Abbeyfield Society (The)

Browns Field House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Browns Field House is a care home that provides accommodation and personal care for up to 29 older people, some of whom are living with dementia. There were 25 people living at the home at the time of this visit. There are internal and external communal areas, including a lounge / dining area, a garden including a play area for visiting children, two kitchenettes, two small shops, smaller lounges, a library and conservatory for people and their visitors to use. The home is made up of two floors which can be accessed by stairs or a lift. Seven bedrooms have a hand wash basin and toilet and one of these rooms also has a shower. There are four communal bath/shower rooms for people to use.

This unannounced inspection took place on 17 June 2016.

There was a registered manager in place during this inspection. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, decisions were made in their best interest. Applications had been made to the local authorising agencies to lawfully restrict people's liberty where appropriate. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of the MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were in place to minimise people's identified risks, to assist people to live as safe and independent a life as possible. Records were in place for staff to monitor people's assessed risks, and their care and support needs.

Arrangements were in place to ensure that people were supported with their prescribed medicines safely. People's medicines were managed, stored and disposed of appropriately. People's nutritional and hydration needs were met.

When needed, people were referred and assisted to access a range of external healthcare professionals. People were supported to maintain their health and well-being. Staff supported people with their interests and promoted social inclusion. People's friends and families were encouraged to visit the home and staff made them feel welcome.

People were supported by staff in a kind and respectful manner. People's care and support plans gave guidance to staff on any individual assistance a person may have required. This included how person wished to be supported and what was important to them.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, competency checks and appraisals. This was to make sure that staff were deemed competent and confident by the management team to deliver people's support and care needs.

Staff understood their responsibility to report any poor care practice or suspicions of harm. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable and safe to work with the people they supported. There was a sufficient number of staff to provide people with safe care and support.

The registered manager sought feedback about the quality of the service provided from people, their relatives and visiting stakeholders. People who used the service and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the home were in place and formally documented any action required.

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 supported with their medicines as prescribed. Medicines were stored, administered and disposed of safely.

Systems were in place to support people to be cared for in a safe way. Staff were aware of their responsibility to report any suspicions of harm.

People's care and support needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were deemed suitable to look after the people they assisted.

Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the MCA and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to meet people's needs.

Supervisions, competency checks and appraisals of staff were carried out to make sure that staff provided effective care and support to people.

People's health, nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported and engaged with people.

Staff respected people's privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them. People were supported by staff to

maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

People's care and support needs were planned and evaluated to make sure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were actioned or being worked upon.

People, their relatives and stakeholders were able to feedback on the quality of the service provided and felt listened to.

Browns Field 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 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 17 June 2016, and was unannounced. The inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also received feedback on the home from four health care professionals and a representative of the local authority contracts monitoring team.

We spoke with eight people who lived in the home and two relatives. We also spoke with the registered manager, deputy manager, cook, one senior care worker, three care workers and a housekeeper. Throughout this inspection we observed how the staff interacted with people who lived in the home and who had limited communication skills.

We looked at three people's care records, the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as quality monitoring, service users, relatives and stakeholder questionnaires, and accidents and incidents We saw records of compliments and complaints, and medication administration records.

Good

Is the service safe?

Our findings

People who used the service and their relatives said that they or their family member felt safe in the home. This was because of the care that was provided and how staff treated the people they assisted. One person told us they felt, "Perfectly safe." Another person said, "I feel pretty safe, no major worries…I'm very independent, that alone makes me feel safe."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of harm and report any poor care practice or suspicions of harm. Staff told us what action they would take in protecting people and reporting such incidents. They were aware that they could also report any concerns to external agencies such as the local authority, the Care Quality Commission (CQC) and the police. There was a poster in a communal area of the home which gave details of organisations to contact if anyone had any concerns. This was for staff, people who lived at the home and visitors to refer to if needed. We also saw that there was CCTV cameras in place in communal areas of the home. There were posters throughout the home informing people and their visitors that the cameras were in place. This showed us that there were processes in place to reduce the risk of people being harmed.

People had individual risk assessments and care plans undertaken in relation to identified support and health care needs. These included but were not limited to, health and well-being which included people's prescribed medicines; infection control; being at risk of poor skin integrity. As well as being at risk of poor mobility and of falling; moving and handling risks, and being at risk of dehydration and malnutrition. These risk assessments and records provided guidance and prompts to staff on how to monitor and support people safely.

People also had individual personal evacuation plans in place in case of an emergency. This showed us that there were plans in place to assist people to be evacuated safely in the event of an emergency, for example a fire.

Our observations showed that people were supported by staff to take their prescribed medicines safely, and in an unhurried and patient manner. Medicines were stored securely and at the appropriate temperature. We were told that all staff who administered medicines had received training. Staff also said that they had their competency assessed by a more senior staff member. Records confirmed this. Stocks of medicines were audited to make sure that they were accurate. We saw that there were clear instructions for staff in respect of how and when medicines were to be administered safely, including those to be given 'when required.' This meant that there were systems in place to manage people's prescribed medicines safely.

Staff said and records confirmed that pre-employment safety checks were carried out prior to them starting work at the home and providing care. One staff member said, "This is a job that I always wanted. My DBS (criminal records check) and references were in place before starting." Checks included references from previous employment. A criminal record check that had been undertaken with the disclosure and barring service, proof of current address, photographic identification, and any gaps in employment history had been

explained. These checks were in place to make sure that staff were of a good character and that they were suitable to work with people living at the home. We saw that one staff member only had a character reference in place. The deputy manager was able to explain the decision making process involved for this staff members successful recruitment. However, there was no formal documented reason recorded. We spoke with the registered manager about this during the inspection.

We saw that there were sufficient staff on duty to meet people's assessed needs. People's current dependency requirements were assessed and this determined how much care and support from staff would be needed. The registered manager told us how this information then calculated the safe number of staff needed to work each shift. However, we noted that this information was not formally recorded or available during this inspection. This was discussed with the registered manager during this inspection.

Staff rotas were written to make sure that there were enough staff on duty with the right skills and knowledge. People and their relatives had mixed opinions about staffing levels within the home. One relative said that they felt there was enough staff because, "I have seen staff taking time and chatting to people." One person explained to us how quickly staff had responded to their call bell when they needed assistance early one morning. They said that the staff response was, "Very quick." However, another person told us that they sometimes had to wait in the morning for assistance to get ready. They said that although they thought there was enough staff to meet people's needs, "They [staff] are not always quick to come when I ring my bell." Our observations during this inspection showed that people's requests for assistance were responded to quickly. Staff whilst they were busy did not hurry people and supported people at their preferred pace.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. This included decisions to be made in a person's 'best interest.' The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, decisions were made in their best interest. Applications had been made to the local authorising agencies to lawfully restrict people of their liberty where appropriate.

Staff demonstrated to us that they respected people's choice about how they wished to be assisted. Records showed that staff had received training in the MCA and DoLS. Staff we spoke with demonstrated knowledge about the MCA and DoLS. One staff member said, "You assume capacity, people with capacity have the choice to make risky decisions. If a person lacks capacity, you help them in the least restrictive way which is in their best interest." Staff were able to confirm to us that some people living in the home had an application sent to the supervisory body to lawfully restrict them. This meant that staff demonstrated to us a sufficient understanding of the importance of respecting people's decisions and 'best interest' decisions.

People told us that they were happy with the food served in the home. One person said, "I always eat what they give me, I can choose, but everything is nice and you always get plenty to eat." Another person told us, "Oh yes, you get plenty to eat and they ask you if you want seconds." We saw that people were offered a choice of meals verbally and alternative dishes were available and special requests catered for. The cook talked us through any special dietary needs and how this would be catered for, this included food prepared for people with a specific health care condition or people who required their food to be in a softened form due to identified risks. A relative said, "I have had lunch here and the food is tasty, good quality well-cooked food." One person confirmed to us that, "They [staff] normally tell us verbally what is for lunch." As some people at the home were living with dementia, our observations showed that there were missed opportunities for staff to give additional support to people to help them choose by using visual prompts.

People were provided with a selection of hot and cold drinks and snacks throughout the day. Our observations during the meal time showed that people could choose where they wanted to eat their meals. During this inspection we saw that the majority of people ate their lunch in the lounge area, as a barbeque had been laid on for people and their visitors for the national 'care home open day' event. One person said,

"We can choose where we want to have our lunch…we can have it in our rooms, at the dining table, or in the dining room on a tray." Tables in the dining room were dressed with table clothes, placemats, and flowers to make meal times a pleasant and social experience for people. We noted that staff encouraged people to eat at their own pace. Where people needed some support we saw that adaptations, such as adapted cutlery were used. These assisted the person to eat their meal with limited assistance while maintaining and supporting their independence.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed competent and confident by the registered manager and senior staff to provide effective and safe care and support to people.

Staff members told us they enjoyed their work and were well supported. One staff member said, "I love my job." Another staff member told us, "I love working here, I've been here [number given] years and look forward to coming to work." Staff said they attended staff meetings and received formal supervision, competency checks and an annual appraisal of their work. Staff told us that these meetings were a 'two way process' which meant that they were able to use this time to discuss anything that they wished to. One staff member said that with the support of the management team and other staff members, "I have come on (with their confidence) leaps and bounds since I have been here" This demonstrated to us that staff were supported within their roles.

People who used the service and relatives were complimentary about the staff. One relative said, "Staff can answer the questions I ask (about family members care)." One person told us that they felt staff were, "Very well trained." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. One staff member said, "We are always attending regular training at the home and on-line." Training and refresher training included, but was not limited to; moving and handling; diet and nutrition; safeguarding; the MCA/DoLS; death, dying and bereavement; health and safety; infection prevention and understanding dementia. Staff told us that they felt that they had sufficient training and the quality of training was good. One staff member went on to tell us how a course on dementia called 'virtual dementia' had increased their understanding. They said, "Now it feels that I know what it is like to walk in their shoes…I now want more training on this subject." This, they told us was to continue to increase their knowledge, understanding and empathy. This showed us that staff were supported to maintain and develop their knowledge and skills.

Records showed that staff involved and referred external healthcare professionals in a timely way if there were any concerns about the health of people living in the home. A relative told us that any health concerns staff, "Dealt with the GP." A visiting healthcare professional told us that staff were good at contacting them if they had any concerns. They said, "Staff do everything we ask of them, staff will follow and chase up results…communication is good." A GP told us that staff showed a good knowledge of each person and that care was individually tailored to their needs. They also said that staff sought the help of healthcare staff appropriately and in a timely manner. This showed us that staff included healthcare professionals when needed.

Good

Is the service caring?

Our findings

People who used the service and relatives had positive comments about the service provided. One person said, "Oh yes, they [staff] do care and my regular carer is very nice to me." Another person told us, "I feel safe." One relative told us, "I'm very happy with my [family members] care. I visit [family member] every week and she is very well looked after." Another relative said that their family member, "Is well cared for…it is very good."

Staff took time to support people when needed. We saw staff supporting people and that this was all done at the persons preferred pace and without rushing them.

Staff talked us through how they made sure people's privacy and dignity was respected and promoted when they were assisting them with their personal care. They confirmed that this support was given behind closed doors. A relative told us about the positive differences that had been made since their family member came to live at the home. They said, "[Family member] needed someone with them all of the time…staff are caring and the atmosphere feels nice...a home from home." They went on to tell us that they thought staff promoted their family members dignity. Another relative confirmed to us that, "My [family member] is always clean." We saw that staff knocked on the door of the person they were about to assist before entering. The majority of staff were observed waiting for a response from the person before they entered their room. This demonstrated to us that staff treated the people they were assisting in a dignified and respectful manner.

We saw that staff were polite and addressed people in a respectful manner and by the name they preferred. We noted that staff' asked people if they needed support with their personal care in a dignified way. People were appropriately and cleanly dressed for the temperature within the home.

People's rooms were personalised with their own possessions and pieces of their own furniture. This was done to make the person's room feel individual and homely.

Care records had been written in a way that promoted people's privacy, dignity and independence. Efforts had been made by staff to collect a social history and personal information about people living in the home. This also included their individual likes and dislikes, any preferences and their individual care and support needs. Care plan reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. Evidence showed us that people and /or their appropriate relative were involved in the setting up of these records and reviews.

We saw that staff knew the people they were supporting and were able to refer to previous life experiences and interests when talking to them. People we spoke with told us that they thought that staff knew them well. We observed that when a person displayed signs of anxiety staff were quick to reassure them in a kind and patient manner. This enabled the person's anxiety to decrease. This demonstrated to us that staff got to know and develop an understanding about the person they were supporting.

Staff told us how they encouraged people to make their own choices to promote and maintain people's autonomy. For example, what people would like to eat, where they would like to take their meals or what they would like to wear. People we spoke with said that they could ask for help from staff when needed and told us how they were encouraged by staff to make their own choices. This showed us that people were assisted by staff to be involved in making their own decisions and that staff respected these choices.

People's friends and family were encouraged to visit the home at any time by the registered manager and staff and made to feel welcome. One relative said, "There are no restrictions on my visiting."

People's end of life wishes were recorded and this included a person's wish to not be resuscitated. A relative said, "Overall staff care for people right to the end." A GP told us that one area of practice which they felt was 'outstanding' was the provider's end of life care. They said that the expressed preferred place of care for people was usually the care home and that the staff made every effort to fulfil the wishes of people and their relatives.

Advocacy services information was available for people should they wish to use this information. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and relatives had positive opinions on the activities on offer at the home One relative said, "There seems to be enough activities…there are quizzes and singing and individual attention." We also saw that the home had a fish tank with fish for people to view if they wished to do so. During the inspection we saw that activities were taking place. There was a musical entertainer performing music and we saw staff encourage people to sing along and get up and dance. We saw evidence of other entertainment that had taken place; this included a tea dance; bonfire party, new year's eve party and garden party. One person said, "Staff should be congratulated for all the wonderful food and entertainment they have put on for us today [national care home open day]."

Care and support plan were developed by staff in conjunction with the person, and/or their family. These provided guidance and prompt to staff on the care and support the person needed and their wishes. The individual support that people received from staff depended on their assessed needs. Support included assistance with their prescribed medication, personal care assistance, attending healthcare appointments, and meal time support. Reviews were carried out regularly to ensure that people's current care and support needs were recorded, updated and met the persons current care needs. This would then be used as information and guidance for the staff that supported them.

Healthcare professionals told us that staff were good at responding to people's potential healthcare concerns. For example the community nurse told us that staff were quick to report them any possible skin integrity concerns. They went on to tell us that staff responded to the advice given by them and took the necessary action. For example, using pressure relieving equipment to help relieve people's skin pressure areas.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. Relatives told us that that they knew how to raise a suggestion or complaint should they need to do so. A relative said, "You can always make suggestions and be listened to." Staff said that they knew the process for reporting concerns or complaints. Records showed that a complaint received had been responded to in a timely manner.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by a deputy manager, care staff and non-care staff. People who used the service and relatives told us that they knew who to speak with and spoke positively about the registered manager and staff. One relative said, "The [registered] managers door is always open...they run a tight ship and when we have had any problems they have dealt with it."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; infection control, dementia care, and the management of people's prescribed medicines. We also noted that there was a registered manager's internal audit which highlighted any areas of improvement required. We saw that any improvements needed were either completed or being worked on and that these were documented in an action plan.

Accidents and incidents were also looked at as part of the quality monitoring of the service. Learning from these incidents were documented with the aim of reducing the risk of reoccurrence. This showed us that there was a system in place to monitor the on-going quality of the service provided.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. One staff member said, "I can knock on the [registered] managers door any time to make a suggestion...I am just so proud to be a member of the team." Another staff member told us, "I enjoy it here and feel supported." Records we looked and staff confirmed that staff meetings happened. These meetings were also used as opportunities to update staff on the service and for staff to raise any suggestions or concerns.

Staff we spoke with were able to demonstrate to us the culture and values of the service. One staff member confirmed to us that the embedded culture was, "People first…the people who live here, it must feel like it is their home."

The registered manager sought feedback about the quality of the service provided from staff by asking them to complete questionnaires. Questionnaires returned showed that the feedback was mostly positive. The registered manager told us that they were in the process of sending out questionnaires to people who lived in the home and their relatives. This was to formally receive feedback on the quality of the service provided. Evidence of these questionnaires were shown to us during this inspection. However it was too soon to see the results of this survey. Visiting stakeholders were also asked to feedback their thoughts. We saw that the majority of comments were very positive. We also saw that resident meetings were held to update people on the service and for them to raise any suggestions they may have. This meant that people, their families, staff and stakeholders would be given the opportunity to formally feedback their views on the quality of the service provided.

We saw that staff at the home were finalists/ had won several national and organisational awards over the last few years. These included but were not limited to; outstanding dementia care support worker – National Dementia Care Awards 2013; best dementia garden – National Care Awards 2015 and the Abbeyfield Gold star award had been awarded to Browns Field House for their achievement in enhancing the quality of life for older people. This showed that the staff at the home had achieved recognition for the quality of their work.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.