Brunelcare

Saffron Gardens - Prospect Place

Inspection report

Saffron Gardens
Prospect Place
Bristol
Avon
BS5 9FF

Tel: 01179396681
Website: www.brunelcare.org.uk

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8 and 12 November 2018. The inspection was unannounced. The home was registered in December 2017. Prior to this, it had been registered alongside the adjoining rehabilitation unit and inspected together. This was the first inspection of the home under the current registration arrangement. The home is split in to Saffron and Orchard Court. All areas of the home care for people with dementia, though Orchard Court provides support for people with higher clinical needs. There are also self contained flats on the first floor of the home for people living independently. People in these flats could access care packages from the staff at the home, when needed. At the time of our inspection, there was minimal personal care being carried out for people living in these flats.

Saffron Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there wasn't a registered manager in place. 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. Plans were implemented immediately to recruit a new registered manager and shortly after our inspection we were informed that a successful candidate had been found for the post.

The service was outstanding in its responsiveness to people's individual needs. There was a strong person centred culture and staff understood the needs of people they supported exceptionally well. There was a wellbeing team leading activities and a member of staff was employed in the role of homemaker to enable more quality time to be spent with people.

The service was safe. There were sufficient numbers of staff employed to meet people's needs safely. The provider had recently created a 'twilight shift' to help manage people's needs at a busy time in the evening when they were preparing for bed. People received support with the medicines when they needed them; they were stored safely.

Staff were kind and caring. Our observations throughout the inspection showed that positive relationships had been formed between people and staff. This was confirmed through feedback from people and their relatives. People were treated with dignity and respect and there was a pleasant atmosphere throughout our visit.

Nursing staff were knowledgeable about people's health needs and managed them well. Staff worked with healthcare professionals to ensure people received good care. People were supported nutritionally; their weight was monitored and action taken when there were concerns. People who needed support at mealtime received this from staff who were patient and kind. Staff told us they were well trained and

received regular supervision. They felt able to approach senior staff with any issues or concerns.

At the time of our inspection there wasn't a registered manager in place; however this had only been for a short period and the provider had acted promptly to recruit to the post. The head of clinical excellence was supporting the service through this time and a senior nurse had been brought over from another home within the organisation to support the home. There were systems in place to monitor the quality and safety of the service; this included gathering feedback from people and their relatives..

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.

There were sufficient numbers of staff available to ensure people's safety.

People were supported with their medicines and these were stored securely.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in safeguarding vulnerable adults from abuse.

Is the service effective?

Good

The service was effective.

Staff received good training and support to enable them to carry out their roles effectively.

Staff worked with health and social care professionals to meet people's needs.

People were supported nutritionally.

Staff worked within the principles of the MCA and DoLS.

Is the service caring?

Good

The service was caring.

Feedback from people and their relatives was positive.

Our observations showed that strong relationships had been built between people and staff.

People were treated with dignity and respect.

Is the service responsive?

Outstanding

The service was outstanding in its responsiveness to people's

individual needs.

There was a strong person centred culture within the service where people's cultural needs were recognised and valued.

There was a wellbeing team in place providing people with a range of meaningful activities. The service also employed a member of staff in the 'homemaker' role.

Complaints were recorded and responded to.

Is the service well-led?

Good

The service was well led.

There was no registered manager in place at the time of our inspection, however suitable arrangements for supporting the home were in place. The provider acted promptly to recruit to the post.

There were systems in place to monitor the quality and safety of the service.

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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.

The inspection took place on 8 and 12 November 2018 and was unannounced.

The inspection was carried out by one Inspector and two experts 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. Prior to the inspection we reviewed information available to us. This included notifications. Notifications are information about specific events and incidents that the provider is required to send us by law. We spoke with eight people using the service, nine relatives and nine members staff, including care, staff, senior staff, nurses and housekeeping staff.

We reviewed eight people's care records and other records relating to the running of the home such as audits and fire safety records.

Good

Is the service safe?

Our findings

The service was safe. People and their relatives told us "Its lovely here we couldn't be happier. He is so well looked after and there is always so many staff around, even on a weekend", "Of course I am safe it's all alright here", and "We have had no problems it is so nice and yes, safe much better than worrying about her at home which has given me a new lease of life for myself and when I leave I am completely at ease."

There were sufficient staff available to meet people's needs. There had been an increase in staffing levels following feedback from staff, that particular times of day were difficult to manage. This had led to a 'twilight shift' being created to cover the evenings, which provided extra support with people's night time routines. This demonstrated a proactive approach to responding to concerns raised. When new staff were employed by the service, steps were taken to ensure they were suitable for the role. This included carrying out a Disclosure and Barring Service (DBS) check. This highlights whether a person has any convictions and whether they are barred from working with vulnerable adults. We saw that references were sought and where possible photographic ID in place. One file we saw didn't contain photographic ID because the person didn't have a passport or driving license. Other means of printed proof of identification were in place. However, we discussed with senior staff that it would be good practice to have clear wording in policy in relation to how the provider would check people's identity where no official photographic ID was available.

The provider was proactive in their response to incidents and accidents. The service had notified us of an incident earlier in the year of a person falling in the outside area of one of the units. We saw that work had been done to make this outside area safer for people to use. Incidents and accidents were recorded and it was clear from these that people's safety following an accident was monitored. In one case, a person had fallen and there was a sheet attached to the incident form showing that regular checks had been made to the person following this.

We spoke with a member of housekeeping staff who confirmed with us they had all the necessary resources to maintain cleanliness and hygiene. This included all the cleaning equipment they required and protective clothing. On the first day of our visit, we noted an odour on Orchard Court. We fed this back to senior staff and when we returned for the second day, this issue had been addressed. The senior housekeeping staff member was clearly concerned when we had mentioned this issue and had taken steps to ensure it was addressed very quickly, expressing that they wanted the home to be a nice environment for everyone.

Staff were trained in, and understood their responsibility to safeguard people from abuse. We saw that the provider worked with the local safeguarding team, reporting any concerns. Notifications of any safeguarding issues were made to the Care Quality Commission, as is a requirement of law.

People received support with their medicines. Most medicines were delivered from the pharmacy in a blister pack, arranging medicines in to the days and times they should be taken. These were stored in locked cabinets in people's individual rooms. There was suitable storage for medicines requiring additional security and regular stock checks of these medicines were undertaken. An electronic system was used across the home to support medicines administration. This contained photos of people receiving medicines and

provided prompts and alerts to help ensure that medicines were administered at the times they were prescribed. For some people, a decision had been taken to administer their medicines covertly (without their knowledge). The input of the pharmacist and GP had been sought to ensure this was done safely and in a way that didn't affect the efficiency of the medicine.

People had individual risk assessments for various aspects of their care. For those people with bed rails in place, this had been risk assessed. The risk assessment template included reference to the risk of entrapment. We also saw people had assessments in place relating to the risk of pressure damage to the skin and the risk of malnutrition.

Steps were taken to ensure the safety of people in the event of fire. Emergency equipment and lighting was tested regularly to ensure it was in good working order. Fire drills were carried out to ensure staff were well versed in how to respond in the event of emergency. There were individual plans in place for people to describe what support they needed to evacuate the building safely.

Good

Is the service effective?

Our findings

The service was effective. People and relatives we spoke with told us they thought staff were well trained and had the skills to carry out their roles effectively. Comments included; "he (husband) is also hoisted and transferred by wheelchair and they are always very gentle and they always wait for two them to help", "The communication is great if the doctor has changed anything they will phone and let us know" and "They always ring if there are any changes in her health or needs".

Staff were all positive about the training they received and felt well supported in their roles. Training topics considered mandatory by the provider included manual handling, fire safety, safeguarding adults, MCA/DoLS, infection control and dementia awareness. Staff confirmed they had one to one supervision sessions every few weeks and felt able to approach senior staff in between these times if they needed to.

Nurses were knowledgeable about people's health needs. When people had conditions such as diabetes, we saw that regular monitoring of the person's glucose levels were taken. Staff were able to explain what the blood glucose levels meant and when further medical advice might be necessary. We fed back that these details weren't always clear in people's care plans. For example, in one plan it described the action to take when the person's reading was high, but didn't state what glucose level would constitute 'high'. The nurse was able to explain verbally but agreed it would be helpful to have this outlined in the plan. We saw examples of how staff were supporting people with wounds to their skin. Staff worked closely with other healthcare professionals such as tissue viability nurses to manage these conditions and there were clear records relating to this. Photographs were taken to document the progress of the wound. It wasn't clear how often these photographs were taken; the head of clinical excellence told us they would review this to ensure photographs were used effectively.

Staff worked closely with healthcare professionals to meet the needs of people they supported. One person told us "They organise opticians, doctors, hospital appointments and dentist." And "They make appointments for me". A nurse told us about a person who had been cared for on Orchard Court on and end of life pathway. The person had extremely complex clinical needs but staff had worked closely with the CCG, hospital discharge team and ward staff to manage their condition. During their time on Orchard Court the person expressed their wish to return home. The senior nurse advocated on behalf of the person to ensure their wishes about returning home were listened to and eventually this person was able to go home as they wished. This was achieved through a determination to manage the person's clinical needs and by listening to their views and wishes and working hard to achieve them. A health professional working closely with the home told us. 'We receive a faxed sheet every week the night before to advise us who needs to be seen or discussed that week. This is a very smooth and organised approach and means we can come as best prepared as possible to best meet the needs of our patients, their residents.'

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. We saw examples of decisions that were made on behalf of people who lacked capacity. These included the views of family members where possible. We saw these were in place for aspects of care such as medicine administration, bed rails and DNA CPRs.

Some people needed to be deprived of their liberty in order to ensure their safety. Where this was the case, applications to the local authority had been made in order to ensure the process was manged safely and in the person's best interests. The process for this is called the Deprivation of Liberty Safeguards. CQC were notified when applications were authorised.

People were supported nutritionally. People told us "The food is quite good. I am on a soft diet and have a choice of two meals. If I don't like what is on the menu, I can have something else. Drinks are available anytime" and "The food is very good, and I enjoy what they give me". A record of people's weight was kept so that staff had opportunity to identify any concerns. For one person whose notes we reviewed, we saw that their weight had dropped considerably over the last few months. The senior member of staff on the unit told us the GP had been involved and they had prescribed nutritional supplements. This member of staff also told us how they tried to observe the different foods that the person responded to well and give them more of these. Mealtimes were a pleasant experience for people; they could choose where to go to eat their meals and there was a relaxed and pleasant atmosphere. For people requiring support to eat their meals, staff were patient and kind. The home had recently purchased new equipment to ensure meals could be delivered and kept warm.

The environment of the home was pleasant and well maintained. There were bright displays on the walls and areas in each unit where people could socialise if they wished to. There was a 'pub' available for people to use as they wished and we saw that people used it throughout our visit. This was a pleasant area for people to meet and eat their meals if they wanted to.

Good

Is the service caring?

Our findings

The service was caring. Feedback from people and their relatives was without exception positive. Comments included; "they are so good, they cleaned mum's wheelchair it's the little things like that, they go the extra mile for people", "The staff are all lovely" and "No problems its lovely here the staff are so warm and friendly they are always hands on and very tactile".

These positive comments were supported by our observations throughout our visit. It was clear that staff cared very much about the people living in the home. On one unit, the senior carer took us to meet a person, the carer hugged the person and told her she was beautiful. Staff used good natured humour to engage people and create a pleasant atmosphere. As part of their dementia, some people presented with behaviours that were challenging. This did not phase staff; it was clear that they understood this as part of their condition and character and responded to in a person centred way.

We saw how staff spent time with people outside of care tasks. For example, we observed staff sitting with people colouring, and making conversation as they walked around the home. One relative told us "It's a great community feeling, everyone knows everyone".

People and their relative were involved in planning their care and communication was good. Relatives told us "They always ring if there are any changes in her health or needs", "The communication is great if the doctor has changed anything they will phone and let us know" and "Yes we were involved and always are".

People were treated with dignity and respect. We saw that staff knocked on doors before entering. One person was being supported back to their room after receiving personal care. They were suitably covered and kept warm. At meal times, staff offered people napkins to protect their clothes.

Outstanding ☆

Is the service responsive?

Our findings

The service was outstanding in its responsiveness to people's needs. Feedback from people and their relatives was consistently excellent. Comments included "They are patient and kind and never stop assessing his needs", "They are flexible, go the extra mile and the care is very much personalised" and "This is my home the staff are wonderful". A professional involved with the service told us 'When I have been on site, there is always a fun and loving sense of care for the residents with a great happy and warm environment.'

The home had achieved the Gold Standards Framework. This is an accreditation that homes can work towards in relation to providing end of life care and helping people to achieve their wishes for this stage of their lives. The service had achieved the accreditation at 'commend' level. From speaking to staff, it was clear how that they were dedicated to providing the best possible support for people at the end of their lives. We saw how one senior member of staff ensured a person approaching the end of their life on their unit was checked on frequently throughout the day. We also saw how they communicated with the person's GP practice to ensure they had the medicines they needed to help manage their condition comfortably. The member of staff also relayed how staff on the unit had come to visit this person on their days off to pay their respects. On Orchard Court, staff told us about one person of a particular faith whose end of life wishes had been discussed in relation to their faith needs.

We saw feedback from relatives showing their appreciation of the care provided at the end of people's lives. On Orchard Court, we noted a gold plaque outside the unit that had been provided by a family in recognition of the care that staff had provided to their relative. In the compliments file, we read "the end of life care for mum was superb, excellent communication and very attentive care" and "a special thank you to the lovely staff who sat with mum in her last week"

Staff were very aware of the cultural needs of the people living at Saffron and made great efforts to ensure these were met. There were a number of people living at the home from a Caribbean background. We saw how there was a Caribbean option on the menu each day for people; staff told how us how these options were always popular and enjoyed by people of all backgrounds. There was a display on one of the walls within the home, celebrating Jamaican culture, showing the flag, various food items and words in Patois. Staff told us how people had access to drinks such as ginger beer. One member of staff showed us a video clip of a person with advanced dementia for whom they'd played some Jamaican music and they'd responded by vocalising and moving their feet around. The member of staff told us how moving this was and how touched they'd been given the person's presentation of advanced dementia. There was an individual in the home whose first language was Italian. There was a member of staff based on the unit who spoke Italian with her and they also enjoyed the company of the receptionist who was Italian.

We saw how the provider had employed a member of staff in the role of 'homemaker'. This member of staff was able to spend time with people engaging them in meaningful activities and promoting their independence. They showed us how they had spent time with one person making a book about their spouse who had recently died. They told us the book had helped the person understand and process and

what had happened. They also told us how one morning they had spent time with a person ironing and sorting their clothes after finding them in their room upset. This had lifted the person's spirits and engaged them in meaningful activity. The homemaker role clearly enhanced the lives of people in the home. They were currently based in one unit but there were plans to expand the role across the home.

There was also a dedicated and caring team of staff leading activities. This team were named the wellbeing team in recognition of the wider role they played in the health of people in the home. During our visit we saw a karaoke activity taking place. It was clear that people were enjoying this, smiling and singing along. One person went to the microphone to join in and was clearly enjoying themself. A relative commented "It's great they have so much going on all the time, they had a great Halloween party last week and the staff are planning a panto". Staff responsible for activities told us people went out on trips to local towns and some people went to various day centres to socialise. There were outside entertainers attending the home, including music students and other local groups. This helped people feel part of a wider community.They told us that if they noticed activities weren't well attended they would adapt the programme to try and make it more engaging.

There was a strong person centred culture within the home. Staff clearly understood the needs of people they supported and their unique ways. This approach was evident from senior staff through to admin, housekeeping and activities staff. During one meal time, the head of clinical excellence in the organisation was supporting a meal time and helped a person choose what they wanted for lunch by showing them two plated options, so they had a visual cue to help them decide. A senior carer in another unit, told us about the people they supported, showing understanding of their unique needs. One person for example often declined personal care and so often it would take three members of staff to encourage them to engage, with one member of staff encouraging them along by dancing. A carer on another unit told us how they had spent time getting to know a person who spent most of the time in their room. Through building up a strong relationship, they had been able to encourage the person to come and spend time in communal areas. During our visit one person expressed that they really fancied eating a mince pie; a member of staff immediately phoned the kitchen to try and source one. A short while later a member of staff came back and told the person they didn't have a mince pie but showed them a couple of alternatives. The person was delighted and it was clear from their response that this gesture had made them feel valued. On the second day of our visit, we saw a person walking down the corridor holding a bowl of their dessert. A member of admin staff walked past and spent time chatting with them and asking if they were happy to eat whilst standing or whether they wanted to find somewhere to sit down. The person chose to stay standing and was clearly happy to do so.

The set up of the home allowed flexibility and for care to be delivered in a way that met people's individual circumstances. Staff told us about a couple who had been living in the flats on Saffron Court. This allowed them to join in activities throughout the home whilst also maintaining independence. Over time, one of the couple's care needs increased in line with their dementia and they moved in to one of the units in Saffron, where they were able to access the care they required. Their partner was on site and they were able to spend as much time together as they wished.

People's support plans were clear and person centred in nature. They had recently been redesigned with the input of a consultant in Dementia to ensure the person concerned was at the centre of care planning. They were reviewed regularly to ensure they were up to date and reflective of people's current needs. There was information included about people's lives prior to arriving at the home, which helped staff understand them as unique individuals. We did find in some care plans, there were specific areas of information that needed to be clearer. Staff were able to tell us how the person was supported but the details weren't clear in their plans. We fed this back to senior staff who actioned this immediately.

Good

Is the service well-led?

Our findings

The service was well led. The home was without a registered manager at the time of our inspection, however this had only been in the short term and the provider acted promptly to appoint a new manager to the role. During the interim, there were arrangements in place to support the home. The head of clinical excellence was supporting the service and a senior nurse from another home had also been brought over to help lead the home alongside the deputy manager. People and relatives all reported feeling comfortable about approaching staff if they had any concerns.

Due to the layout of the home, there were challenges in managing the home effectively. There were four units in one part of the home (Saffron Court) and the Nursing unit, Orchard court in a separate part of the grounds. However, there was a clear management structure which helped the service run smoothly. There were senior nurses on Orchard Court who we saw liaising closely with senior staff on Saffron. In each of the units on Saffron, there was a unit leader and a senior carer leading the care teams. There were meeting minutes to show that staff met regularly to discuss issues relating to the running of the home.

Manager's across the provider's homes had opportunity to attend manager's meetings within the organisation. Managers were also able to attend Care and Support West events and meetings. This gave opportunity to share ideas and best practices across the organisation and wider care sector.

Despite the changes in leadership, staff morale remained high and staff told us they worked well together. One member of staff commented "I have been here only a couple of weeks and it feels like a part of my family already". Staff all felt positive and well supported in their roles. The head of clinical excellence told us about the ways in which they supported the wellbeing of their teams. They were going to begin sessions with senior staff to enable them to support their teams. A counsellor would also be available for individual sessions to support staff with any work related or personal issues. We were told that the provider wanted to create a culture where staff felt valued and said they felt this would have a knock on effect of creating a happy, positive atmosphere for people in the home.

Feedback was sought from people and relatives. We saw there was a 'you said, we did' display which gave information about some of the things people and relatives asked for and what had been done in response. Questionnaires were used to gather views and opinions on the service. We viewed the latest results of the relatives survey and saw that although some individual suggestions were made to improve the service, overall satisfaction with the service was high. Comments included 'I cannot fault the way you care for her' and 'Many thanks to everyone involved in dad's care. The standard of care is high, in my opinion and the atmosphere in his court is lovely'.

There was a system of audits in place. We saw care plan audits were carried out and information collected about falls and pressure wounds so that these could be monitored.