Care Quality Commission

Atheray Organisation Limited

Brookwood EMI Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected Brookwood EMI Home on 9 September 2015. The inspection was unannounced.

Brookwood EMI Home provides accommodation and personal care and is registered for up to 28 people. On the day of the inspection 19 people were receiving care services from the provider. The home had a registered manager who had been in post for several years. 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.

At this inspection we found that people who used this service were not always safe. People's medication was not always appropriately recorded or given with the frequency determined by the prescription.

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

Summary of findings

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "I like it here, there is nothing to complain about."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or the Care Quality Commission.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a formal quality assurance process in place. This meant that aspects of the service could be formally monitored to ensure good care was provided and planned improvements were implemented in a timely manner. We found that the audits carried out did not always identify discrepancies and areas for improvement in relation to records.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People did not consistently receive their medicines as prescribed. The administration of medicines was not always accurately recorded.

People told us they felt safe and the provider had systems in place to protect them. Staff understood the provider's safeguarding and whistle blowing procedures and told us what actions they would take to make sure people were safe.

There were enough staff to meet people's needs and the provider carried out checks when appointing new staff to make sure they were suitable to work in the home.

Requires improvement

Is the service effective?
The service was effective.

Care staff were trained in appropriate topics relevant to their role.

People told us they enjoyed the food provided and we saw staff offered people choices.

Staff supported people to attend health care appointments and made sure their health care needs were met.

The provider met the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness and patience and gave them the care and support they needed promptly and efficiently.

Staff supported people to take part in group and individual activities. Staff respected people's choices if they decided not to take part in planned activities.

Staff offered people choices about aspects of their daily lives, including what they ate and activities. Staff made sure people understood available choices and gave them time to make decisions.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people who used the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Is the service well-led?

Requires improvement 

The service was not always well led.

Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people who used the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention.

A range of checks and audits were used to monitor the service although these checks did not always identify discrepancies or areas for improvement.

Brookwood EMI Home

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.

We carried out this inspection 9 September 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

We spoke with two care staff and the registered manager. We asked four people who used the service and two relatives for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for six people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had 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.

Before our inspection we reviewed the information we held about the service, including the information in the PIR and speaking to the local authority.

Requires improvement

Is the service safe?

Our findings

People's risks were managed with support from staff if needed. These included where people required help with monitoring their nutrition, personal care and hygiene. Staff told us about what help and assistance each person needed to support their safety. We saw people's risks were written down and available to staff. Whilst this showed people's level of risk and the actions required by staff to reduce or manage that risk they were not all regularly reviewed. One person's pressure care plan had the entry, "Skin to be checked at bathtime and condition logged." The person's bathing activity was recorded but the skin condition was not. It was therefore not possible to determine if the skin care regime was effective. Another person was judged to be a high risk of falls however the last falls risk assessment was undertaken in May 2015.

Most accidents and incidents were monitored, reported and changes made to care plans to see if there were any risks or patterns that could be prevented. For example, by introducing additional equipment or other professional advice to help reduce the risk of an incident happening again. However the daily notes of one person's care plan we looked at identified that they had suffered a fall on 25 August 2015. The last entry on the falls care plan and falls risk assessment recorded on 8 August 2015 stated, "In hospital." This meant that the record was not up to date and had not identified the person's most immediate risks and care needs.

There was an effective system for ordering and returning unused medicines. Up-to-date records were kept of medicines received and disposed of. Staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required' and we saw there was a clear record when people had allergies to medicines.

However, we found that medicines were not always administered with the frequency or quantity prescribed . For example, we found eight occasions over a four day period where prescribed creams had been administered once a day and not twice, as prescribed. We also found instances of missing signatures on medication administration records (MAR). Medicine stocks indicated that the medicines had been administered. This meant that the person administering medication had not signed the MAR. There was no record that these issues had been identified and reported. We saw copies of medicines audits. The last audit was dated 21 August 2015 and did not highlight any issues which required attention.

All people that we spoke with told us they felt safe living at the home. People were comfortable with staff and other people they shared their home with. Relatives we spoke with were happy that their family members were kept safe. Staff supported people in a positive way and were confident to raise any concerns that related to people's safety.

Two staff we spoke with knew their responsibility to protect people from the risk of abuse and what action they would take if they suspected someone was at risk. Both staff told us they would, "Challenge poor practice immediately to protect a person and then refer to the registered manager." They also told us that they were aware of the ability to contact the local authority safeguarding team directly. Staff files confirmed that they had received training which helped them to understand possible types of abuse.

People received support from staff when they became anxious or upset and people responded positively to staff assisting them. Staff kept people safe and spoke to them about what they could manage well on their own. For example, knowing where people needed reassurance or how much assistance they needed getting up from a chair.

All people and relatives we spoke with told us there were enough staff to look after them. In the communal areas people were able to get the attention of staff easily. Three people we spoke with told us they never had to wait long for assistance. One person said, "They always come when I ring, whether it's day or night."

All staff told us that they were able to meet people's social and care needs. The registered manager told us that they, along with the deputy manager arranged staffing levels in response to people's needs. They were able to use agency staff when needed although staff told us that vacant shifts were covered by staff willing to do additional hours. The registered manager provided additional support to care staff during unplanned busy periods. One care staff member told us the registered manager would, "Roll her sleeves up when required."

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "Staff always ask before doing anything, they are very respectful." Another person said, "The staff are great, they do a good job."

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We have a good manager, she listens to staff and is hands on." Another care worker said, "I get good support from the manager."

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, external trainers and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. Staff files and a training matrix had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. One staff member we spoke with said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

An application to authorise DoLS restrictions for one person had been made by the service and had been processed by Doncaster Council, the supervisory body. We saw this was kept under review and if the person's capacity to make decisions changed then decisions would be amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their medicines and managing the risk of falls.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. One person told us, "The food is very good and we get a choice of meals." The relatives we spoke with were also positive about the food provided with one commenting, "The food is homely and very good." People were able to choose to take their meals in the dining room, their own room or the lounge. Visitors were able to stay and eat with people and there was a relaxed, social atmosphere during lunch.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. One person who lived at Brookwood told us, "I am very happy here, the care provided is good." Another person we spoke with said, "All the staff are excellent and look after me very well." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to one person when they were upset and concerned about pain they were experiencing. We also saw staff providing discreet support for people to go to the bathroom.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. For example, people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

We saw staff interacted well with people. We saw that whenever staff helped people they ensured they discussed with people first what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. Staff gave reassurance and were patient throughout the transfer explaining to the person that they should take all the time they required to ensure comfort and confidence. The staff doing this told the person what they were going to do, and why they needed to do it. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect.

People were supported to contribute to decisions about their care and were involved wherever possible. People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes. One person told us, "The staff ask my opinion and permission for everything, which is good."

Good

Is the service responsive?

Our findings

People and their visitors told us they met with staff to talk about the care and support they received. One person said, "The staff are very helpful, they know what care I need." A relative told us, "I visit whenever I want to, it's never a problem." Another visitor told us, "Communication is great, we always know what's happening."

People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One person who used the service said, "It's a lovely place with lovely people." Another person told us, "I have everything I need, I have no complaints."

People had a care plan which was personal to them. The plans included information on maintaining their health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a document detailing what was important to the person and how they wanted care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. Most of the plans were regularly reviewed with people and we saw changes had been made following people's feedback. However, two of the plans we looked at had last been reviewed in July 2015. This was not in line with the provider's expectation of monthly reviews. We discussed this with the registered manager on the day of our inspection. They told us they were unaware and would ensure they were brought up to date and also ensure the relevant staff we made aware via the supervision process.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One relative told us, "I am confident that if I did raise any concerns I would be taken seriously and listened to." The service had a complaints procedure, which was provided to people when they moved in and also displayed in the foyer area of the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

The provider had systems in place to gather the views of people using the service and others. One person told us, "We talk all the time about the things we like or would like to change." A relative told us, "I have been involved in feedback surveys but I didn't know about relative meetings."

People who used the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part. Activities included quizzes, games and group discussions. We saw several people watching a film. One person told us, "We love watching the old films, it really takes us back." Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post at Brookwood EMI Home. The service was well led by an experienced registered manager who had been with the provider for several years and registered with the Care Quality Commission to manage Brookwood EMI since 2014. People we spoke with told us they knew who was the manager and said they were approachable. One person said, "I really like her, she is kind." In addition to the registered manager, the management team included a deputy manager.

The provider had a system in place whereby quality assurance audits were completed by the registered manager, deputy manager or senior care staff. Audits included medication, care plans, infection control, complaints and finance. Whilst some audits were up to date and accurate we found that not all audits were undertaken with the frequency or robustness required to ensure they were effective in identifying issues and planning improvement. For example, a monthly audit of care plans had not been carried out in August 2015 this meant that the issues we identified in care plans had not been highlighted or addressed. The last medication audit on 21 August 2015 had failed to identify the issue of topical medication not being administered in line with the prescribed frequency. The audit also identified that medicines were stored within an appropriate temperature range, however the daily temperature record was last completed on 6 August 2015. The issues we found regarding medication had not been identified despite audits being undertaken, this had the potential to impact on people who used the service.

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The management team was organised in a way that supported the registered manager to concentrate on the day to day running of the home and other tasks, such as human resources, finances and building management. This enabled the registered manager and staff team to focus on people who used the service and ensure their needs were met.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. The registered manager worked alongside other staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person's individual needs and wishes. Staff felt the registered manager was relaxed yet professional. They felt the manager listened to them and that they could speak freely with them about any aspect of the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. One staff member told us, "The manager is extremely supportive and wants things done the right way." Another staff member said, "There's an open door policy and we can speak to the registered manager at any time. She is very good at listening to staff, is helpful and takes action if staff are not working the way they should. "

Systems were in place to monitor and review accidents and incidents. We saw that this information was completed with an assessment of the incident. This ensured that accidents were reviewed to reduce the risk of reoccurrences of a similar nature.