Care Quality Commission

Entertainment Artistes Benevolent Fund

EABF

Inspection report

Brinsworth House, 72 Staines Road, Twickenham
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Date of inspection visit: 5 and 6 November 2014
Date of publication: 19/01/2015

Ratings

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

Overall summary

This was an unannounced inspection, carried out over two days on 5 and 6 November 2014.

EABF (also known as Brinsworth House) provides accommodation and nursing care for up to 36 older people, some of whom may be living with dementia. The home is a Victorian listed building with extensions at the rear of the property. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. There were 28 people living at the home at the time of our inspection.

We last inspected EABF in August 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People using the service told us they liked living at EABF and felt safe there. They said that there were enough staff on duty who were caring, respectful and upheld their individual privacy and dignity.

Improvements had been made around activity and occupation since our previous inspection with a full time co-ordinator now in post. We saw that a structured programme of activities had been introduced and work was on-going to personalise this to each person living at EABF.

Care staff provided appropriate support to help people eat and drink. People receiving assistance were given information about what they were eating and staff checked with individuals if they had enough to eat. Feedback was however mixed about the quality of food provided. The registered manager was already aware of the issues raised and had taken action to start making improvements.

New staff completed induction training when they first came to work at EABF. Further training was then made available to them to make sure their skills and knowledge were kept up to date. Staff we spoke with were aware of their responsibility to protect people from harm or abuse.

They knew the action to take if they were concerned about the safety or welfare of a person using the service and were confident in being able to report these to senior staff.

Medicines were stored securely and safely however safe practice was not being followed consistently when giving them to people and keeping up to date accurate administration records. You can see what action we told the provider to take at the back of the full version of this report .

We found that further work was required to ensure that the provider consistently acted in accordance with the requirements of the Mental Capacity Act 2005. The assessments of capacity seen showed a lack of understanding and application of the Act in protecting people who may not be able to make decisions for themselves. You can see what action we told the provider to take at the back of the full version of this report.

There were processes in place to gather the views of people using the service, staff and visiting professionals about the quality of service provided. A review carried out in mid-2014 had resulted in changes to staff contracts, shift rotas and senior management structures. We saw that this had impacted on everyone in the home with new systems and staff roles being introduced at EABF.

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?
Some aspects of this service were not safe. Further improvements were required to ensure that staff consistently follow safe practice around the administration of medicines.

There were enough staff on duty to meet the needs of people using the service.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

Requires Improvement

Is the service effective?
Some aspects of this service were not effective. Further improvements were required to ensure that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People had enough to eat and individuals received the support they needed with their meal. Feedback about the quality of food provided was mixed.

Staff received training to help ensure they had the skills and knowledge to meet people's needs.

Requires Improvement

Is the service caring?
The service was caring. People were treated with kindness and compassion and their dignity was respected.

The relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

Good

Is the service responsive?
The service was responsive. People's needs were assessed and care plans put in place to provide individuals with the care and support they required.

The provision of activities to people using the service had improved since our previous visit in August 2013..

People told us that they felt able to raise any concerns or complaints.

Good

Is the service well-led?
The service was well led. The home had a registered manager in post and people said they were able to speak with them if they had any concerns.

Accidents and incidents were monitored and, where possible, action was taken to minimise the risk of events happening again.

Systems were in place to monitor the quality of the service so that areas for improvements could be identified and addressed.

Good

Care Quality Commission

EABF

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 visited the home on 5 and 6 November 2014. Our first visit was unannounced and the inspection team consisted of an inspector, a specialist advisor 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 service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home the next day to look in more detail at some areas and to examine staff files and records related to the running of the service.

During our inspection we spoke with nine people using the service, three visitors, five care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were stored safely and securely. Records were kept when they were given to people using the service however we found 17 instances where these records had been left blank following administration. This included seven days where a record had not been completed for a liquid medicine administered daily between 22 October and 3 November 2014. Staff could not explain why signatures were missing on this person's record and it was seen that the doses administered were given from a bottle of the same medicine prescribed for a different person using the service.

We observed a staff member crushing a medicine for one person and then giving this to them in a spoonful of food. The records seen did not include an assessment of their capacity or a documented best interest's process to make decisions about the care and treatment for a person lacking capacity.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people took 'as required' medicines. We saw there were individual written guidelines in place for these medicines as to when people should receive them however some of these lacked detail particularly around responding to individual behaviour, for example, one person received medicine as required for 'agitation and restlessness'. The available guidance was not linked to the care plan around their behaviour and did not say what other responses could be tried by staff before giving the medicine.

People using the service said they liked living at EABF and felt safe there. Their feedback included

"This place is fine, marvellous", "It's a wonderful place", "The house is very nice" and "I'm well looked after, I can't praise it enough."

The individuals we spoke with said there were enough staff around to help them when they needed assistance and confirmed that staff came promptly in response to the call bell when used. Staff spoken with said there were enough staff on each shift to meet people's needs and additional staff were provided when required. For example if someone needed to be escorted to a hospital appointment. One staff member told us "Matron always says that extra staff can be booked if required."

Visitors we spoke with said that they had never had any concerns about the safety or welfare of their relatives. Comments included "There's something special about this place, like a big family" and "It's a great place."

Staff said they had been trained to recognise and report any concerns about people's safety. They were aware of the procedures to follow and each person said that they felt able to report any concerns should they have any. We saw that people using the service and staff were made aware of feedback from any safeguarding investigations at their meetings. For example, a revised finance policy had recently been implemented with people using the service reminded of where they could keep valuables and staff reminded of the procedures in place. A Police Community Support Officer had visited the home on a weekly basis to have a coffee with people and offer advice if required.

We saw a small number of individuals were not provided with call bells due to the risk of them becoming entangled with the cable. The risk assessments we looked at however only included basic information about the risks identified for each individual and lacked detail around the processes used to take decisions and how people were involved in these. Some documents specified their dementia or occasional agitation as a reason for the restriction with no further information provided.

A system for reporting accidents and incidents was in place and we saw these were monitored by senior staff with actions recorded. An audit had been carried out to look for any trends and we saw that referrals had been made for individuals to the falls clinic where higher risks had been identified.

A health and safety site evaluation visit was being carried out by an external company on the first day we visited. The provider shared their report with us that found the health and safety management to be very satisfactory. Records showed the fire alarm and emergency lighting systems were being regularly checked and maintained. A small maintenance team took responsibility for these and other checks to help keep people safe. A visitor to the service praised the quick response of these staff in sorting out a maintenance issue for their relative.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care

Requires Improvement

Is the service safe?

environment. We looked at three recruitment records and saw that all the checks and information required by law had been obtained before they were offered employment in the home.

Requires Improvement

Is the service effective?

Our findings

We saw restrictions were in place for some people such as the use of bed rails and wheelchair belts to help keep them safe. Individual records we looked at were not however being kept in line with the providers own policy around the application of the Mental Capacity Act 2005. Recorded assessments around capacity and consent did not include any evidence relating to the individual's ability to understand, retain or weigh information in relation to specific decisions. For example, a 'best interest assessment' completed for one individual specified the types and reasons for restraints in place but contained no information about the person's capacity or that staff were ensuring they were using the least restrictive option.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Decisions were recorded in two care plans we looked at. One example seen stated that the person did not have capacity to make or communicate decisions about CPR however there was no clear documentation of how the decision was made or the frequency of review as determined by the responsible staff member.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were no Deprivation of Liberty Safeguards (DoLS) authorisations in place however we saw evidence that the registered manager had recently submitted applications to the local supervisory body for five people.

People were supported by staff with appropriate skills and experience. The staff we spoke with told us they received training and support to help them carry out their work role. One staff member said they had recently attended training around person centred support and equality and diversity along with a refresher of their safeguarding training. They commented "A list is put up telling you when the training is running out."

Records showed that staff completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as safeguarding adults at risk, moving and handling, infection control and fire awareness. In addition, some care staff had either completed or were undertaking a Diploma in Health and Social Care. More specialised training had taken place including tissue viability, Parkinson's disease and nutrition.

New staff completed the Skills for Care Common Induction Standards and we saw examples of the induction workbooks being completed whilst individuals shadowed more experienced staff members on shift for their first six weeks. A dedicated member of staff oversaw this process with time allocated within their shift pattern to regularly meet with new staff members.

There were systems to record the training that staff had completed and to identify when training needed to be repeated. A spreadsheet clearly recorded when each member of staff had last completed a training course and colour coding was used to identify when this training needed to be repeated. This meant the registered manager could easily see if staff had completed all the required training or needed to refresh their training to keep up to date with safe practice.

Staff told us they had supervision with their line manager and said they felt able to raise any issues with them. Records confirmed that these one to one sessions were taking place although the frequency varied between staff members. We saw that supervision sessions were used to review individual training needs and address any issues with the support provided to people using the service.

We received mixed feedback from people about the food provided at EABF. Comments included "The food is alright. They do try", "The food is ok", "The food is variable", "The food is a problem, the meals aren't very good" and "The only problem [here] is the food." The manager was aware of the issues being raised by people using the service. We saw that work was on-going to look at the meals provided and that additional support had been arranged for the catering staff.

New lunch times were being tried out at the time of our inspection with those people who needed assistance eating at noon, and those who were more independent eating from 12.30pm. This did not work well on the day we visited with some people waiting outside the dining room to go in and one person having to be moved to another table mid-way through their meal in order to seat someone else at their usual place.

We saw care staff providing appropriate support when required to help people eat and drink. The people receiving assistance were given information about what they were eating throughout the meal and staff checked with individuals if they had enough to eat.

Requires Improvement

Is the service effective?

A menu was displayed in the dining room and in the front reception. People were asked the day before for their menu choices however we saw that some individuals could not remember what they had ordered. One person told us that they found it hard to choose what they would like for lunch for the next day when they had just finished their meal on that day. We saw the chef checking that people were happy with their meals and alternatives were provided when requested by people using the service.

Records showed that people were supported to maintain good health. For example someone was unwell on the first day we visited and staff took routine observations such as their blood pressure, pulse, respirations, temperature and the GP had been contacted. Charts seen for other people monitoring weight and blood pressure were up to date.

Good

Is the service caring?

Our findings

People living in the home were positive about the care provided to them. Their comments included "The staff are exceptional, they're very nice", "Basically I get on with the carers very well", "The staff are marvellous, who'd want their job?" and "The staff are very nice, the carers are wonderful."

The atmosphere in the home was relaxed, open and friendly on both days we visited. Staff spoke to people in a kind and caring way and we saw many positive interactions between the staff on duty and people who lived in the home.

A visitor to the service said that they were made to feel welcome when they visited their relative. We saw a recent letter of thanks from one relative describing the staff as 'genuinely caring people who showed patience, competence and love'. A relatives survey conducted in May 2014 showed that the majority of respondents rated both the care provided and the attitude of staff as 'excellent'. Comments included "Such warmth and compassion" and "The staff are wonderful".

People's privacy and dignity were respected. We saw staff made sure that doors were shut when supporting people in their rooms using an 'engaged' sign asking others not to disturb them.

Throughout the inspection we saw that staff explained to people how they were going to be supported. For example, staff made sure they reassured one person when they moved them using a hoist, explaining what was happening throughout the process.

Staff responded to people in a kind, caring and respectful manner throughout our visit. We saw examples such as staff using touch to reassure people, holding their hands and making eye contact with people when they spoke with them. We noted however that some observed staff interactions were too brief and therefore they did not impact positively on the individual wellbeing of people using the service.

We saw that many of the people using the service were able to be independent, going out either alone or accompanied by family or carers. People we spoke with said they walked to the local shops or got a bus or taxi to the nearby town centre.

Good

Is the service responsive?

Our findings

People gave us mixed feedback regarding the activities provided at EABF. Some people said they would welcome more things to do whilst others told us that they kept themselves occupied. One person told us "They do all sorts of creative things but people here are not active so much. I join in with the quizzes and bingo". Another individual said that the activity co-ordinator had been 'very busy' but had not been providing the type of sessions they wanted to join in with.

The home had its own bar which opened twice a day for the benefit of people using the service. This area acted as a focal point for people to sit and chat with each other or with the member of staff who had run this facility for many years.

A full-time activity co-ordinator commenced work at EABF in April 2014. Activities that took place during our visits included flower arranging and a well-attended yoga exercise session. Other planned activities included bingo, quizzes, crosswords, one to one sessions and trips out to local shops and cafes. On the afternoon of our first visit, the fortnightly arranged entertainment was a performance by two visiting musicians that was attended by the majority of people using the service. Staff described the development of the activities programme as 'slow progress' but felt that it was heading in the right direction. We saw that individual activity plans were being developed for each person and these captured individual preferences about how they liked to spend their day.

We observed staff making use of a daily diary to delegate and organise tasks. We sat in on the afternoon staff handover where each person's care was discussed including their medication, food and fluid intake and any health issues. The staff talked about individualised aspects of people's needs for example going to bed and getting up times, future hospital appointments and transport needs.

Care files we looked at included individual care plans addressing a range of needs such as communication; mobility; personal hygiene; nutrition; elimination; tissue viability; pain; social and religious needs. Care plans identified the support need and gave step by step actions on how to respond.

Work was taking place to make the care planning more personalised following the person centred support training provided to staff in October 2014. New one page profiles had been created for each person giving staff 'at a glance' information about areas such as communication, mobility and personal hygiene.

People told us they felt able to raise any concerns or complaints should they have any. We saw a comments book was provided in the front reception area and this had been recently used on three occasions by people using the service. We saw that the manager monitored the comments made and had taken action to address recent issues raised around a particular weekend mealtime.

Records of concerns or complaints were kept showing that these had been responded to in a timely manner. The welcome pack supplied to people using the service included the EABF complaints, comments and suggestions procedure and this included details of how to contact the Care Quality Commission.

Good

Is the service well-led?

Our findings

People using the service and their visitors made comments about the individual identity of the home using words such as 'special' and 'unique'.

The registered manager had been in post since 2013. Comments from people using the service about her leadership included "Very nice and very fair", "Matron is very nice" and "Matron is very good to me." A staff member said "I feel able to talk to her"

Staff had completed a survey in March 2014 which asked if they enjoyed working at EABF and if they had any suggestions for how the service could be improved. 90% of respondents reported that they liked working at the home with 77% rating their training as excellent or good.

Changes had been made to the senior management structure following a staffing review in mid-2014. New staff contractual arrangements and revised shift patterns had been implemented and it was clear that the impact of this review was still being felt across the home at the time of our visit. Staff we spoke with said the process had been well managed but commented "Morale is up and down" and "Stressful."

The provider had arrangements in place to check the quality of care and support people received ensuring that areas for improvement were identified. We saw that audits of medication, care plans and the home environment had been carried out however the monitoring of any identified improvements was inconsistent. The manager told us that they had recently assumed responsibility for some areas of compliance monitoring following the management restructure and new roles were still being recruited to including a clinical lead for the home.

People who lived in the home told us that they were asked for their views about the service however some individuals said these were not always acted upon. We saw that the manager had started to implement a number of changes including displaying minutes of 'residents meetings' in larger print on the noticeboards in communal areas. The September meeting had included discussion around mealtimes and activities with deadlines specified for the responsible staff member to meet. We saw evidence that improvements requested at these meetings were being addressed particularly around the meals provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person was not protecting service users against the risks associated with the management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided to them.**