced visit to the service.

We previously inspected the service on 27 and 28 January 2016. The service was meeting the requirements of the regulations at that time. However, we made three recommendations to improve practice at the service.

Brook House is a care home providing nursing care for up to 35 older people. Thirty three people were living at the service at the time of our visit.

The service had a registered manager in post. 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.

We received positive feedback about the service. A relative told us "I see a lot of what goes on here as I am here most days and it's a good standard of care." Relatives told us their family members received appropriate healthcare support. One said their family member's mobility had improved since they had been at the home. People spoke positively about the meals provided for them. Typical comments included "Plenty to eat and I have no complaints" and "The food is really good here." People told us staff were kind and caring. For example, "The staff are very kind and caring" and "The staff are very nice to me."

When we visited the service in January 2016, we made three recommendations to improve the quality of people's care. These were in relation to promoting people's dignity when assisting them with moving and handling, following good practice in involving people in decision-making processes about their care and improving people's links with the local and wider communities. We found improvements had been made in each of these areas.

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 supported this practice.

There were enough staff to meet people's needs. Recruitment procedures were thorough to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. Staff undertook training to meet the needs of the people they cared for.

People's needs were recorded in care plans. These were detailed and had been kept under review. Work had started to find out more about people's backgrounds and personal histories through involving relatives. This helped staff to better understand the lives of the people they supported and what was important to them.

Refurbishment was taking place. At the time of the inspection, the provider was working through a planned refurbishment programme of the home. The refurbishment plan had begun in January 2016. It would include areas of the home which now looked worn, including older parts of the building.

We saw electrical cables had been left plugged into the wall and trailed onto the floor after staff had disconnected the equipment or appliances they belonged to. We acknowledge the registered manager took action straight away once this was brought to their attention. The registered manager was able to show us staff were made aware of health and safety concerns as and when they arose. We have made a recommendation about electrical safety.

There were various systems to monitor the quality of care, such as surveys, audits and visits by the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against the risk of infection through practices and procedures used at the home.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify and reduce areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

Staff treated people with dignity and respect and protected their privacy.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's care was monitored by the provider and registered manager.

People's links with the local community had improved and they had more opportunities to go out.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Brook House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 28 and 29 March 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted seven community professionals, for example, local authority and health service commissioners of the service, to seek their views about people's care.

We spoke with two relatives and six people who live at Brook House. We talked with the registered manager and seven staff members. This included nurses, catering staff, housekeepers and the activity organiser. We checked some of the required records. These included four people's care plans, twelve people's medicines records, two staff recruitment files and four staff training and development files. We looked at a sample of additional records which included policies and procedures, records of monitoring visits, feedback surveys and audits of care.

Good

Is the service safe?

Our findings

People were protected against the risk of infection through practices and procedures used at the home. We saw the upstairs sluice room had been refurbished since we last visited. On the day of our inspection we were made aware that work on refurbishment of the downstairs sluice room was due to begin. This would address the issues we noted on this occasion which included missing wall tiles and worn flooring. Locks were to be fitted to sluice rooms as part of the programme of works, to prevent unauthorised persons accessing contaminated material. A risk assessment was in place until locks were fitted. After the inspection, the provider confirmed all work in the sluice room had been fully completed.

People were protected from the risk of unsafe premises. Records showed audits were made of window restrictors to make sure people being could not fall or climb out. Where we found two windows without restrictors, risk assessments were in place and a low risk was identified.

There were certificates to confirm the building complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person. These outlined the support people would need to leave the premises. We saw equipment such as hoists was in safe working order.

We noted two electrical cables had been left trailing onto the floor near some people's bedrooms. These were a potential trip hazard. This was where staff had unplugged equipment which had been plugged in to charge. We were shown a risk assessment which also identified the risk from trailing cables and leads left plugged in. The cables were removed from the wall sockets when we mentioned what we found to the registered manager. We were shown evidence of staff being reminded of health and safety concerns as and when they arose.

We recommend staff are further reminded about the risk posed by trailing cables and switches left on at the wall socket.

People we spoke with told us they felt safe at the home. A relative said "I feel my sister is safe here, she is much happier here than where she was before."

Staff understood their responsibilities to safeguard people from abuse. They had attended training to be able to recognise signs of abuse. Staff told us they would report any concerns to the registered manager or use the whistleblowing procedure. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

People were kept safe during the delivery of their care. We saw risk assessments had been written, to reduce the likelihood of injury or harm to people when they were supported with personal care. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and accessing the community, as examples. Where risk assessments identified a need for two staff

to support people, care was provided accordingly. For example, where people needed a hoist to reposition. This ensured they were supported safely.

People were supported by sufficient numbers of staff. Staff said the staffing levels were realistic to meets people's current care needs. For example, eight staff covered morning shifts and six staff covered the afternoon and evening. Nursing staff were available 24 hours a day to attend to any clinical needs. We saw staff attended to people promptly. We noticed busy times of day such as breakfast and lunchtime were managed well. Call bells were answered within reasonable times. One person told us "I have never had any need to ring the buzzer but I know that they would come, I have no concerns about that."

People were protected from being supported by unsuitable workers. We saw the service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Recruitment files contained all required documents, such as a check for criminal convictions, checks of identity and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

People's medicines were managed safely. Medicines trolleys were kept locked and chained to the wall and these keys were kept securely. We saw staff maintained appropriate records to show when medicines had been given to people, to maintain a proper audit trail. One of the nurses we spoke with said the medicines system used at the home worked very well.

Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment room. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

Good

Is the service effective?

Our findings

We received positive feedback about the effectiveness of staff in meeting people's needs. A relative told us "I see a lot of what goes on here as I am here most days and it's a good standard of care." Another relative said "I am always kept informed if there are any health issues." One visitor spoke with us about their family member's health, saying "Her mobility has improved since coming to Brook House." One person told us "I know that if I have any health requirements…then the staff are only too willing to help me." We read positive comments written by a relative in a provider survey. They included "Any concerns about my mother's health are always communicated to me…I have every faith in the competence of the staff with regards to health matters."

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when people had been seen by external healthcare professionals for example, GPs. People's weight was monitored. Staff informed GPs of weight loss and maintained graphs to identify any patterns to weight loss or whether it remained stable. This followed good practice. We also saw photographs were taken of any wounds or bruises to provide a record of skin damage.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. New care staff completed an in house induction and then completed the Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

Training was provided for staff. This included moving and handling, fire safety awareness, dementia awareness and food hygiene. Staff told us they were encouraged to attend courses and kept their learning up to date.

We saw staff received the support they needed. Supervision meetings were held regularly between staff and managers, to discuss how they worked and any areas for development. Appraisals were taking place to look at staff performance over the previous 12 months. Staff we spoke with told us they felt supported.

Staff effectively communicated information about people's needs. Verbal and written handovers took place, daily notes were maintained about each person and a communications book was used, as examples. This helped ensure staff were kept up to date with any changes to people's health and well-being and areas they may need to monitor.

People's were supported with their nutritional needs. Care plans documented people's needs in relation to eating and drinking. Catering staff were made aware of any dietary requirements or restrictions to what people could eat. We saw mealtimes were unrushed and gave people time to enjoy their food at their own pace. We asked people about the standard of food. Comments included "There is a good standard of food and there is always plenty of fruit and vegetables," "The food is really good here," "Plenty to eat and I have no complaints" and "I like the food, it's not bad at all." A relative told us "Food is good and they make sure

that they make the food easy for her to swallow." Another relative said "My (family member) can be really fussy and difficult about her food…the staff are very patient with her." They added "I think the food is good." They told us their family member had previously been underweight but had since gained weight at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had recently received approved authorisations back from the local authority. We noted these were placed prominently in care plan folders to alert staff to them and whether any conditions were attached to them.

We found the service sought consent in line with The Mental Capacity Act 2005 (MCA) and good practice guidance. Throughout the inspection we heard staff asked for people's views and involved them in making decisions wherever possible. Mental capacity assessments had been carried out where necessary. Appropriate people were involved in making decisions on behalf of people who lacked capacity, such as family members.

Equipment had been provided to meet the needs of people with disabilities. For example, adapted baths, raised toilet seats and a passenger lift were in place. People could access the garden from the conservatory and were able to look out at it from the lounge. We spoke with the registered manager and the provider about proposed changes to the environment. We noticed some areas, in the older part of the building, looked worn. This was where wheelchairs had scraped paint off skirting boards and doors had been knocked to reveal the wood underneath. The provider confirmed all damaged doors would be replaced as part of an on-going refurbishment plan. They told us other areas such as skirting boards would be replaced if painting was not suitable and the corridors would also be repainted. New carpet was also to be fitted to the staircases and downstairs hall area. This would improve the environment people lived in.

Good

Is the service caring?

Our findings

When we visited the service in January 2016, we recommended the service followed good practice in the promotion of people's dignity when assisting them with moving and handling. On this occasion, we found improvement had been made. Screens were used to shield people from view when they were assisted in communal areas of the home. Curtains were also drawn to prevent passers-by being able to see into the lounge whilst people were supported with their personal care, such as assistance with moving.

When we visited the service in January 2016, we recommended the service followed good practice in involving people in decision-making processes about their care. On this occasion, we found improvement had been made to ensure people were consulted about decisions which affected their care and treatment. For example, residents' meetings were taking place. We read minutes which showed four meetings had taken place so far. People's relatives had also been invited to attend. Consultation had taken place about areas such as activities and trips out, renovation plans for the home and installation of closed circuit television on the premises.

We received positive feedback from people about the caring approach of staff. A relative said "I see lots of caring here, I am always welcome to come in." One person told us "The staff are kind, I really like (name of care worker), and he is super kind to me." Other people's comments included "The staff are very kind and caring," "The staff are very nice to me" and "There seem to be enough staff and they are very caring." People's visitors were free to see them as they wished. One visitor said "I can come and go as I please, I know most of the staff here and they are all really nice."

We observed how staff interacted with people. We saw staff were caring and took an interest in people. For example we heard a member of staff ask someone "How are you doing, can I get you a drink?" On several occasions we saw staff knelt down to chat to people so they were on the same level as them and could make eye contact. We heard staff say to someone "Let's sit you up so you are more comfortable" when they saw the person had slumped down in their seat. Staff responded appropriately when people asked repetitive questions. For example, one person asked for the address and another asked what time it was. Staff answered people patiently and politely each time.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. For example, information was recorded about whether people wished to be resuscitated. The home involved external palliative care specialists where required to support staff with end of life care.

People appeared happy; we saw lots of smiles and heard people joke with staff when they spoke with them. People cared for in bed appeared comfortable and warm.

We saw people had been able to personalise their bedrooms with items such as pictures, plants and ornaments. This helped rooms look homely and individualised.

Staff told us people were encouraged to be as independent as possible. For example, we saw one person

was encouraged to do some gentle exercise to improve their strength and mobility. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and prevention of falls.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, we read a care plan which said the person found it difficult to be supported with their personal care. The care plan was detailed and advocated a gentle approach by staff. This included offering reassurance, asking the person how they were and involving them in what staff were about to do. We saw the person had been prescribed medicine to help them if they became too stressed or anxious. Records showed the medicine was not needed anymore and had been stopped by the GP. This showed the approach by staff was appropriate to support the person in a calm and gentle way.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. This had been included in staff induction and they had signed to agree to it.

Good

Is the service responsive?

Our findings

People who completed surveys for the provider commented on the responsiveness of staff. For example, we noted comments from relatives and residents which included "The staff here are always very attentive to general day to day needs," "Nursing staff are very efficient and professional" and "The staff always respond very promptly to calls."

People and those acting on their behalf had been able to contribute to the assessment and planning of care and support. People were given appropriate support and assistance when they moved to the home. For example, the registered manager told us how they had facilitated the smooth transition of one person. This included helping them to display photographs and personal belongings and making sure they were aware of where toilets were and could locate these independently. They had also arranged for a pets as therapy dog to come in on the day of admission as the person was known to like dogs. The registered manager told us this helped the person to start to feel more relaxed in their new surroundings.

We saw detailed care plans were in place for each person. These documented how people would like to be supported in a wide range of areas, including communication, personal hygiene, mobility and moving and handling. People's preferred form of address was noted and referred to by staff. People's wishes of who they would like contacted if they became unwell were also documented. The care plans we read showed evidence of regular review of the changes to people's circumstances, such as their mobility. This helped ensure staff provided appropriate support to people.

We saw work had started to record people's life histories. In two completed examples, we saw families had provided information and photographs to document personal information. This included childhood, family tree, things which were important to the person, their interests and family life. This helped staff understand more about people's lives and backgrounds and what was important to them.

People's views about their support were respected. For example, if people wished to spend time in their rooms staff offered the option to join others but did not force them to.

People's cultural and religious needs were taken into consideration. We saw information about people's faith was noted in their care plans. One person told us holy communion had been provided at the home and a vicar also visited. The activity organiser told us they would also make arrangements for people of other faiths to worship, if required.

The service supported people to take part in social activities. People told us and we saw that activities were provided each day. These included arts and crafts, flower arranging, listening to music and word search quizzes. Entertainers and outside organisations visited the home at least once a month and ranged from singers and musicians to exotic animals and birds of prey. Seasonal events were also celebrated, such as St Valentine's day, Easter and Christmas. Trips out were also arranged at least monthly to local places of interest such as garden centres, Speen rest home for horses, a local airfield and a farm. Some people attended a day centre once or twice a week; one of these days was aimed at meeting the needs of people

with dementia so their needs could be catered for. One person had taken up their interest in art once again through going to the day centre. The home had also recognised another of their interests, aircraft, and had purchased a modelling kit for them to assemble. This showed the home promoted person centred activities wherever possible, to provide people with stimulation and interest.

There were procedures for making complaints about the service. We saw complaints were responded to appropriately. A relative told us "I once made a complaint against an agency member of staff and they were told not to come in again."

We saw the home responded appropriately when people had accidents. Measures were put in place to prevent recurrence, such as alarm mats and door sensors where people had fallen at night. Risk assessments were also reviewed and updated.

Good

Is the service well-led?

Our findings

The provider regularly monitored the quality of care at the service. Surveys were sent to relatives and people who used the service, to seek their views. We could see that any queries or issues which people raised were responded to. The provider visited the service. Records of visits showed they included discussion with staff, relatives and people who lived at Brook House. Audits were also carried out on areas which included infection control, medicines practice, care plans and accidents.

When we visited the service in January 2016, we recommended the home improved people's links with the local and wider communities. On this occasion, we found improvements had been made. People now had opportunities to go out. For example, to day services, shops and places of interest. Links had also been made with a local pub, which people seemed to enjoy. This helped people keep in touch with their community and try different things.

The service had a registered manager in post. We received positive feedback about how they managed the service. A relative told us they had support from the registered manager with a complaint about an external agency. They told us "I have had the backing of the manager, she had been really helpful." Another relative told us "I think the manager and all the staff are approachable." A member of staff said the manager had "An open door" and they could go to them whenever they need to.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff meetings took place to discuss practice and improve ways of meeting people's needs. Information was also shared during handovers between shifts.

The records we read had been well maintained and provided detailed and appropriate accounts of people's care. Records required for management purposes, such as staff supervision and recruitment records were also in good order.

We looked at a sample of policies and procedures. We noted some of these had not been kept up to date with changes to practice. For example, reference was made to regulations which were no longer in force. Contact details of external agencies such as the local authority safeguarding team had not been kept up to date in one policy. This meant guidance for staff had not been developed to provide the information they needed when they needed it. We spoke with the operations manager for the service. They told us part of their new role was to re-write policies and procedures, with a focus on key policies such as safeguarding, medicines practice and whistleblowing. Other policies would be written after these.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken. A reminder was given to include notification about the outcome of DoLS applications, as decisions about these had started to be returned to the home by the local authority.