

White Ash Brook (Accrington) Limited

White Ash Brook

Inspection report

Thwaites Road
Oswaldtwistle
Accrington
Lancashire
BB5 4QR

Tel: 03452937664

Date of inspection visit:
02 July 2019
03 July 2019

Date of publication:
21 August 2019

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

About the service

White Ash Brook is a residential care home providing personal care and support to up to 53 people. This includes older people, younger adults, people with a physical disability, mental health support needs and people living with dementia. The home has two units, with one unit specifically for people living with dementia. At the time of the inspection, 33 people were living at the home.

People's experience of using this service and what we found

People told us there were enough staff available to meet their needs. They were happy with levels of hygiene at the home. The provider recruited staff safely and staff knew how to protect people from abuse and avoidable harm. The service managed people's medicines safely and completed regular safety checks of the home environment.

Staff completed an effective induction and the training needed to support people well. Staff supported people effectively with their nutrition, hydration and healthcare needs. They referred people for specialist support when appropriate, to ensure they received the support they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who supported them. They told us staff were kind and helpful. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. They considered people's diversity. Staff involved people and their relatives in decisions about their care. The service provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

Staff provided people with care that reflected their needs and preferences. People told us staff offered them choices and encouraged them to make decisions about their care. The registered manager managed people's concerns and complaints appropriately. People were happy with the activities and entertainment provided at the home.

Staff and management were clear about their roles and responsibilities and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was being managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 January 2017).

Why we inspected

This was a planned inspection based on the rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

White Ash Brook

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

White Ash Brook 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including previous inspection reports. We also reviewed information we had received from the provider since the last inspection, about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home and five visiting friends and relatives about their experience of the care provided. We spoke with two care staff, a member of the domestic staff, the cook, a unit manager, the registered manager, one of the company directors and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff recruitment file and two staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures and quality checks were also reviewed.

After the inspection

We received updates from the provider about improvements made since the inspection visits. We contacted four community professionals who visited the service for their feedback about the support provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. People told us they received safe care and felt safe at the home. Their comments included, "I feel safe and can always ask for assistance", "I can sleep safe at night because there is always someone around" and "I do need help when having a bath. They make sure I don't fall."
- Staff understood how to protect people from abuse and the action to take if they had any concerns. The registered manager took appropriate action in relation to safeguarding concerns raised about the service, and where the service was found to be at fault, she shared lessons learned with staff. Information about how to raise a safeguarding concern was available in the entrance area of the home, including in easy read format. The service had a whistle blowing (reporting poor practice) policy which staff were aware of.

Assessing risk, safety monitoring and management

- The service managed risks to people's safety appropriately. Staff completed assessments of people's risks, including those relating to falls, mobility, nutrition, skin condition, medicines and behaviour that posed a risk to themselves or others. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. They were reviewed regularly. One relative told us, "[Relative] is very challenging and demanding. They care for him exceptionally well."
- We reviewed the service's records and found staff had taken appropriate action when people had experienced accidents and incidents, including falls.
- The registered manager and senior staff completed regular safety checks of equipment and the home environment, including lifting equipment and fire safety checks. The provider had arranged for a Legionella risk assessment to be completed and water samples were checked regularly for legionella bacteria by an external agency. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs in a timely way. Most people told us there were enough staff available at the home to meet their needs. Their comments included, "The girls come when I need them" and "I think there is enough people (staff)."
- The provider recruited staff safely. We reviewed one staff member's file and found that all relevant checks had been completed before they started working at the home, to ensure they were suitable to support adults at risk.

Using medicines safely

- Staff managed people's medicines safely. Some minor improvements were needed, and we found the registered manager had identified these during recent audits and was taking action to address them. Staff who administered medicines had completed the relevant training, and the registered manager or senior staff had assessed their competence to administer medicines safely.
- People and relatives were happy with how staff managed their medicines. Their comments included, "My medication is always on time", "My medication is very important to me getting better, and the home do a good job" and "The tablets and prescriptions are dealt with correctly by the staff; I don't have to worry." We received positive feedback from community professionals about the management of medicines at the home.

Preventing and controlling infection

- The provider had effective infection control practices. We saw cleaning being completed by domestic staff during our inspection and found most areas of the home were clean. We noted an odour in one person's room and the manager resolved the issue quickly. There was a slight odour in one area of the hallway and the registered manager told us the flooring was due to be replaced as soon as the redecoration of that area had been completed. People and their relatives told us levels of hygiene at the home were good. Their comments included, "The home is clean and comfy" and "The home is so clean. I think it's cleaner than my house and I am fussy." One staff member told us, "The home is generally clean. There are domestic and laundry staff on seven days a week."
- Staff followed appropriate infection control processes and procedures, which protected people from the risks of poor infection control. All kitchen staff had completed food hygiene training and most care staff had completed infection control training.

Learning lessons when things go wrong

- The provider had systems to analyse accidents, incidents and concerns and make improvements when things went wrong. The registered manager audited accidents records monthly to ensure staff had completed them properly and taken appropriate action.
- Accident records showed staff had taken appropriate action when people experienced accidents or incidents. They sought medical attention and when appropriate, referred people to community healthcare professionals to assess whether they needed additional support. The registered manager told us if any incidents occurred where the service was found to be at fault, she would share any lessons learned with staff to avoid similar errors happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed an initial assessment of people's needs before they came to live at the home, to ensure the home could meet their needs. Staff used the assessments to create care plans, which contained detailed information about people's support needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were happy with the support provided at the home. Their comments included, "The staff care for us very well", "[Relative's] progress has been great. Her personal care and diet are taken care of by staff and we can see her improving every day" and "There are some difficult people here to look after, but the staff do a good job." Staff told us people received good care at the home. One staff member told us, "I have no concerns. People get good care and I would have family living here."
- The provider had policies and procedures for staff to follow which reflected CQC regulations and relevant guidance, including local authority and National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well. Staff were happy with the induction and training they received at the service. They observed experienced staff and completed the provider's initial training before they supported people on their own. They updated their training regularly and could ask for additional training if they needed it.
- People and their relatives felt staff had the knowledge and skills to meet their needs. Their comments included, "The girls know what they are doing" and "The staff are well trained and can meet [relative's] needs at the moment."

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs well. People were happy with the meals available at the home. Their comments included, "I get the food I enjoy; I'm well catered for", "I really enjoy the food and get plenty of choice" and "My appetite is not good, but the staff try hard to encourage me to eat."
- Staff were aware of people's special dietary requirements and how to meet them. They recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals, such as dietitians, when they identified concerns.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, dietitians and chiropodists.
- People and their relatives told us staff ensured they received appropriate support with their healthcare needs. Their comments included, "If I need a doctor, I get one", "My [relative's] health has improved while she has been at the home, both mentally and physically" and "My health went down whilst in hospital and I couldn't wait to get back here to the home. They have cared for me well and I am feeling better already."
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The service used a 'hospital pack', which staff shared with paramedics and hospital staff when people attended hospital. It included important information, such as a person's medical history, medicines administration record and current medicines,

Adapting service, design, decoration to meet people's needs

- The home had been designed and adapted to meet people's needs and support them to maintain their independence. Accommodation and all facilities were provided over the ground floor and bathrooms could accommodate people who required support with moving and transferring. We noted one lounge did not have call bells for people to summon staff from support. We discussed this with the registered manager and quotes were obtained by the provider shortly after the inspection to have these fitted. We will follow this up with the provider. The registered manager told us that in the interim, she would ensure the lounge was staffed when people were using it.
- Some areas of the home had recently been redecorated and further redecoration was planned.
- We noted some dementia friendly signage throughout the home but felt this could be improved. The registered manager told us this was planned once the redecoration programme had been completed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about, their care, staff had completed capacity assessments and made best interests decisions in consultation with people's relatives. When staff needed to deprive people of their liberty to keep them safe, the registered manager had submitted to the local authority for authorisation to do this. At the time of our inspection, no authorisations had been received.
- People signed documentation to consent to their care where they were able to and their relatives were consulted when they lacked the capacity to make decisions about their care. One relative told us, "I am consulted on my [relative's] care and I do get involved where it is appropriate."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. Comments included, "The staff show great kindness", "The staff here are truly lovely and we couldn't ask for more", "I sleep badly so the night staff are very kind to me and bring me tea etc", "There is always a kind word for [relative] and time for a chat" and "The staff treat my [relative] with respect and kindness."
- Staff considered and respected people's diversity. Care documentation included information about people's religion, preferred language and marital status. However, their ethnic origin, gender and sexual orientation was not documented. The registered manager amended the service's documentation during the inspection, so this information would be gathered in future. This would help to ensure staff were fully aware of people's diverse needs and what was important to them.
- The service supported people with their religious needs. Religious services took place at the home and some people were visited by ministers of their faith regularly.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make decisions about their care and support. People had signed their care plan where they could, to demonstrate their involvement and to consent to their care. We saw staff encouraging people to make every day decisions about their care when they were able to. This included what people wanted to eat and drink, whether they wanted to take part in activities and where they wanted to spend their time. One person told us, "The girls are always willing to help me and answer my questions."
- The registered manager had displayed information about local advocacy services in the entrance area. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. The registered manager told us no-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. We observed them speaking discreetly to people when discussing their support needs and saw they did not discuss people's needs or risks in front of others. One staff member told us, "We promote people's privacy and dignity by using their preferred name, giving them choices, and making sure doors and curtains are closed and people are covered up when supporting them with washing."
- Staff respected people's wish to remain as independent as possible. One person told us, "I can do a lot for myself, but the staff are always willing to help me if I need it." One relative commented, "The staff appear to

have the correct balance of encouraging [relative] to do for herself or stepping in and helping her." We observed staff encouraging people to do what they could, for example at mealtimes or when they were moving around the home. One staff member commented, "We encourage people with things like moving around, dressing and shaving. Some people use a plate guard (adapted crockery) to help them stay independent at mealtimes."

- Staff respected people's right to confidentiality. Staff signed a confidentiality agreement when they joined the service and addressed confidentiality during their induction. One staff member told us, "We don't discuss service users in front of other service users and we speak with relatives in private." The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised care which reflected their needs and preferences. People told us staff gave them choices and they were able to make every day decisions about their care. Their comments included, "I only have to ask if I want something" and "Some staff I like better than others and I can always ask for the one I like if they are here."
- People's care plans were individual to the person and included information about their risks, needs, personalities, likes and dislikes. They included information about how people liked to be supported and prompts for staff to encourage people to make choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with their communication needs and how staff should provide it. Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships that were important to them. We saw lots of visitors at the home during our inspection. Staff welcomed them, and they were free to spend time with their friends or relatives in various places throughout the home. Two people told us they had made close friendships at the home which had enhanced their lives. One of them told us, "The staff always make sure we sit together and have lunch together."
- The registered manager had recently employed a new activities co-ordinator and people told us this had resulted in big improvements to the activities available at the home. Their comments included, "The activities lady has made a big difference. She spends time with my [relative] on a one to one basis and he really enjoys the entertainment", "I love art and the activities lady is going to help me with that", and "Everyone tries to involve [relative] in daily activities."
- During the inspection we observed people taking part in a coffee morning, which the activities co-

ordinator held regularly. People enjoyed drinks and cake together in a relaxed atmosphere and many visitors took part.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints and concerns. The complaints procedure, including an easy read version, was displayed in the entrance area and information about how to make a complaint was included in the service user guide. Records showed that the registered manager had investigated complaints appropriately and responded to them in line with the policy. The registered manager told us when complaints or concerns were upheld, lessons learned were shared with staff during staff meetings and supervisions, to avoid similar errors in the future.
- People told us they knew how to make a complaint. One person commented, "I don't have many complaints, but I would go to my family or the manager here if I did." Another told us, "I will complain if I have to and someone always listens and tries to deal with the problem."

End of life care and support

- The service had processes to support people effectively at the end of their life. Staff completed advance care plans with people or their relatives, which included people's wishes and preferences for their end of life care. One staff member told us, "People have advance care plans and their relatives are involved. We don't have anyone on end of life at the moment. I've had training. It can be a very difficult time because you become attached to people, but management are very supportive."
- The registered manager told us anticipatory medicines were requested when appropriate, to ensure there was no delay in keeping people as comfortable as possible if they needed pain relief.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider demonstrated a commitment to providing people with high quality care and improving the quality of the lives. Management and staff treated people as individuals and encouraged people and their relatives to be involved in decisions about their care and the service.
- Most people were happy with the way the service was being managed. Their comments included, "The manager always tries to resolve any problems that arise", and "Someone is always available to talk to us; you don't have to make an appointment." One person was not happy with the management of the home. We discussed their concerns with the registered manager, who told us she had addressed their concerns with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities and had appropriate duty of candour arrangements in place. The service had a duty of candour policy and procedure, which provided clear information about the provider's responsibilities. No incidents had occurred requiring duty of candour action. One relative told us, "The home I feel is run on a very open basis. There is transparency and I can ask questions and seek advice when necessary"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff regularly completed a variety of audits and checks of the service. These included medicines, infection control, equipment, fire safety, the home environment and care documentation. The audits completed were effective in ensuring high levels of quality and safety were being maintained at the home.
- The nominated individual and company director visited the home regularly to ensure they had effective oversight of the management of the home and the quality of care staff provided to people.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision and staff meetings. The registered manager and provider demonstrated a clear understanding of their roles and regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about

important events which the service is required to send us by law. The rating from the previous inspection was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager involved people in decisions about the service, through their regular reviews and residents' meetings.
- The registered manager issued satisfaction questionnaires to people and relatives yearly to gain their feedback about the service. We reviewed the results of the questionnaires issued in February 2019 and found people had expressed a high level of satisfaction about the service. We noted the registered manager had acted where people had made requests for improvement. These included the redecoration of one person's room, an improvement in the activities available at the home and improved choice and quality at mealtimes. A suggestions box was also located in the entrance area. The registered manager told us suggestions were usually around activities and menu items, which were passed on to the cook and activities co-ordinator to inform future planning.
- Staff told us staff meetings were held regularly and they felt able to raise concerns and make suggestions. They told us the registered manager was supportive, and respected their diversity, including their spiritual and cultural needs. One staff member commented, "The manager is very good. You can raise anything, and she deals with it straight away." The registered manager told us employee satisfaction surveys were always available in the staff room. She told us only two had been received recently and had not included any concerns.

Continuous learning and improving care

- The registered manager shared with us the home improvement plan for the home, which included timescales for completion. Planned Improvements included further refurbishment and redecoration of the home environment and improved signage when this had been completed. In addition, she planned to arrange end of life training for all staff and to improve documentation around people's involvement in planning and reviewing their care.
- The nominated individual also had an action plan for planned improvements. These included ensuring the support provided by staff reflected the provider's vision and values, developing stronger links with the community and increased audits of quality and safety. He told us he had identified a difference in the dining experience on the unit for people living with dementia, and planned to ensure this was as pleasant and positive as the experience for people living elsewhere in the home.

Working in partnership with others

- Records showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included GPs, social workers, community nurses, occupational therapists, chiropodists and hospital staff.
- We received positive feedback from community professionals who visited the home. They told us staff provided a good standard of care and the registered manager acted quickly to address any concerns.